

# Standards of proficiency for nurse and midwife prescribers

**Protecting the public through professional standards**

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# Introduction

The Nursing and Midwifery Council is required by the Nursing and Midwifery Order 2001 (The Order) *“to establish from time to time standards of education, training, conduct and performance for nurses and midwives and to ensure the maintenance of those standards”* [Article 3 (2)].

The Order also states *“the Council may make rules requiring registrants to undertake such continuing professional development as it shall specify in standards”* [Article 19 (1)], and *“in respect of additional qualifications which may be recorded on the register the Council may establish standards of education and training...”* [Article 19(6)].

This gives the Council the authority to establish standards to prepare nurses and midwives to prescribe.

This booklet provides the standards and proficiencies for the programmes of preparation for nurses, midwives and specialist community public health nurses to prescribe as either a community practitioner nurse prescriber or a nurse independent/supplementary prescriber. It replaces all previous requirements issued by the four National Boards for Nurses, Midwives and Health Visitors for England, Wales, Scotland and Northern Ireland.

In addition, it provides standards of conduct that nurses, midwives and specialist community public health nurses are required to meet in their practice as a registered nurse prescriber.

## Legislation and terminology

The primary legislation that enables nurses and midwives to prescribe is the *Medicinal Products: Prescription by Nurses and Others Act 1992*. Chapter 28, Article 1(d) of this act defines a nurse prescriber as *“any registered nurse, midwife or health visitor”*.

Nurses and Midwives (Parts of and Entries in the Register) Order SI 2004/1765 article 7 (2a) replaces any previous reference to ‘health visitor’ with ‘specialist community public health nurse’.

**Throughout this document where the term ‘nurse independent/supplementary prescriber’ is used, this refers to nurses, midwives and specialist community public health nurses.**

Further amendments to medicines legislation (SI 2006/1015) have resulted in the following changes, which take effect from 1 May 2006:

Previous definition	Current definition
District nurse/health visitor formulary nurses and any nurse undertaking a V100 prescribing programme as part of a Specialist Practitioner qualification	Community practitioner nurse prescribers (V100)
Extended formulary nurse prescribers	Nurse independent prescribers (V200 only)
Extended/supplementary nurse prescribers	Nurse independent/supplementary prescribers (V300)

Throughout this document, the new titles are used.

**This booklet does not cover:**

- **supply and administration via a Patient Group Direction, or**
  - **sell, supply or administer via exemption orders**
- as these are not forms of prescribing.**

The NMC *Guidance on the administration of medicines* will be revised to take the new titles into account.

## Standards of proficiency for nurse and midwife prescribers

Under the new legislation prescribers must have sufficient knowledge and competence to:

- Assess a patient/client's clinical condition
- Undertake a thorough history, including medical history and medication history, and diagnose where necessary, including over-the-counter medicines and complementary therapies
- Decide on management of presenting condition and whether or not to prescribe
- Identify appropriate products if medication is required
- Advise the patient/client/client on effects and risks
- Prescribe if the patient/client agrees
- Monitor response to medication and lifestyle advice.

These standards underpin the principles of prescribing practice within the context of the full scope of nursing/midwifery practice. The standards are grouped into the following domains:

- Clinical pharmacology, including the effects of co-morbidity
- Consultation, history-taking, diagnosis, decision-making and therapy, including referral
- Influences on, and psychology of, prescribing
- Prescribing in a team context and sharing information
- Evidence-based practice and clinical governance in relation to nurse/midwife prescribing
- Legal, policy and ethical aspects of prescribing
- Professional accountability and responsibility
- Prescribing in the public health context

## Specialist areas of practice

Medicines are potent treatments and prescribing them can present significant risk to patient/clients. This is especially so for children and older people whose responses may differ from adults. It is essential that registrants recognise the unique implications and developmental context of the anatomical and physiological differences between neonates, infants, children and young people. Caution should also be taken when prescribing for pregnant and lactating women.

The programme of preparation (education and training) for prescribing equips nurses midwives and specialist community public health nurses with the principles of prescribing to enable them to be safe, effective and cost-effective prescribers. When an employer considers the suitability of a registrant to develop skills in prescribing, it is their responsibility to ensure that the registrant is able to apply the prescribing principles to their own area of practice.

Where demand is sufficient, an Approved Education Institution (AEI) may undertake to run additional modules in diagnostics for specialist areas of practice, alongside the educational preparation for prescribing, to ensure competence in specific specialist areas. This is a matter for commissioners of education courses and employers.

### **Prescribing for children**

Only nurses with relevant knowledge, competence, skills and experience in nursing children should prescribe for children. This is particularly important in primary care, eg. out-of-hours services, walk-in-clinics and general practice settings. Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence.

In all cases reference should be made to the following documents that address medicines management issues in paediatrics:

- The BNF for Children (England/Wales/Scotland) at [www.bnfc.org](http://www.bnfc.org)
- Medicines Standard: National Service Framework for Children, Young People and Maternity Services at [www.dh.gov.uk](http://www.dh.gov.uk) under Policy and Guidance, Health and Social Care Topics, Children Services
- Medicines Standard: National Service Framework for Children, Young People and Maternity Services (Wales)
- Royal College of Paediatrics and Child Health, information on use of licensed and unlicensed medicines at [www.rcpch.ac.uk/publications](http://www.rcpch.ac.uk/publications)
- Scottish Executive – The Administration of Medicines in School and The Right Medicine: A Strategy for Pharmaceutical Care in Scotland
- SIGN at [www.sign.ac.uk](http://www.sign.ac.uk)
- DHSSPS – Medicines Management Standard
- DoH – Every Child Matters 2004

# Section 1 – Education and training provision to prepare nurses and midwives to prescribe

This section identifies the provision for education and training to prepare nurses and midwives to prescribe.

Previously, there were three approved education programmes which led to annotation on the NMC register as a nurse prescriber. The table below is a timeline that highlights the developments in nurse prescribing. For a detailed description of the history of prescribing and education programmes see Annexe 1.

1994 onwards	2002	2003	From Spring 2006
District nurse/health visitor formulary nurse prescribing			All Specialist Practice Qualification community practitioner nurse prescribers
Extended formulary nurse prescribing		Supplementary nurse prescribing	Nurse independent/ supplementary prescribers, incorporating what was formerly extended and supplementary prescribing

## 1.1 Standards for admission to programmes to be awarded a ‘qualification to prescribe’

### Standard 1

#### **Requirements for admission to approved education programmes leading to a recordable qualification for nurse/midwife prescribers**

- a) *Eligibility to undertake the preparation programme (Specialist Practitioner Qualification/Specialist Community Public Health Nurse Qualification) for community practitioner prescribing from the Nurse Prescribers Formulary for Community Practitioners (CPF).*

Applicants must provide evidence of meeting the NMC criteria for eligibility to undertake an integrated prescribing programme as part of the Specialist Practitioner/Specialist Community Public Health Nursing Award. The criteria are:

- You must be a registered nurse and/or midwife, and
- You intend to practise in an area of clinical need for which prescribing from the Community Practitioner Formulary will improve patient/client care and service delivery.

- b) *Eligibility to undertake the preparation programme to prescribe as a nurse independent/supplementary prescriber.*

Applicants must provide evidence that they have met the NMC’s criteria for eligibility to undertake a nurse independent/supplementary prescribing programme. The criteria are:

- You must be a registered first level nurse, midwife and/or specialist community public health nurse.
- You must have at least three years' experience as a practising nurse, midwife or specialist community public health nurse and be deemed competent by your employer to undertake the programme. Of these three years, the year immediately preceding application to the programme must have been in the clinical field in which you intend to prescribe, eg. neonates, mental health. Part-time workers must have practised for a sufficient period to be deemed competent by their employer.
- You must provide evidence via the Accreditation of Prior and Experiential Learning (APEL) process of your ability to study at minimum academic level three (degree).

In addition, you will need to have written confirmation from:

- Your employer of their support for you to undertake the preparation programme.
- The programme lead about your selection onto the preparation of prescribers education programme. This should also be given to you and your employer.
- A designated medical practitioner who meets eligibility criteria for medical supervision of nurse prescribers (see Annexe 3) and who has agreed to provide the required term of supervised practice.

### **Guidance**

Approved Education Institutions (AEIs) may wish to provide modules to prepare registrants in diagnosis and physical assessment *before* the registrant accesses the preparation of prescribers education programme. It is the employer/registrants responsibility to ensure that there is access to such modules. Alternatively, a registrant may undertake the prescribing programme alongside a programme of advanced practice.

The NMC requires employers to undertake an appraisal of a registrant's suitability to prescribe *before* they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including a Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so.

