

GOOD PRACTICE BRIEF

ADVANCING THE ROLE OF NURSES AND MIDWIVES IN IRELAND: Pioneering transformation of the health workforce for noncommunicable diseases in Europe

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Summary

A survey that included 32 countries in Europe in 2015 found that more than two thirds had extended the official scopes of practice of nurses in primary care. Ireland is one of those countries. It first introduced advanced practice roles in 2001, as a cost-effective reconfiguration of primary care services, designed to meet the increasing needs of patients and other service requirements. This was followed by authorization for nurses and midwives to prescribe in 2006–2007. Several barriers to progress, including legal and regulatory, were addressed systematically and comprehensively. By mid-2007, regulations specifying the conditions for nurses and midwives to prescribe medicinal products had been signed into law, and a new professional education programme was introduced to support these advanced roles. The first Nurse Prescriber was registered in 2008. Independent evaluation found increased patient satisfaction with the care and information they received, greater professional satisfaction of nurses and midwives and consensus among clinical stakeholders that the new roles resulted in the delivery of effective, high-quality care to patients while reducing some of the workload of primary care physicians.

Responding to increased patient needs and workforce demands

In many European countries, primary care practices are under pressure to provide high-quality, comprehensive, patient-centred care. Primary care professionals often have high workloads. The challenges are intensified by the increasing prevalence of noncommunicable diseases (NCDs), which reflects changes in sociodemographic and epidemiological

Key Messages

- Advanced practice nurses and midwives are a rapidly growing workforce in some countries, who have high potential to improve the care of patients with NCDs and have experience in a primary care context.
- Governance and regulation are critical policy levers in extending the scope of practice.
- Enabling nurses in advanced roles to prescribe could enhance their contribution; any legislative changes will require careful consideration.
- A systematic approach, with continuing national support and multi-stakeholder engagement, are critical to ensure the legitimacy of re-allocation of roles and responsibilities within primary care teams in order to fill specific gaps in service delivery for patients with NCDs.
- Standardized professional education and training are required to support nurses and midwives working in advanced practice.

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profiles. In some countries, this has triggered changes in service delivery and workforce composition in order to better meet increasing patient needs and ensure the provision of effective care.

A snapshot survey conducted in 2015 of nurses in advanced roles, including advanced practice nurses and nurse practitioners, in 36 countries, of which 32 were in Europe, showed that more than two thirds of the countries had extended the official scopes of practice of nurses in primary care services. Most of the nurses worked in advanced roles within teams, with varying levels of physician supervision. In eight countries, four of which were in Europe (i.e. Ireland, the United Kingdom, Finland and the Netherlands), there had been extensive task-shifting, whereby advanced practice nurses and nurse practitioners were authorized to work at high levels of practice (1). The next section describes the experience in Ireland.

Table 1. Timeline for developing advanced roles to include prescribing

2001	Service Reform Reconfiguration	<ul style="list-style-type: none"> ● Cost-effective reconfiguration of primary care services, including expansion of nurse and midwife roles
2006	Authorization Legislation	<ul style="list-style-type: none"> ● Authorization for nurses and midwives to prescribe ● Amendments to 2006 Irish Medicines Board (Miscellaneous Provisions) Act, allowing independent prescribing by nurses and midwives.
2007	Regulations Education Training Legitimacy	<ul style="list-style-type: none"> ● New professional regulations specifying conditions for nurses and midwives to prescribe medicinal products signed into law ● New six-month professional education programme for a Certificate in Nursing (<i>Nurse and Midwife Prescribing</i>) introduced to support advanced roles
2008	National Guiding Framework	<ul style="list-style-type: none"> ● First Nurse Prescriber registered ● National Guiding Framework for Nurse and Midwife Prescribing issued
2017	Standards and Requirements	<ul style="list-style-type: none"> ● Department of Health, Office of the Chief Nurse issued consultation paper "Developing a Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice" ● Nursing and Midwifery Board of Ireland issued "Advanced Practice (nursing) Standards and Requirements"

Nurses and midwives in advanced roles: prescribing

In Ireland, the main driving factors for developing advanced practice were social and demographic change (e.g. an ageing population), a requirement for reconfiguration of services to provide more specialized services for patients (for, e.g. diabetes, asthma, cancer), value for money and a greater focus on community services.

