Should newly qualified nurses be allowed to prescribe?

This should not be an expectation of graduating nurses. Newly qualified nurses should spend their preceptorship period getting to grips with the art of delegation, making critical decisions and completing the various competencies. Not all graduating nurses will be in a clinical environment that requires them to prescribe, and we also need to consider what message this sends out to nurses who are not prescribers.

_Beverley Ramdeen_ is a senior nursing lecturer in Hertfordshire

@BeverleyRamdeen

I would love to have had the opportunity to be a nurse prescriber on graduating. Competency could have been assessed during our preceptorship period and limited prescribing powers for over-the-counter medications would have been useful. My concern is that not all nursing students would be able to take on this additional responsibility. Could the potential to prescribe be what separates future nursing students from nursing associate students?

_Rachel Kent_ is a mental health nurse in London

The first year of qualification is when many of us learn how to be nurses. Is it also the right time to learn how to prescribe? How will the NMC ensure that students receive the right education and practical experience to safely prescribe? And who will mentor them? This feels like the NMC trying to draw a difference between registered nurses and nursing associates, without a true understanding of the realities of modern nursing.

_Drew Payne_ is a community staff nurse in north London

@drew_london

The depth and breadth of bio-sciences teaching on pre-registration nursing courses varies between institutions, and the NMC tends to be reactive rather than proactive with quality assurance. Without tightening and enforcing a curriculum that supports safe prescribing, could employers choose to teach and test competencies locally anyway? If that happens, the benefits start to fade while the risks remain.

_Duncan Hamilton_ is a nursing student in Surrey

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Readers’ panel members give their views in a personal capacity only

_JANE BATES_

Divert quango money to nurses

The Daily Telegraph recently reported that more than 600 NHS quango chiefs now command six-figure salaries, with the number earning more than the prime minister having doubled in just three years.

The following day it revealed that health chiefs are hiring hundreds of civil servants while making hundreds of others redundant.

With the redundancy bill for senior officials reported to be a staggering £30 million for 2016-17, those made redundant and then re-employed must be rubbing their hands together in glee at their unconscionable pay-outs.

You can bet their contribution to patient care is nowhere near as significant as that of nurses, so why do we feel guilty for pleading for a tiny bit extra in our pay-packets? And why do those representing us have to crawl cap-in-hand for a miserly 1% pay increase when such massive sums can be thrown at people in suits?

This is all about fairness and equality, and the responsible use of our taxes. Now the entire future of nursing is at stake because there is so little interest in investing in our profession.

Well, if the government can afford to pay the quango chiefs such extortionate sums, they can afford to pay nurses what they are worth.

_Jane Bates_ is an ophthalmic nurse in Hampshire