Where the registrant is not undertaking a module to prepare them in diagnosis and physical assessment alongside the nurse/midwife independent/supplementary prescribing programme, then the employer is responsible for confirming that:

- The applicant has been assessed as competent to take a history, undertake a clinical assessment, and diagnose, before being put forward.
- There is clinical need within the registrant's role to justify prescribing.
- The applicant has sufficient knowledge to apply prescribing principles taught on the programme of preparation *to their own area and field of practice*.
- The applicant must be able to demonstrate appropriate numeracy skills (to be further developed within the context of prescribing and assessed on the course).

Employers should *not* put registrants forward if they haven't demonstrated the ability to diagnose in their area of speciality. It should be possible to identify whether a registrant has these skills through Continuing Professional Development (CPD) reviews within the work place setting.

Registrants must remember they work as part of a team of prescribers.

The AEI must be satisfied that any registrant undertaking a programme of preparation has the ability to study at Level 3. In addition, they must support the designated medical practitioner (DMP) with a suitable competence framework to

assess learning in practice. They are also responsible for ensuring the DMP meets the eligibility criteria (see Annexe 3).

Applying to undertake the programme should be a collaborative arrangement between the employer, the AEI and the registrant, in order to confirm that the registrant is competent to undertake the course, is in a role that enables them to prescribe, and that the necessary infrastructure will be in place to allow them to do so.

The application form should identify if a registrant has applied and commenced a programme of preparation previously. If this is the case the reason for not completing must be identified and a decision made as to whether it is appropriate to re-apply.

## **Standard 2**

### ***Eligibility for a recorded qualification as a nurse prescriber (licence as a prescriber)***

#### **2.1 Initial record of qualification**

The Approved Education Institution (AEI) will inform the NMC of a registrants' successful completion of an approved programme of preparation.

Upon successful completion of a NMC approved programme of preparation, the registrant is eligible to be recorded as a prescriber, in either or both categories of:

- A community practitioner nurse prescriber (SPQ/SCPHN)(V100).
- A nurse independent/supplementary prescriber able to prescribe both independently and also as a supplementary prescriber in partnership with an independent medical/dental prescriber and the patient/client (V200/300).

It is only after the qualification has been recorded on the NMC register, that a registrant may prescribe.

#### **Guidance**

Notification of successful completion of an approved preparation programme will use the same process as for all other NMC approved programmes. The registrant will then be issued with the relevant documentation to record the qualification on the NMC register.

The registrant's qualification to prescribe as either a community practitioner nurse prescriber or a nurse independent/supplementary prescriber will be clearly identifiable by anyone seeking confirmation of qualification on the register.

Registrants may be eligible to prescribe from the Community Practitioner Formulary only, or may do so in addition to being a nurse independent/supplementary prescriber. However, it is not possible to prescribe as a supplementary prescriber without undertaking preparation to be a nurse independent prescriber first.

Submission of a declaration of good health and good character is not required when recording a prescribing qualification, as the registrant is *not* entering a new part of the register.

#### **2.2 Subsequent prescribing qualification**

If a registrant undertakes an educational preparation for prescribing programme as part of a specialist practitioner award it will be recorded on the register that they are qualified to prescribe within the boundaries of the Community Practitioner Formulary.

If the registrant undertakes further study as a nurse independent/supplementary prescriber, a further entry must be recorded on the register. This will enable verification of the registrant's prescribing responsibilities should this be required. The entry codes V100, V200 and V300 indicate from which formulary the practitioner is qualified to prescribe.

All registrants must record their prescribing qualification within twelve months of successfully completing the approved preparation programme.

### **Guidance**

The Prescription Pricing Authorities in the UK require confirmation from the NMC of a registrant's qualification to prescribe and the scope of their prescribing qualification. The prescribers information is printed on handwritten prescriptions and *must* be used to authorise computer-generated prescriptions.

Employers may access confirmation of a nurse's prescribing status by calling the confirmation service line on 020 7631 3200 or via the website at [www.nmc-uk.org](http://www.nmc-uk.org)

The confirmation service requires both the PIN number and date of birth of the registrant, along with a caller code and password (which employers can obtain from the NMC confirmation team by ringing the number above).

Pharmacists and members of the public can confirm that a registrant's qualification is recorded with the NMC online at [www.nmc-uk.org](http://www.nmc-uk.org)

Acute Trusts and independent sector providers must ensure that there is a unique identifier on *all* prescriptions regardless of the format used in their working environment. They must verify a prescribers recorded qualification *before* authorising her to prescribe.

### **Standard 3**

#### ***Interruption in the preparation of prescribers education programme***

Nurses undertaking preparation as a community practitioner nurse prescriber (V100) as part of the Specialist Practice Qualification (SPQ) (Community Pathway) or specialist community public health nursing programme must record the full SPQ/SCPHN programme of preparation within five years from the identified start of the programme. Programme providers must ensure that the student's acquired knowledge and skills remain valid to enable them to achieve the proficiencies set by the NMC, and if necessary to repeat some, or all, of the prescribing preparation and assessment.

If the registrant interrupts their studies whilst undertaking preparation for nurse independent/supplementary prescribing, then they must complete the programme in no more than two years from the identified start of the programme. Programme providers must ensure that the student's acquired knowledge and skills remain valid to enable them to achieve the proficiencies set by the NMC.

If a registrant has not completed all assessments within the allocated time, they must undertake the whole programme again, including all assessments, to ensure that competence has been maintained.

For the purpose of this standard, interruption means any absence from a programme of education other than annual leave, statutory and public holidays.

## 1.2 Standards for the structure and nature of the preparation of nurse prescribers education programme

This section provides the standards for the educational preparation for prescribing programme, in accordance with the Nursing and Midwifery Order 2001 [Article 19(6)]. The educational preparation for prescribing programme may be delivered as an integrated programme of preparation with other non-medical prescribers, providing the requirements and criteria determined by the NMC are met for nurses and midwives. Programmes for preparation of nurse independent/supplement prescribers may also be delivered using distance learning, providing all specified NMC criteria are met.

### **Standard 4**

#### ***The education provider***

The programme for the preparation of nurse/midwife prescribers will be delivered in Approved Educational Institutions (AEIs) and will have been approved by NMC quality assurance processes.

Programme planning teams must include some representation from key stakeholders.

#### **Guidance**

To ensure the programme meets the needs of the local area, key stakeholders must be involved in programme planning. Key stakeholders include: employers (including Trusts, general practitioners and independent sector), representatives from the NHS, service providers, prescribing leads, and voluntary provision - eg. hospice care, Local Supervising Authorities, education, Lead Midwife for Education, independent sector, armed forces (where appropriate), experienced nurse prescribers, medical supervisors and service users.

### **Standard 5**

#### ***Academic standard of programme***

The minimum academic level should be no less than first degree (academic level three).

#### **Guidance**

The academic standard of the nurse prescribers education programme will be at least first degree level. Approved Education Institutions (AEIs) may offer the programme at Masters degree level if they wish.

### **Standard 6**

#### ***Length of programmes***

##### **SPQ/SCPHN**

Registrants who undertake community practitioner nurse prescribing (V100) preparation as part of a Specialist Practitioner Qualification or specialist community public health nursing programme would take on the required study as an integrated part of that programme. The prescribing element of the programme should be clearly identified and approved separately as part of the SPQ/SCPHN.

### **Nurse independent/supplementary prescribing**

The length of the educational preparation programme for nurse independent/supplementary prescribers shall be a minimum of 26 days, with an additional 12 days of supervised learning in practice. All registrants must undertake both independent and supplementary elements of the programme.

For distance-learning programmes, there must be a minimum of eight face-to-face taught days (excluding assessment). In exceptional circumstances, if this is not practically possible, video-conferencing where interaction between all participants is possible will be acceptable. Programme documentation must clearly demonstrate how all learning outcomes are met within taught and distance learning aspects of the programme.

Students undertaking a distance-learning programme must be given 10 days protected learning time, in addition to the eight face-to-face taught days, to enable them to develop their skills and competencies as an independent/supplementary prescriber. Protected learning time is defined as a period of 10 days of focused learning to meet the defined content of this programme, where the applicant must not be counted in their employers' staffing numbers. This learning may take place in either practice or academic settings, as appropriate to the content of learning.

All educational preparation for prescribing programmes must be completed in no longer than one academic year (see Interruption to programmes, Section 1.1, Standard 3).

Consideration may be given to a registrants prior experience and learning, however all students must successfully complete *all* assessment criteria.

#### **Guidance**

12 days supervised learning in practice equates to 12 x 7.5 hours (6.5 hours excluding breaks) days.

Nurse independent/supplementary prescribing is a stand-alone programme and may run alongside relevant clinical courses. However, it must be delivered in its entirety (26 days - independent/supplementary elements) and must be approved separately as a stand-alone programme.

The nurse independent/supplementary prescribers programme of preparation should be completed within one academic year. In exceptional circumstances *only*, a registrant may complete their course within a two year period. If a registrant does not complete all assessments within this time they must undertake the whole programme and all assessments again (see Interruption to programmes, Section 1.1, Standard 3).

