Nursing & Midwifery Council

Royal Pharmaceutical Society
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11 April 2018

Thank you for the opportunity to respond to your consultation exercise on the updated draft of your *Professional guidance on the Safe and Secure Handling of Medicines in all Care Settings*. Our response is attached to this letter.

Your consultation is most timely and we are pleased to support your approach and the publication of updated guidance in this area, which fits well with our new approach to the provision of advice in this area of practice for nurses and midwives.

As you will be aware, the NMC is currently developing and rolling out a strategic programme of change with regard to its education, proficiency and practice standards for nurses and midwives. As part of that programme, we consulted on our future approach to prescribing and medicines management during the summer of 2017. This included discussing the future of our current *Standards for Medicines Management* and the potential future provision of guidance in this important area of practice.

What became apparent from that consultation was that whilst there was a general acceptance that our current medicines management standards did not necessarily accurately reflect contemporary medicines management practice, there was overwhelming support from professionals and the public alike for one set of common guidance applicable to all health and social care professionals in this area of practice. Council have taken note of this, and agreed at their meeting on Wednesday 28th March to withdraw our *Standards for Medicines Management* later this year. They also expressed support for a greater emphasis on interdisciplinary approaches to developing guidance on all aspects of medicines management, including administration.

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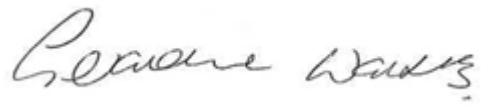
The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362)

We are therefore pleased to see that the latest version of your guidance has been expanded to include administration, an area that was previously not covered. In fact, we can foresee this document, with some minor amendments that we propose in our response, playing a major role going forward in becoming the main guidance document we would expect nurses and midwives to refer to in order to inform safe and effective medicines management practice. We would also envisage it playing a key role in educating the nurses, midwives and nursing associates of the future, as we more firmly embed subjects such as safe and effective medicines management at the heart of our education programmes.

I am aware that members of our Education and Standards team have already been actively involved in supporting your work in this area, and we look forward to future effective partnerships. We would certainly support further joint working on the production of further guidance relating to key areas of prescribing and medicines management practice, for example, remote prescribing, particularly in the aesthetic and cosmetic context, as was proposed during the work that took place on developing our new approach to prescribing programme standards in the Autumn of 2017.

I look forward to hearing more about the outcomes of your consultation exercise and your proposed next steps in due course.

Yours sincerely



Professor Geraldine Walters CBE
Director of Education and Standards

# NMC response to Royal Pharmaceutical Society's consultation on 'Professional guidance on the Safe and Secure Handling of Medicines in all Care Settings'

## Background

1 This document provides an overview of the NMC response to the individual questions asked in the Royal Pharmaceutical Society's consultation document, 'Professional guidance on the Safe and Secure Handling of Medicines in all Care Settings'.[1] It is a summary document, and should be considered in conjuncture with the covering letter addressed to the RPS on 11 April 2018.

## Questions

### Question 1: Is the scope of the professional guidance on the safe and secure handling of medicines clear?

2 Yes. Perhaps consideration could be given to clarifying the point at 2.3, making it clear that the reference to medicines obtained and stored by patients in their own homes does not just cover medicines bought over the counter but any medicines obtained by patients, including medications they have been sent home with when discharged or any other prescribed ongoing treatment

### Question 2: Are the four core principles that underpin the safe and secure handling of medicines clear?

3 Yes.

### Given statement 4.3 above, can you apply the steps in the 'Medicines Pathway' to your setting?

4 Yes. This question is not entirely applicable to us and our setting as a regulatory body – but we believe the 'Medicines Pathway' should be readily applicable to the range of practice settings that our registrants work in.

### Question 4a: Overall, do these statements support the safe and secure handling of medicines at each stage of the medicines pathway?

5 Yes.

### Question 4b: Is anything missing that you feel would demonstrate the delivery of the guidance?

6 4.20 – Something more on the importance of accurate labelling, what information labels should contain and how to accurately interpret information on the label would

[1] https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines

be useful here, even if it is just a link to existing guidance that covers this. Something akin to the information contained in Annexe 2 of our current Standards for Medicines Management would be ideal.

7 4.32 – Expand to state that removal and disposal should be carried out 'promptly and safely'.

8 4.34 – 4.40 – We would welcome something more specific on the transportation of controlled drugs although we understand you are actually currently working on new guidance specific to controlled drugs and such directions would probably be better contained within that document.

**Question 4c: Are there any statements that you feel are unnecessary?**

9 No.

**Question 4d: Are there any statements that you feel are unclear?**

10 4.40 could be broken down into shorter multiple paragraphs to ensure clarity and easier understanding.

**Question 5: Have you used 'Safe and Secure Handling of Medicines: a team approach' previously in your organisation?**

11 No. We have not used it previously in our role as a regulatory body and we are unsure as to what use our registrants would have made of it in the past, bearing in mind that we have previously produced our own Standards for Medicines Management and that your guidance previously did not cover medicines administration, which would be the key area of any such guidance for nurses and midwives.