Advanced practice by nurses and midwives in Ireland was enabled by allowing them to prescribe. This was achieved in a two-track approach: amendments to the 2006 *Irish Medicines Board (Miscellaneous Provisions) Act*, allowing for introduction of prescribing by independent nurses and midwives, and the introduction of new professional regulations. It is not necessary to be an advanced practitioner to prescribe: 894 nurses and midwives were registered to prescribe medicinal products in April 2016 (2).

In 2007, a six-month programme for a Certificate in Nursing (*Nurse and Midwife Prescribing*), funded by the Health Service Executive, was established to support nurse and midwife practitioners in their new advanced roles and responsibilities. The Department of Health established a national steering group to advise on the regulations and to oversee national implementation of the new prescribing roles. A national '*Guiding Framework for Nurse and Midwife Prescribing*' in Ireland was issued in December 2008 to ensure systematic, consistent guidance.

Nurses and midwives registered with the Nursing and Midwifery Board of Ireland, who have completed an approved six-month post-registration education programme become a 'Registered Nurse Prescriber', and, with authority from their health service provider, can prescribe a range of medicinal products within their scope of practice.

In March 2017, the Department of Health Office of the Chief Nurse issued a consultation paper, 'Developing a policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice', in order to ensure a critical mass of staff in these advanced roles, to utilize them more effectively and to change their education to meet the changing demographics, increasing demands and economic constraints. The Nursing and Midwifery Board of Ireland also recently issued 'Advanced Practice (Nursing) Standards and Requirements' (3), which sets out the criteria for registration and the competence required at that level.

Advanced practice nursing is defined as a career pathway for registered nurses committed to continuing professional development and clinical supervision in order to practice at a higher level of capability as independent, autonomous, expert practitioners. To date, 193 advanced nurse practitioners in 53 specialties and eight advanced midwife practitioners in six specialties are registered with the Nursing and Midwifery Board of Ireland.

Impact

While the overall number of nurses and midwives in advanced practice remains low, it has increased rapidly. For example, between 2010 and 2014, the compound annual growth rate of nurse practitioners was 13.3%, five times that of physicians (4).

The first registered Nurse Prescriber started work in Ireland in 2008. Now, many nurses and midwives are registered in this new role in a wide range of clinical areas, including acute and community services. Further extension of these roles is under way.

Independent evaluation showed that extending the roles of nurses has resulted in more effective clinical leadership, better continuity of patient or client care and prompt referral of patients to relevant specialists. The evaluation also showed lower hospital admission rates, a reduction in the workload of doctors, greater use of evidence-based assessments and interventions by multidisciplinary teams, shorter waiting times, greater satisfaction of families and carers with the information they receive, and motivation of other health professionals to advance their professional knowledge and skills (5).

Table 2. Impact of nurses and midwives in advanced practice

INCREASED	<ul style="list-style-type: none">• Continuity of patient care• Prompt referral to specialists• Patient and care satisfaction• Effective clinical leadership• Motivation of other health professionals• Professional development and satisfaction of nurses and midwives	<ul style="list-style-type: none">• Admission and re-admission rates• Workload of medical practitioners• Waiting times• Costs with early intervention• Non-compliance with treatment plans• Polypharmacy	DECREASED

The practice has also been evaluated, with the finding that, overall, the extension of prescribing to nurses and midwives in advanced roles has been a positive development, particularly in terms of patient satisfaction with care and the professional development, and satisfaction of nurses and midwives. There was consensus among clinical stakeholders that nurses and midwives in these new advanced roles could deliver high-quality care to patients while reducing some of the workload of primary care physicians. After nurse prescribing had been introduced, medical doctors did not consider the new advanced role as encroaching on their “territory” but rather appeared to value and respect the contribution of the new roles to patient care (6).

Lessons learned

- **Changes in legislation, regulations, provision of education and governance arrangements, registration requirements, clinical practice outcomes and public perception** are some aspects that must be taken into account and addressed to expand the roles of nurses and midwives to include prescribing.
- **To ensure the legitimacy of advanced roles for nurses and midwives, a standardized, systematic approach to health service providers, continuing national support and multi-stakeholder engagement are necessary.** In Ireland, national support was provided by the Office of the Nursing and Midwifery Service Director in the Irish Health Service Executive, who led a multi-stakeholder approach.
- **Nurses and midwives in advanced roles, often with the authority to prescribe, can improve the effectiveness of care for patients with NCDs and co-morbidities by providing timely access to services and patient-centred care and can also alleviate the workload of physicians without compromising patient safety.** Many countries have implemented or are considering to introduce advanced roles for nurses in primary care settings.

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<http://www.euro.who.int/en/health-systems-response-to-NCDs>