### **Standard 7**

#### ***Student support***

The designated leader for all programmes of preparation for prescribers must hold a NMC recorded teaching qualification. The pharmaco-therapeutic element of the programme must be taught by a pharmacist, healthcare professional or scientist with an appropriate qualification in pharmacology. Members of the wider prescribing teaching team should include non-medical prescribers who hold a recorded prescribing qualification and have relevant experience, including in specialist fields of practice. The Lead Midwife for Education is expected to work with the programme lead for prescribing to ensure adequate support for student midwives.

The practice assessor for those undertaking a programme of preparation as part of a Specialist Practice Qualification should be a practising prescriber.

A designated medical practitioner (DMP) must provide support to students on a nurse independent/supplementary prescribers programme of preparation. To do this they need to meet specific criteria, which can be found in Annexe 2 of the National Prescribing Centre publication: *Training non-medical prescribers in practice: A guide to help doctors prepare for and carry out the role of designated medical practitioner*. The relevant criteria may also be found in Annexe 3 of this document. *Eligibility criteria for becoming a designated medical practitioner*. The DMP must be sufficiently impartial to the outcome for the student and, wherever possible, should *not* be the same person sponsoring the student to undertake the programme.

The DMP is also expected to work in collaboration with the Lead Midwife for Education and the student's personal tutor where relevant.

### **Guidance**

Students on the preparation programme should be supported in both academic and work-based learning environments. Programme teachers and designated medical practitioners (DMPs) must have the knowledge, skills and expertise to provide appropriate support to students in their field of practice. Where specialist knowledge is required, eg. prescribing for children, or in mental health, this must be provided both in academic and practice settings. They should also identify learning opportunities with the student, and offer support and guidance to enable the student in her prescribing role.

Where possible an experienced non-medical prescriber should work alongside the student and the designated medical practitioner (nurse independent/supplementary prescribing students) to provide support and guidance as appropriate. In the case of midwives this may include the Lead Midwife for Education.

The National Prescribing Centre document *Training non-medical prescribers in practice: a guide to help doctors prepare for and carry out the role of designated medical practitioner* clearly sets out guidance for DMPs and can be found on the NPC website [www.npc.co.uk](http://www.npc.co.uk)

Where need is identified AEI's may wish to provide specialist practice modules alongside independent/supplementary prescribing programmes of preparation.

### **Standard 8**

#### ***Balance between practice-based learning and theory***

Throughout the duration of the programme students are expected to apply principles of prescribing to their practice and reflect on this through a learning log or portfolio to ensure integration of theory and practice. However, they may *not* prescribe until they have successfully completed the programme and have recorded the relevant qualification with the NMC.

### **Guidance**

It is important that practice-based learning is integral to the programme so that the student is provided with the opportunity to observe prescribing-in-action. This should include all aspects of medicines management, and time should be spent with a range of non-medical prescribers, dispensing pharmacists, pharmacy technicians, as well as medical prescribers where possible.

## 1.3 Content of programme of education to achieve NMC proficiencies as a nurse prescriber

The content of the programme must be founded on the principle that prescribing is a competence-based professional activity. In addition to the requirements specified in this standard, the content should reflect the requirements of local employers, including the independent sector, across the four countries of the United Kingdom.

### **Standard 9**

#### ***Aim and learning outcomes***

The aim and learning outcomes, set out below, for the preparation of community practitioner (SPQ/SCPHN) nurse prescribers and nurse independent/supplementary prescribers are the same, with the exception of the last point under learning outcomes, '*Producing a clinical management plan*' which is applicable to supplementary prescribers only.

#### **Aim**

The education programme aims to prepare nurses, midwives and specialist community public health nurses to prescribe safely, appropriately and cost-effectively from either the community practitioner formulary for nurse prescribers or as an independent/supplementary nurse prescriber.

#### **Learning outcomes**

The learning outcomes of the programme are set at *minimum* degree level and enable the practitioner to:

- assess and consult with patient/clients, clients, parents and carers
- undertake a thorough history, including medication history and current medication (including over-the-counter, alternative and complementary health therapies) to inform diagnosis
- understand and apply the relevant legislation to the practice of nurse/midwife prescribing
- critically appraise, use sources of information/advice and decision support systems in prescribing practice
- understand the influences that can affect prescribing practice, and demonstrate your understanding by managing your prescribing practice in an ethical way
- understand and apply knowledge of drug actions in prescribing practice
- demonstrate an understanding of the roles and relationships of others involved in prescribing, supplying and administering medicines
- prescribe safely, appropriately and cost effectively
- practise within a framework of professional accountability and responsibility
- develop a clinical management plan within legislative requirements (supplementary prescribing only)

#### **Programme content**

The programme content for community practitioner (SPQ/SCPHN) nurse prescribers differs to that of the nurse independent/supplementary prescribers and each programme should reflect the formulary from which a qualified registrant may prescribe and the level of study required.

In order to meet learning outcomes, the following areas of study must be incorporated into a detailed curriculum, which will enable registrants to develop knowledge and competence as prescribers appropriate to their level of responsibility.

**Programme content for community practitioner (SPQ/SCPHN)  
nurse prescribers**

**Consultation, decision-making and therapy, including referral**

- accurate assessment, history taking, communication and consultation with patients/clients and their parents/carers
- development of a management plan
- diagnosis
- prescribe, not to prescribe, non-drug treatment or referral for treatment
- numeracy and drug calculations

**Influences on, and psychology of, prescribing**

- patient/client demand, and preference vs patient/client need - knowing when to say 'no'
- external influences, eg. companies or colleagues
- patient/client partnership in medicine-taking, including awareness of cultural and ethnic needs
- concordance as opposed to compliance

**Prescribing in a team context**

- rationale, adherence to, and deviation from national and local guidelines, local formularies, protocols, policies, decision support systems and formulae
- understanding the role and functions of other team members
- documentation, with particular reference to communication between team members, including electronic prescribing
- auditing, monitoring and evaluating prescribing practice
- interface between multiple prescribers and management of potential conflict
- budgets and cost effectiveness
- dispensing practice issues

**Clinical pharmacology, including the effects of co-morbidity**

- anatomy and physiology as applied to prescribing practice and community practitioner formulary
- basic principles of drugs to be prescribed - absorption, distribution, metabolism and excretion, including adverse drug reactions (ADR)
- interactions and reactions
- patient/client compliance, concordance and drug response
- impact of physiological state on drug responses and safety, eg. in elderly people, neonates, children and young people, pregnant or breast feeding women

**Evidence-based practice and clinical governance in relation to nurse prescribing**

- rationale, adherence to and deviation from national and local guidelines, protocols, policies, decision support systems and formulae
- continuing professional development - role of self and role of the organisation
- management of change
- risk assessment and management, including safe storage, handling and disposal
- clinical supervision
- reflective practice/peer review
- critical appraisal skills
- auditing practice and scrutinising data, systems monitoring
- identify and report adverse drug reactions and near misses and learn from mistakes

**Legal, policy and ethical aspects**

- sound understanding of legislation that impacts on prescribing practice
- legal basis for practice, liability and indemnity
- legal implications of advice to self-medicate including the use of alternative therapies, complementary therapy and over the counter (OTC) medicines
- safe-keeping of prescription pads, action if lost, writing prescriptions and record keeping
- awareness and reporting of fraud (recommendations from the Shipman Inquiry, Fourth Report)
- drug licensing
- Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/client safety incidents to the National Patient Safety Agency (NPSA)
- prescribing in the policy context
- manufacturer's guidance relating to literature, licensing and off-label
- ethical basis of intervention
- informed consent, with particular reference to client groups in learning disability, mental health, children, critically ill people and emergency situations

**Professional accountability and responsibility**

- *The NMC code of professional conduct; standards for conduct, performance and ethics*
- *NMC Standards for prescribing practice*
- ethical recommendations from the Shipman Inquiry, Fourth Report
- accountability and responsibility for assessment, diagnosis and prescribing
- maintaining professional knowledge and competence in relation to prescribing
- accountability and responsibility to the employer

**Prescribing in the public health context**

- duty to patient/clients and society
- inappropriate use of medication, including misuse, under-use and over-use
- inappropriate prescribing, over-prescribing and under-prescribing
- access to health care provisions and medicines

## ***Programme content for nurse/midwife independent/supplementary prescribers***

### **Consultation, decision-making and therapy, including referral**

- models of consultation
- accurate assessment, history taking, communication and consultation with patients/clients and their parents/carers
- concepts of working diagnosis or best formulation
- development of a management plan and/or clinical management plan
- confirmation of diagnosis/differential diagnosis - further examination, investigation, referral for diagnosis
- prescribe, not to prescribe, non-drug treatment or referral for treatment
- numeracy and drug calculations
- stopping medication prescribed by others
- medicines review