12 However, with the decision of our Council on 28 March 2018 to withdraw our Standards for Medicines Management later this year, and with the new version of the guidance now covering administration, we foresee much more use of this document by nurses and midwives in the future.

**Question 6: Are there any statements where you feel that a case study would be helpful to illustrate how to apply the guidance in practice?**

13 We would support the use not only of case studies but also supporting FAQs throughout the document to aid understanding and to illustrate how the guidance can be applied in practice

**Question 7: Do you have any case studies that you would like to share? Please give details.**

14 We do not have any case studies we are able to share with you at present – but are more than happy to work alongside you in helping develop some

**Question 8: What might be the financial and/or organisational barriers to using this guidance on practice?**

15 None that we are aware of.

**Question 9: Are there any other comments that you would like to make about the guidance?**

16 The development of this guidance is most timely from our point of view and we would envisage it largely replacing our current Standards for medicines management as the main reference point for guidance on medicines management and administration as and when our standards are revoked later this year.

**Question 10: Are there any supporting references or resources that you feel should be highlighted to support implementation of the guidance?**

17 As and when they are developed, clear links to the proposed new RPS guidance on controlled drugs and guidance on whatever may replace the current 'Yellow Card' scheme for notifying of adverse reactions to medicines would be very useful in helping support implementation of this guidance.

**Question A1: Does Appendix A support the safe and secure handling of medicines during the administration of medicines?**

18 Yes. Whilst accepting that this document is practice guidance issued by a professional body rather than regulatory standards issued by a statutory regulator, we do feel that some of the statements contained in this section could be more direct and state that certain things 'must' be done. A5, A6 and A27 could in our opinion be strengthened in this way.

19 A reference to midwives exemptions at A3 would be useful.

**Question A2: Is anything missing that you feel would demonstrate the delivery of the guidance?**

20 Further details on reporting adverse incidents and adverse drug reactions may be useful at A12, even if it's just through hyperlinks to other existing guidance in this area.

21 There are a number of subject areas which although perhaps not appropriate for the face of this document could be usefully addressed in FAQs. Subjects that come to mind in this respect include titration, medicines acquired over the internet, unlicensed medicines, administration by students, administration by way of IV and crushing of medicines to aid ingestion by a patient.

**Question A3: Are there any statements that you feel are unnecessary?**

22 No.

**Question A4: Are there any statements that you feel are unclear?**

23 A clearer distinction between the processes of prescribing, supplying, dispensing and administering may be useful. In some contexts they seem to be used interchangeably or mean different things to different professions. The use of 'supply' in the context of midwifery and midwives exemptions is an example of this.

**Question B1: Does Appendix B support the safe and secure handling of medicines of investigational medical products?**

24 Yes.

**Question B2: Is anything missing that you feel would demonstrate the delivery of the guidance?**

25 No.

**Question B3: Are there any statements that you feel are unnecessary?**

26 No.

**Question B4: Are there any statements that you feel are unclear?**

27 No.

**Question C1: Does Appendix C support the safe and secure handling of medicines of controlled drugs?**

28 Yes.

**Question C2: Does Appendix C support the safe and secure handling of medicines of controlled drugs?**

29 Controlled drugs is a huge area of medicines management practice and we welcome the fact that the RPS is to develop separate guidance on all aspects of the handling and management of controlled drugs.

**Question C3: Does Appendix C support the safe and secure handling of medicines of controlled drugs?**

30 No.

**Question C4: Are there any statements that you feel are unclear?**

31 No.

**Question D1: Does Appendix D support the safe and secure handling of medicines of patients' own medicines?**

32 Yes.

**Question D2: Does Appendix D support the safe and secure handling of medicines of patients' own medicines?**

33 Whilst it is covered to a certain extent at D5, we believe there should be something more detailed on the role of the healthcare professional in assessing and determining the ability of the patient to self-administer, and what should be considered when coming to a decision on this. We believe Standards 9 and 10 of our current Standards for medicines management give good examples of the decision making process involved in this

**Question D3: Are there any statements that you feel are unnecessary?**

34 No.

**Question D4: Are there any statements that you feel are unclear?**

35 No.

**Question E1: Does Appendix E support the safe and secure handling of medicines in operating theatres (and other interventional areas in hospital settings such as radiology and cardiac catheterisation laboratories)?**

36 Yes.

**Question E2: Is anything missing that you feel would demonstrate the delivery of the guidance?**

37 No.

**Question E3: Are there any statements that you feel are unnecessary?**

38 No.

**Question E4: Are there any statements that you feel are unclear?**

39 No.

**Question F1: Does Appendix F support the safe and secure handling of medicines in relation to the storage of medicines?**

40 Yes.

**Question F2: Is anything missing that you feel would demonstrate the delivery of the guidance?**

41 No.

**Question F3: Are there any statements that you feel are unnecessary?**

42 No.

**Question F4: Are there any statements that you feel are unclear?**

43 We believe the title of this appendix could be unclear, and should more clearly state that this appendix is referring solely to clinical care environments and does not include e.g. the patient’s home environment.