### **Influences on, and psychology of, prescribing**

- patient/client demand, and preference vs patient/client need – knowing when to say ‘no’
- external influences, eg. companies or colleagues
- patient/client partnership in medicine-taking, including awareness of cultural and ethnic needs
- concordance as opposed to compliance
- achieving shared understanding and negotiating a plan of action

### **Prescribing in a team context**

- rationale, adherence to, and deviation from national and local guidelines, local formularies, protocols, policies, decision support systems and formulae
- understanding the role and functions of other team members
- documentation, with particular reference to communication between team members, including electronic prescribing
- auditing, monitoring and evaluating prescribing practice
- interface between multiple prescribers and management of potential conflict
- budgets and cost effectiveness
- dispensing practice issues

### **Clinical pharmacology, including the effects of co-morbidity**

- pharmacology, including pharmaco-dynamics, pharmaco-kinetics, pharmaco-therapeutics
- anatomy and physiology as applied to prescribing practice and community practitioner formulary
- basic principles of drugs to be prescribed, eg. absorption, distribution, metabolism and excretion, including adverse drug reactions (ADR)
- interactions and reactions
- patient/client compliance, concordance and drug response
- impact of physiological state on drug responses and safety, for example, in elderly people, neonates, children and young people, pregnant or breast feeding women
- pharmaco-therapeutics related to controlled drugs

### **Evidence-based practice and clinical governance in relation to nurse prescribing**

- rationale, adherence to and deviation from national and local guidelines, protocols, policies, decision support systems and formulae
- continuing professional development - role of self and role of the organisation
- management of change
- risk assessment and management, including safe storage, handling and disposal
- clinical supervision
- reflective practice/peer review
- critical appraisal skills
- auditing practice and scrutinising data, systems monitoring
- identify and report adverse drug reactions and near misses
- prescribing controlled drugs
- prescribing and administering
- prescribing and dispensing

### **Legal, policy and ethical aspects**

- sound understanding of legislation that impacts on prescribing practice
- legal basis for practice, liability and indemnity
- legal implications of advice to self-medicate including the use of alternative therapies, complementary therapy and over-the-counter (OTC) medicines
- safe-keeping of prescription pads, action if lost, writing prescriptions and record keeping
- awareness and reporting of fraud (recommendations from the Shipman Inquiry, Fourth Report)
- drug licensing
- Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/client safety incidents to the National Patient Safety Agency (NPSA)
- prescribing in the policy context
- manufacturer's guidance relating to literature, licensing and off-label
- ethical basis of intervention
- informed consent, with particular reference to client groups in learning disability, mental health, children, critically ill people and emergency situations
- legal implications and their application to supplementary prescribing

### **Professional accountability and responsibility**

- *The NMC code of professional conduct; standards for conduct, performance and ethics*
- *NMC Standards for prescribing practice*
- Ethical recommendations from the Shipman Inquiry, Fourth Report
- accountability and responsibility for assessment, diagnosis and prescribing
- maintaining professional knowledge and competence in relation to prescribing
- accountability and responsibility to the employer

### **Prescribing in the public health context**

- duty to patient/clients and society
- policies regarding the use of antibiotics and vaccines
- inappropriate use of medication, including misuse, under-use and over-use
- inappropriate prescribing, including over-prescribing and under-prescribing
- access to health care provisions and medicines
- prescribing in its broadest sense, eg. exercise

The principle areas, knowledge, skills and competencies required to underpin prescribing practice are outlined in Annexe 2.

### **Guidance**

The level at which the indicative content is met within the programme will be at least degree level (three). The learning outcomes must be achieved by all prescribers and applied to the level of prescribing and the formulary from which they prescribe.

## **1.4 Standard for assessment**

Assessment of community practitioner (SPQ/SCPHN) nurse prescribers *differs* to that of independent/supplementary nurse prescribers and assessment must reflect the content of each programme.

Standard 10 refers to community practitioner (SPQ/SCPHN) nurse prescribers only.

Standard 11 relates to nurse independent/supplementary prescribers only.

### **Standard 10**

#### ***Assessment of nurses undertaking prescribing preparation, forming part of the Specialist Practitioner Qualification (SPQ)/Specialist Community Public Health Nursing (SCPHN)***

Registrants undertaking educational preparation programmes to prescribe from the Community Practitioner Formulary, and subsequent recording of this qualification, must meet the assessment requirements for the SPQ/SCPHN programme and must successfully complete a written examination to demonstrate that they have met the required learning outcomes relevant to the scope of their prescribing responsibilities (as detailed in Section 1.3).

The written examination should consist of a total of twenty, short answer and multi-choice questions (MCQ) to test pharmacological knowledge and its application to practice. Understanding of ethical issues, legal issues, team working, record keeping, writing a prescription and numeracy - and how these apply to prescribing practice - may be achieved within the wider SPQ/SCPHN programme. How these learning outcomes are met must be confirmed at any approval event.

Return to practice students, accessing Mode 2, must undertake an additional assignment in the form of an essay/portfolio that demonstrates an understanding of ethical issues, legal issues, team working, record keeping, writing a prescription and numeracy - and how these apply to prescribing practice.

All Approved Education Institutions (AEIs) must map the registrant's achievement of competencies throughout the assessment process and clearly indicate criteria for referral. If a registrant fails to correctly answer any question that may result in direct harm to a patient/client they *must* be referred, eg. failure to ask about medication history, allergies, any over the counter medication, or incorrect dosage/prescribing of an unlicensed product.

## Standard 11

### **Assessment of nurse independent/supplementary prescribers**

Registrants undertaking educational preparation to prescribe as nurse independent/supplementary prescribers, and subsequent recording of this qualification, must successfully complete a range of assessment strategies to demonstrate that they have met the required learning outcomes relevant to the scope of their prescribing responsibilities (as detailed in Section 1.3).

Competence will be demonstrated through an assessment of theory and practice. Each student must maintain a portfolio of assessment and achievement of the stated learning outcomes. A range of assessment strategies must be employed to test knowledge, decision-making, and the application of theory to practice. Students must undertake and successfully complete *all* assessments.

These are:

- a) a portfolio or learning log that demonstrates application of theory to practice, and provides rationale for prescribing decisions and reflective practice. It should include evidence of numeracy skills, writing prescriptions and prescribing in a range of scenarios
- b) either an Objective Structured Clinical Examination (OSCE), which is a systematic and detailed examination of practice within a simulated learning environment (such as a skills laboratory or centre), or a systematic and detailed examination of practice in a setting relevant to the registrants area/field of practice, or a video consultation in a live practice setting. It will be the responsibility of the registrant and the designated medical practitioner to ensure that necessary legal requirements are obtained for consent from patient/clients
- c) satisfactory completion of the period of practice experience, including sign off by the designated medical practitioner *and* the employer that the student is competent to prescribe medicines in their area of practice
- d) a written final examination that consists of a total of twenty, short answer and multi-choice questions (MCQ) to test pharmacological knowledge and its application to practice. Students must achieve a minimum 80% pass
- e) numerical assessment within the context of prescribing practice. Students must achieve a 100% pass

If a registrant fails to answer correctly any question that may result in direct harm to a patient/client they *must* be referred

### **Guidance**

All Approved Education Institutions (AEIs) must map the registrant's achievement of competencies throughout the assessment process and clearly indicate criteria for referral. If a registrant fails to correctly answer any question that may result in direct harm to the patient/client they *must* be referred, eg. failure to ask about medication history, allergies, any over the counter medication, or incorrect dosage/strength.

In addition, a registrant *must* achieve a 100% pass mark in a numerical assessment, which includes drug calculations and is relevant to their area of practice, before she can prescribe. The numerical assessment may be assessed within the portfolio, OSCE or as part of the written exam, but must be clearly identified in the approval event.

Each registrant *must* successfully write out prescriptions which require a drug calculation, either in the OSCE, video assessment or in the final written examination. The prescription should be in the format used in their area of practice.

These assessment strategies apply to all courses whether delivered as a taught programme or through distance-learning.

The assessment of practice is the responsibility of the designated medical practitioner (DMP) who is providing support, teaching and supervision of the student with, where possible, an experienced nurse prescriber who can ensure that learning is applied to specific areas of nursing practice. The identified Lead Midwife for Education would be expected to work with the DMP in the assessment of prescribers working in midwifery practice.

The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.

Each student should be assessed on their ability to apply prescribing principles to their own specialist areas of practice.

Approved Education Institutions, Trusts, Boards and Strategic Health Authorities must work in partnership to ensure that these standards are met.

## Section 2 - Standards for prescribing practice

This section provides standards for prescribing practice. Having achieved the competencies for prescribing, registrants are required to maintain this standard in their practice.

This section should be read alongside supporting guidance documents from the Welsh Assembly, Scottish Executive, Department of Health Social Services and Public Safety (N.I.), Department of Health (England), and the National Prescribing Centre. These documents include specific legislative restrictions and good practice requirements for nurse prescribers. A list of useful websites and supporting guidance can be found in the Resources section of this publication.

The standards for prescribing practice apply to *all* settings in which a registrant may prescribe, within the National Health Service, independent sector, armed forces or prison service.

### **Practice standard 1**

#### ***'Licence as a prescriber'***

- 1.1 You may only prescribe once you have successfully completed an NMC approved programme, and recorded this in the NMC register
- 1.2 You may only prescribe from the formulary linked to your recorded qualification and must comply with statutory requirements applicable to your prescribing practice
- 1.3 The ability to prescribe is a privilege granted to you by legislation and your employer, and should be seen in this light

### **Practice standard 2**

#### ***Accountability***

- 2.1 You are professionally accountable for your prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person
- 2.2 You *must* only ever prescribe within your level of experience and competence, acting in accordance with Clause 6 of *The NMC code of professional conduct: standards for conduct, performance and ethics*
- 2.3 If you move to another area of practice you must consider the requirements of your new role and only ever prescribe within your level of experience and competence

### **Practice standard 3**

#### ***Assessment***

- 3.1 In order to prescribe for a patient/client you must satisfy yourself that you have undertaken a full assessment of the patient/client, including taking a thorough history and, where possible, accessing a full clinical record

- 3.2 You are accountable for your decision to prescribe and must prescribe only where you have relevant knowledge of the patient/client's health and medical history
- 3.3 You must ensure a risk assessment has been undertaken in respect of the patient/client's current medication and any potential for confusion with other medicines

### **Guidance**

The registrant must only prescribe if they are competent to do so. There are scenarios where a registrant may be expected to assess and prescribe outside their 'normal' field of practice. These could include, for example, out of hours, walk-in-centres and general practice where a nurse competent to assess and prescribe for adults undertakes a consultation with a child, or a patient/client who may present with depression. Registrants must refer to an appropriate prescriber if they do not fully understand the implications of their prescribing practice in terms of the physiology and pharmaco-therapeutic action of medication prescribed *even though* they may be able to take a thorough and appropriate history which leads to a diagnosis.

A nurse would not be expected to ever prescribe from the whole range of Prescription Only Medicines that they are legally entitled to.

### **Practice standard 4**

#### **Need**

- 4.1 You must only prescribe where there is a genuine clinical need for treatment.

### **Guidance**

The NMC recognises that there are situations where a nurse or midwife may be asked to prescribe on behalf of a colleague for a patient/client they have not personally assessed. *Wherever possible this should be avoided.* Nurses and midwives are accountable if they do decide to prescribe.

### **Practice standard 5**

#### **Consent**

- 5.1 As a nurse/midwife prescriber you must act in accordance with Clause 3 of *The NMC code of professional conduct: standards for conduct, performance, and ethics* in relation to consent
- 5.2 You must make it clear to the patient/client that prescribing activity cannot be undertaken in isolation. You must inform, where relevant, anyone else who may be in a position to prescribe for that patient/client of your actions in order to avoid prescribing errors. This is most likely to be the patient/client's general/medical practitioner, but may also include other non-medical prescribers

### **Practice standard 6**

#### **Communication**

- 6.1 You have a responsibility to communicate effectively with other practitioners involved in the care of the patient/client. You must refer the patient/client to another prescriber when it is necessary to do so

## **Practice standard 7**

### ***Record keeping***

- 7.1 The NMC *Guidelines for records and record keeping* provide the underlying principles
- 7.2 You should ensure records are accurate, comprehensive, contemporaneous and accessible by all members of a prescribing team (effective policies must be in place locally to enable this to happen)
- 7.3 In supplementary prescribing, the doctor/dentist and supplementary prescribers must share access to, consult and, wherever possible, use the same common patient/client record.

### **Guidance**

Records should include the prescription details, together with relevant details of the consultation with the patient/client. The maximum time allowed between writing the prescription and entering the details into the general record is for local negotiation. However, only in exceptional circumstances should this exceed 48 hours.

## **Practice standard 8**

### ***Clinical management plans (supplementary prescribing)***

- 8.1 If you are prescribing as a supplementary prescriber you must prescribe in accordance with a patient/client's individual clinical management plan (CMP)
- 8.2 The medical/dental prescriber must have made the initial diagnosis of the patient/client
- 8.3 Where standard CMPs are in place as a starting point, you must tailor them to reflect the individual patient/client's personal, medical and medicines history. The CMP must be agreed by a doctor/dentist and yourself with the agreement and consent of the patient/client before supplementary prescribing begins. This could be in the form of a signature, or for an electronic record, a recordable indication of agreement
- 8.4 Within supplementary prescribing you must refer the patient/client back to the doctor/dentist when the patient/clients' circumstances fall outside the CMP
- 8.5 Within supplementary prescribing you must *never* prescribe medication without a clinical management plan, which has been agreed with the doctor/dentist and in voluntary partnership with the patient/client. The doctor/dentist may agree verbally to a CMP providing that it is confirmed by fax or secure e-mail before prescribing occurs, and formally agreed within two working days

### **Guidance**

Prescribing a Prescription Only Medicine (POM) as a supplementary prescriber outside a clinical management plan (CMP) constitutes a criminal offence under the terms of the Prescriptions Only Medicines Order and could be subject to sanctions under the Medicines Act 1992.

To prescribe a non-POM outside the agreement of a CMP, the registrant would be subject to both disciplinary proceedings by their employer and referral to the NMC should a charge of professional misconduct follow.

Extension of the nurse/midwife's eligibility to prescribe all POMs for all medical conditions (with the exception of some controlled drugs), which they are competent to prescribe, will alter this position. However, registrants must only ever prescribe within their level of competence. Where they lack competence, the medication should either continue to be prescribed through a CMP or referred back to a doctor/dentist.

### **Practice Standard 9**

#### ***Prescribing and administration/supply***

- 9.1 You must ensure separation of prescribing and administering activities whenever possible
- 9.2 In the exceptional circumstance, where you are involved in both prescribing and administering a patient/client's controlled drug, a second suitably competent person should be involved in checking the accuracy of the medication provided

### **Practice standard 10**

#### ***Prescribing and dispensing***

- 10.1 You must ensure separation of prescribing and dispensing whenever possible, including within dispensing practices
- 10.2 In exceptional circumstance, where you are involved in both prescribing and dispensing a patient/client's medication, a second suitably competent person should be involved in checking the accuracy of the medication provided

#### **Guidance**

Dispensing medication is defined as the 'labelling' of medication from a stock supply that is then administered to an individual patient/client. Where a stock supply of medication has been labelled and dispensed by a pharmacist and is then supplied by a nurse/midwife in an 'out-of-hours' or family planning situation this is not dispensing, but supplying.

Nurses and midwives are advised to ensure they have indemnity insurance to cover their dispensing practice, and if they are unable to get indemnity cover they must inform the patient/client/client of this and its implications.

### **Practice standard 11**

#### ***Prescribing for family and others (excluding Controlled Drugs – see practice standard 16)***

- 11.1 You must not prescribe for yourself
- 11.2 You should never prescribe for anyone with whom you have a close personal or emotional relationship, other than in an exceptional circumstance
- 11.3 If a prescription is necessary you should refer this to be undertaken by another registered prescriber wherever possible

#### **Guidance**

You must be able to justify what is considered an 'exceptional circumstance' and why, at the time, a prescription could not be issued by another independent prescriber.

At all times you must maintain an objective view of your patient/client's interests. See Clause 2.3 of *The NMC code of professional conduct: standards for conduct, performance, and ethics*.

For prescribing controlled drugs for yourself, or someone close to you, see practice standard 16.

### **Practice standard 12**

#### **Computer-generated prescribing by nurses or midwives**

- 12.1 You may prescribe via computer-generated prescriptions providing the necessary software is available
- 12.2 A visible audit trail of your prescribing actions must be maintained
- 12.3 You must never tamper with existing prescriber's details on a prescription or add your own prescribing details, whether that be handwritten or by stamp
- 12.4 Prescriptions should always be signed immediately
- 12.5 Prescriptions must never be written or printed-off and signed in advance, and then stored for future use

### **Practice standard 13**

#### **Evidence-based prescribing**

- 13.1 You should be aware of, and apply, local and national prescribing guidelines
- 13.2 Prescribing practice should be evidence-based and respond to relevant national guidance

#### **Guidance**

You should be familiar with current guidance published in the British National Formulary, including the use, side effects and contra-indications of the medicines that you prescribe. The Department of Health (England) has published a report *Building a safer NHS: improving medication safety* on the safe use and administration of medicines. For website addresses of these organisations please see the Resources section.

Where local policy is at variance with current national guidance, you should seek guidance through clinical governance structures, in respect of your vicarious liability, within your employing organisation.

### **Practice standard 14**

#### **Delegation**

- 14.1 You may delegate the administration of a medication that you have prescribed. You remain accountable for your actions and you must be sure the person to whom you have delegated is competent and has received sufficient training to administer the prescribed medication.

#### **Guidance**

You may *not* delegate administration of a medication that you supply/administer via a Patient Group Direction (see Glossary for the definition of a Patient Group Direction).

## **Practice standard 15**

### ***Continuing professional development***

- 15.1 It is your responsibility to remain up-to-date with knowledge and skills to enable you to prescribe competently and safely
- 15.2 You must act in accordance with Clause 6 of *The NMC code of professional conduct: standards for conduct, performance and ethics*
- 15.3 As a nurse or midwife who is recorded on the register as being a prescriber, you should ensure that your continuing professional development is in line with your role as a prescriber

#### **Guidance**

Employers have a responsibility to ensure that prescribers have access to undertake the relevant continuing professional development as identified through their staff appraisal. This must be undertaken in order to maintain registration as competent to prescribe.

## **Practice standard 16**

### ***Controlled drugs***

#### **Prescribing controlled drugs**

- 16.1 You must only prescribe controlled drugs for which you are legally entitled to. Midwives may supply and administer controlled drugs via Exemption Orders as this is not a form of prescribing
- 16.2 Legally you must include clear dosage instructions on a prescription to avoid uncertainty on administration. Extra care must be given when syringe drivers are being used
- 16.3 You must ensure you do not prescribe beyond your limits of competence and experience
- 16.4 You must inform anyone who needs to know about any restrictions placed on your prescribing practice, particularly pharmacists with dispensing responsibilities
- 16.5 You may use computer-generated prescriptions for all controlled drugs, providing the necessary software is in place and that there is an audit trail of your prescribing practice
- 16.6 The quantity of any controlled drug prescribed (excluding those in schedule 5) should not exceed 28 days supply per prescription. A new prescription is required where a patient/client has continuing clinical need

#### **Guidance**

An example FP10 prescription for Schedule 2 controlled drugs is included in the current British National Formulary, but you should make sure you have the latest version of the controlled drugs prescription form from the Prescription Pricing Authority or its successor. Please see relevant guidance from the Department of Health (England), Scottish Executive, Welsh Assembly and Department of Health, Social Services and Public Safety (N.I.).

In acute/independent sector settings relevant prescription forms should be used and the registrant is responsible for ensuring the most up-to-date documentation is used in line with local policy.

### **Prescribing controlled drugs for yourself**

16.7 You must *not* prescribe a controlled drug for yourself

### **Prescribing controlled drugs for someone close to you**

16.8 You may only prescribe a controlled drug for someone close to you if:

- a) No other person with the legal right to prescribe is available
- b) And only then, if that treatment is immediately necessary to:
  - i) Save life
  - ii) Avoid significant deterioration in the patient/client's health
  - iii) Alleviate otherwise uncontrollable pain

16.9 You must be able to justify your actions and must document your relationship and the emergency circumstances that necessitated your prescribing a controlled drug for someone close to you.

### **Guidance**

Registrants may find the online resource *A guide to good practice in the management of controlled drugs in primary care* published by the National Prescribing Centre (NPC) at [www.npc.co.uk](http://www.npc.co.uk) useful. In addition, see practice standard 9.

### **Prescribing controlled drugs – current requirements**

The legal requirements for prescriptions for Schedule 2 and 3 controlled drugs are summarised in the British National Formulary, and *Medicines, ethics and practice: a guide for pharmacists*, RPSGB. Department of Health (England) guidance, *Safer management of controlled drugs: The Government's response to the Fourth Report of the Shipman Inquiry* on prescribing controlled drugs was published in April 2006.

### **Recommendations from Shipman Inquiry, Fourth Report include:**

- Prescriptions for controlled drugs will be uniquely marked to identify them as such
- Private prescription forms for controlled drugs will be similar to NHS prescription forms, and standard written request forms will be introduced
- The registration number, or other unique identifier, of the prescriber will be included on controlled drug prescriptions
- The patient/client's NHS number, or other patient/client-specific indicator, will be included on the prescription form
- All controlled drug prescriptions, except Schedule 5 controlled drugs, will be valid for only 28 days from issue, with validity periods extended only in exceptional circumstances if the prescription is endorsed appropriately by the prescriber

## **Practice standard 17**

### ***Prescribing unlicensed medicines***

17.1 You *must not* prescribe an unlicensed medication as an independent prescriber

17.2 You may prescribe an unlicensed medication as a supplementary prescriber as part of a clinical management plan providing:

- a) The doctor/dentist and, you acting as a supplementary prescriber, have agreed the plan with the patient/client in a voluntary relationship
- b) You are satisfied an alternative, licensed medication would not meet the patient/client's needs

- c) You are satisfied there is a sufficient evidence base and/or experience to demonstrate the medications safety and efficacy for that particular patient/client
- d) The doctor/dentist is prepared to take the responsibility for prescribing the unlicensed medicine and has agreed the patient/client's clinical management plan to that effect
- e) The patient/client agrees to a prescription in the knowledge that the drug is unlicensed and understands the implications of this
- f) The medication chosen and the reason for choosing it is documented in the clinical management plan

## **Practice standard 18**

### ***Prescribing medicines for use outside the terms of their licence (off-label)***

- 18.1 Off-label prescribing is where licensed medications are prescribed outside of their licence. There are a number of circumstances in which nurses may prescribe licensed medicines for the purposes for which they are not licensed (this is most likely to be the case when prescribing for children, see the Guidance below). It is possible under current legislation for nurse or midwife independent/supplementary prescribers to prescribe off-label as independent prescribers. However in order to do so you must ensure the following conditions are met:
- a) You are satisfied that it would better serve the patient/client's needs than an appropriately licensed alternative
  - b) You are satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy. Where the manufacturer's information is of limited help, the necessary information must be sought from another source
  - c) You should explain to the patient/client, or parent/carer, in broad terms, the reasons why medicines are not licensed for their proposed use. See the Guidance below
  - d) You make a clear, accurate, and legible record of all medicines prescribed and the reasons for prescribing an 'off-label' medicine.
- 18.2 You may also, as a supplementary prescriber, prescribe a medicine for use outside the terms of its licence providing:
- a) There is a clinical management plan in place, written in conjunction with the doctor/dentist and in voluntary partnership with the patient/client or parent/carer
  - b) A doctor/dentist takes responsibility for prescribing the medicine and you jointly oversee the patient/clients care, monitor and ensure any follow-up treatment is given as required.

#### **Guidance**

Pharmaceutical companies do not usually test their medicines on children and therefore cannot apply to license their medicines for use in the treatment of children. It is often necessary in paediatric practice to use medicines that are only licensed for adults. See the British National Formulary for Children.

It is good practice to give as much information as patient/clients, or those authorising treatment on their behalf, require or which they may see as significant. This would include the proposed course of treatment, and any known serious or common side

effects or adverse reactions. Information must be given that is appropriate to the target audience, eg. children or those with learning difficulties.

Any information provided may be supported by written information, eg. leaflet on unlicensed medicines produced by the Royal College of Paediatrics and Child Health/Neonatal and Paediatric Pharmacists Group Standing Committee on Medicines.

## **Practice standard 19**

### ***Repeat prescribing***

- 19.1 You may issue a repeat prescription, but you do so in the knowledge that you are responsible as the signatory of the prescription and are accountable for your practice
- 19.2 Before signing a repeat prescription you must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:
- a) The patient/client is issued with the correct prescription
  - b) Each prescription is regularly reviewed and is only re-issued to meet clinical need
  - c) A review must take place following a maximum of six prescriptions or six months elapsing
  - d) The correct dose is prescribed
  - e) Suitable provision for monitoring each patient/client's condition is in place and for ensuring that patient/clients who need a further examination or assessment do not receive repeat prescriptions without being seen by an appropriate prescriber

### **Guidance**

The plurality of provision within health services in both the NHS and the independent sector will mean that repeat prescribing is likely to be a significant aspect of the role for all nurse/midwife prescribers. The National Prescribing Centre in England has published good practice guidelines *Saving time, helping patients: a good practice guide to quality repeat prescribing* at [www.npc.co.uk](http://www.npc.co.uk)

## **Practice standard 20**

### ***Remote prescribing via telephone, email, fax, video link or website***

- 20.1 From time to time it may be appropriate to use a telephone or other non face-to-face medium to prescribe medicines and treatment for patient/clients. Such situations may occur where:
- a) You have responsibility for the care of the patient/client
  - b) You are working in remote and rural areas
  - c) You have prior knowledge and understanding of the patient/clients condition and medical history
  - d) You have authority to access the patient/client's records and you are working within the scope of a supplementary prescriber, but the doctor/dentist required to authorise the clinical management plan works at a distance
- 20.2 In all circumstances, you must ensure that you:
- a) Establish the patient/client's current medical conditions, history and concurrent or recent use of other medications including non-prescription medicines
  - b) Carry out an adequate assessment of the patient/client's condition (in line with practice standard 3)

- c) Identify the likely cause of the patient/client's condition
  - d) Ensure that there is sufficient justification to prescribe the medicines or treatment proposed. Where appropriate you should discuss other treatment options with the patient/client
  - e) Ensure that the treatment and/or medicine is not contra-indicated for the patient/client
  - f) Make a clear, accurate, legible and contemporaneous record of all medicines prescribed
  - g) Are competent to make a prescribing decision
- 20.3 Where you cannot meet *all* of these requirements you must *not* use remote means to prescribe medicine for a patient/client

## **Practice standard 21**

### ***Gifts and benefits***

- 21.1 You must make your choice of medicinal product for the patient/client, based on clinical suitability and cost effectiveness
- 21.2 You must maintain a 'register of interests' within your own personal portfolio, which may be produced on request if required for audit purposes
- 21.3 You should adhere to local corporate policy when maintaining a 'register of interests'

### **Guidance**

You should be aware of Clause 7.2 of *The NMC code of conduct: standards for conduct, performance and ethics*. The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994.

Personal gifts are prohibited and it is an offence to solicit or accept a gift or inducement. Companies may offer hospitality for a professional/scientific meeting, but such hospitality must be reasonable in level, and subordinate to, the main purpose of the meeting. This legislation is enforced by the Medicines and Healthcare Products Regulatory Agency.

## Section 3 – Additional guidance

### 3.1 Supply and administration via a Patient Group Direction

This is not a form of prescribing. Guidelines are provided in the NMC booklet *Guidelines for the administration of medicines* and on the National Prescribing Centre website at [www.npc.co.uk](http://www.npc.co.uk)

### 3.2 Medicines Act exemptions – Medicines Act 1968

To supply and administer via an Exemption Order under medicines legislation, eg. in the course of midwifery or occupational health practice, is not a form of prescribing. An explanation is included in the NMC booklet *Guidelines for the administration of medicines*.

### 3.3 Writing a prescription

Prescriptions must be written legibly and in ink, they should be dated, state the full name and address of the patient/client and be signed in ink by the prescriber.

It is a legal requirement to state the age of a child under 12 years for a prescription of a prescription only medicine (POM).

The names of drugs and preparations must be written clearly using approved titles only and *not* abbreviations. For further guidance on writing a prescription, see 'Prescription writing' in the British National Formulary.

Computer-generated prescriptions may be used, however you *must* be competent to write a prescription by hand.

### 3.4 Writing private prescriptions

From Spring 2006, independent nurse prescribers may issue private prescriptions for any licensed medicines that they are competent to prescribe, except for most controlled drugs. Supplementary prescribers may also issue private prescriptions for any medication covered by the clinical management plan, provided the doctor has agreed.

However, the NMC recommends that nurse prescribers have professional indemnity insurance regardless of whether they prescribe within, or outside of, the NHS.

### 3.5 Complementary medicinal products

Nurses and midwives need to be familiar with a range of complementary medicinal products that their patient or clients may be using, or may wish to be used, in their treatment. These include homeopathic remedies, herbal remedies, aromatherapy oils, flower essences and the broad area of vitamin and mineral supplements.

Nurses should not prescribe any complementary medicinal products unless they have undertaken appropriate recognised training to do so. Where a nurse or midwife considers that complementary medicinal products could be a substitute for, or a complement to, conventional medication then patient or clients should be referred to appropriately qualified practitioners to receive such treatment.

### 3.6 Dispensing

Dispensing is part of the remit of the pharmacy profession, who undertake a clinical screen of prescriptions prior to dispensing by trained technicians, and a final accuracy check by a pharmacist or higher level pharmacy technician.

Whilst there is no legal bar to a nurse or midwife dispensing, there must be a local policy in place, agreed by clinical governance directorates to endorse the registrant's actions.

The recipient of the medication will expect the same level of practice from a nurse or midwife as they would from a pharmacist. As a registrant you are accountable for your actions and should understand the medication that you are dispensing, its therapeutic effect, correct dosage, side effects and contra-indications. You should be able to inform the patient/client about what they should expect when taking the medication, and to whom any adverse reaction should be reported.

You should only dispense medication if you feel competent to do so, and in the knowledge that you are accountable for your actions. A record should be kept of your dispensing practice. Following clinical governance policy should ensure that an audit trail is present and visible.

The same principles apply for all drugs, whether they are Prescription Only Medicines or pharmacy-level medicines. The NMC recommends that nurses ensure they are covered for vicarious liability and seek appropriate indemnity insurance for this practice.

See Glossary for definition of dispensing.

### 3.7 Reporting adverse reactions

If a patient/client experiences an adverse reaction to a medication they have been prescribed, you should record this in the patient/client's notes, notify the prescriber (if you did not prescribe the drug) and notify via the Yellow Card Scheme immediately.

Yellow cards are found in the back of the British National Formulary and also online at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

In addition you have a duty to inform the patient/client that they may also report adverse reactions independently to the Yellow Card Scheme.

You can also report adverse reactions via the Medicines and Healthcare Products Regulatory Agency (MHRA) website at [www.mhra.gov.uk](http://www.mhra.gov.uk) and any untoward incidents should be reported to the National Patient Safety Agency (NPSA).

### 3.8 Safety of prescription pads

You are responsible for the safety of your prescription pad. You should take all reasonable precautions to prevent loss or inappropriate use. You should only use one prescription pad at a time. You should keep a record of the first and last serial number of prescriptions in pads issued to you.

The NMC consider it is good practice to record the serial number of the first remaining prescription form of an in-use pad at the end of each working day. This would help to identify any lost or stolen overnight. If a prescription pad is lost, mislaid

or stolen this should be reported immediately to your employer and local policy should be followed.

### 3.9 Professional indemnity

The NMC recommends that every nurse/midwife prescriber should ensure that she has professional indemnity insurance by means of a professional organisation or trade union body. See Clause 9 of *The NMC code of professional conduct: standards for conduct, performance and ethics*.

Registrants are strongly advised to contact their professional body, to ensure that their indemnity insurance covers them for the scope of their prescribing practice.

## Section 4 – Further information

### Glossary

<b>Approved Education Institution (AEI)</b>	An education institution that has been approved to deliver a NMC approved programme.
<b>Clinical governance</b>	Quality assurance activities which ensure that pre-determined clinical standards that have been set, are seen to be maintained by practitioners, and are evident within health care settings.
<b>Clinical management plan (CMP)</b>	The CMP is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient/client and to that patient/client's specific condition(s) to be managed by the supplementary prescriber. The CMP is required to include details of the illness or conditions that may be treated, the class or description of medical products that can be prescribed or administered, and the circumstances in which the supplementary prescriber should refer to, or seek advice from, the doctor/dentist. Supplementary prescribers must have access to the same patient/client health records as the doctor/dentist. Since April 2005, nurse supplementary prescribers can prescribe controlled drugs, provided the doctor/dentist has agreed to this within the clinical management plan.
<b>Commissioners</b>	Those funding the programme, such as: Strategic Health Authority (England); Local Health Board (Wales); Scottish Executive Health Department; and Department of Health and Social Services and Public Safety (DHSSPS Northern Ireland).
<b>Competence</b>	Relates to the need for the student to demonstrate their 'capability' in certain skill areas to a required standard at a point in time.
<b>Competencies</b>	Component skills which contribute to being competent and achieving the standards of proficiency for registration. Competencies might include skills arising from learning outcomes or other requirements.
<b>Designated medical practitioner (DMP)</b>	Identified named medical practitioner who provides supervision and support to nurse or midwife prescribers, assesses their application of theory to practice and signs off satisfactory completion of the period of learning and assessment in practice.

<b>Dispensing</b>	To label from stock and supply a clinically appropriate medicine to a patient/client/carer, usually against a written prescription, for self-administration or administration by another professional, and to advise on safe and effective use.
<b>Independent prescribing</b>	A prescriber who is legally permitted and qualified to prescribe and takes the responsibility for the clinical assessment of the patient/client, establishing a diagnosis and the clinical management required, as well as the responsibility for prescribing, and the appropriateness of any prescribing.
<b>Lead Midwife for Education</b>	Named person within an approved educational institution responsible for leading midwifery education and involved in all processes relating to the approval and monitoring of NMC approved midwifery programmes.
<b>Learning outcomes</b>	Developed by programme providers (AElS and their service partners), and which contribute towards and demonstrate the meeting of all NMC standards of proficiency by the end of the programme. Learning outcomes can be grouped together to form module outcomes and each module can then be assessed individually. Each module builds on the next towards meeting overall professional programme requirements.
<b>Licensed Medication</b>	The Medicines and Healthcare products Regulatory Agency (MHRA) operates a system of licensing before medicines are marketed (see <b>Marketing authorisation</b> ). However, the Medicines Act allows certain exemptions from licensing which include: <ul style="list-style-type: none"> <li>• The manufacture and supply of unlicensed relevant medicinal products for individual patient/clients (commonly known as 'specials')</li> <li>• The importation and supply of unlicensed relevant medicinal products for individual patient/clients</li> <li>• Herbal remedies exemption</li> </ul>
<b>Marketing authorisation</b>	Previously known as a 'product licence'. This normally has to be granted by the MHRA before a medicine can be prescribed or sold. This authorisation, which confirms that medicines have met standards for safety, quality and efficacy, considers all of the activities associated with marketing medicinal products.
<b>Medicines Act Exemptions</b>	Allow certain groups of healthcare professionals including occupational health schemes and midwives to sell, supply and administer particular medicines directly to patient/clients. Provided the requirements of any conditions attached to those exemptions are met, a Patient Group Direction is <i>not</i> required.

<b>Mode 1</b>	Initial independent prescriber preparation programme for district nurses and health visitors, the programme was delivered over three days with registrants expected to undertake study via the approved distance learning pack.
<b>Mode 2</b>	Integration of the preparation for prescribing from the nurse prescribers formulary for community practitioners into the education and training programme leading to the Specialist Practitioner Award for District Nurses and Health Visitors. This has recently been extended to all SPQ (Community Pathway) where there is an identified clinical need.
<b>Nurse independent prescribers</b>	Nurses and midwives who are on the relevant parts of the Nursing and Midwifery Council (NMC) register may train to prescribe any medicine for any medical condition within their competence with the exception of controlled drugs.
<b>Nurse Prescribers Formulary for Community Practitioners (CPF)</b>	The formulary from which nurses who have successfully completed the integrated prescribing component of the SPQ/SCPHN programme may prescribe independently.
<b>OSCE</b>	The Objective Structured Clinical Examination (OSCE) is an examination that focuses on outcomes that contribute to clinical competence. The student's practice is assessed in a number of simulated clinical scenarios.
<b>Parts of the register</b>	The NMC register, which opened on 1 August 2004, has three parts: nurses, midwives and specialist community public health nurses. A record of prescribing qualifications on the register identifies the registrant as competent to prescribe as community practitioner nurse prescriber or a nurse independent/supplementary prescriber.
<b>Patient Group Direction (PGD)</b>	Are written instructions for the supply or administration of named medicines to specific groups of patients who may not be individually identified before presenting for treatment. Guidance on the use of PGDs is contained within <i>Health Service Circular (HSC) 2000/026</i> . The circular also identifies the legal standing of PGDs plus additional guidance on drawing them up and operating within them. It is vital that anyone involved in the delivery of care within a PGD is aware of the legal requirements. It is not a form of prescribing. See also guidance at <a href="http://www.npc.co.uk">www.npc.co.uk</a>
<b>Patient Specific Direction</b>	Are written instructions from a doctor, dentist or nurse prescriber for a medicine to be supplied and/or administered to a named person. This could be demonstrated by a simple request in the patient/clients notes or an entry on the patient/client's drug chart.
<b>Register of interests</b>	Prescribers are required to keep a 'register of interests' that could impact on their prescribing practice, such as links with pharmaceutical companies, use of pharmaceutical companies to sponsor events, any gifts received, etc.

<b>Quality Assurance (QA)</b>	NMC QA activity includes programme approval and monitoring. It is currently undertaken by the NMC in England and by agents in Scotland, Wales and Northern Ireland.
<b>Registrants</b>	Nurses, midwives and specialist community public health nurses currently entered in the NMC register.
<b>Repeat prescribing</b>	A partnership between patient/client and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals, without the patient/client having to consult the prescriber at each issue.
<b>Requirements</b>	These include the Rules, standards and principles relating to a programme.
<b>Rules</b>	Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards, eg. Education, Registration and Registration Appeals Rules 2004 (SI 2004/1767). 'Standards' support the rules. Standards are mandatory and gain their authority from the legislation, in this case the Order and the Rules.
<b>Stakeholders</b>	Those who have a major interest in ensuring an effective programme outcome, including programme providers, placement providers, students, mentors, practice teachers, external examiners, external agencies, service users and carers.
<b>Specialist Practitioner Qualification</b>	The qualification awarded to registrants on successful completion of a programme of preparation leading to specialist practice. Specialist practice is the exercising of <i>higher levels</i> of judgement, discretion and decision-making in clinical care.
<b>Standards</b>	The NMC is required by the Nursing and Midwifery Order 2001 to establish standards of proficiency to be met by applicants to different parts of the register. The standards are considered to be necessary for safe and effective practice [Article 5(2)(a)]. These are set out within the <i>Standards of proficiency</i> for each of the three parts of the register, and for the recorded qualification of nurse or midwife prescriber.
<b>Specialist Community Public Health Nurse</b>	A nurse who aims to reduce health inequalities by working with individuals, families, and communities, promoting health, preventing ill health and in the protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations.

<b>Supplementary prescribing</b>	A voluntary partnership between an independent prescriber (doctor/dentist) and a supplementary prescriber, to implement an agreed patient/client-specific clinical management plan with the patient/client's agreement.
<b>Unlicensed medicines</b>	<p>This term refers to medicines that are not licensed for any indication or age group. Reasons why a drug may not be licensed include:</p> <ul style="list-style-type: none"> <li>• The drug is undergoing a clinical trial, has been imported, has been prepared extemporaneously or prepared under a special manufacturing licence</li> <li>• The product is not a medicine but is being used to treat a rare condition.</li> </ul>
<b>V100, V200, V300</b>	Codes used by AEs to notify a registrants successful completion of a programme to the NMC.
<b>Video consultation</b>	An examination that focuses on outcomes which contribute to clinical competence. The student's practice is assessed as a live consultation and demonstrates their competency to consult, assess, diagnose and provide rationalisation for prescribing decision.
<b>Yellow Card Scheme</b>	If a patient/client experiences an adverse drug reaction to a medication the nurse/midwife should record this in the patient/clients notes, notify the prescriber (if they did not prescribe the drug) and notify via the Yellow Card Scheme immediately. Yellow cards are found in the back of the British National Formulary and online on <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a> . For further information read the BNF or access the MHRA website <a href="http://www.mhra.gov.uk">www.mhra.gov.uk</a>

## Legal classification of licensed medicines

### **Prescription Only Medicines (POM)**

POMs require a prescription to be written, usually by a doctor, dentist, nurse/midwife or other approved prescriber

### **Pharmacy medicine (P)**

P medicines can only be sold through a registered pharmacy under the personal supervision of a pharmacist, ie. the pharmacist needs to be present before a P medicine can be sold.

### **General sales list medicine (GSL)**

GSL medicines are deemed even safer than P medicines and can be sold in general shops as well as through pharmacies, albeit often in small quantities. All of the products are sold in manufacturer's original packs.

### **Over the counter medicine (OTC)**

Not a legal classification but a generic term that covers both GSL and P medicines.

## Resources

Department of Health website at [www.dh.gov.uk/nonmedicalprescribing](http://www.dh.gov.uk/nonmedicalprescribing)

Drug Information at [www.druginfozone.nhs.org.uk](http://www.druginfozone.nhs.org.uk)

Medicines and Healthcare Products Regulatory Agency website contains information about the legal framework governing the prescribing, supply and administration of medicines at [www.mhra.gov.uk](http://www.mhra.gov.uk)

Medicines Partnership Programme at [www.medicines-partnership.org](http://www.medicines-partnership.org)

National Prescribing Centre produce useful information including, competency frameworks, and guides to practice and resources to help healthcare professionals understand prescribing matters. They also provide study days and conferences to update practitioners. Their website is at [www.npc.co.uk](http://www.npc.co.uk)

Patient Group Directions is a webpage where a centrally maintained archive of approved PGDs can be found, visit [www.druginfozone.nhs.org.uk](http://www.druginfozone.nhs.org.uk)

PRODIGY is an electronic system that provides prescribing advice for GPs. It produces patient/client information leaflets and lists drugs recommended by PRODIGY and links them to the condition and situation in which they are recommended. The website can be found at [www.prodigy.nhs.uk](http://www.prodigy.nhs.uk)

European Council for Classical Homeopathy at [www.homeopathy-ecch.org](http://www.homeopathy-ecch.org)

Prince of Wales Foundation for Integrated Health at [www.fihealth.org.uk](http://www.fihealth.org.uk)

# Annexe 1

## The history of education and training provision to prepare nurses, midwives and specialist community public health nurses to prescribe

### Historical provision

#### **Mode1 (V100)**

This was the initial independent prescriber preparation programme for district nurses and health visitors. The programme was delivered over three days with registrants expected to undertake study via the approved distance learning pack. This programme was introduced in 1994 and rolled out nationally from 1999. By 2001 the majority of existing district nurses and health visitors eligible to prescribe had undertaken the programme and subsequently recorded their qualification on the NMC register. The programme was based on the premise that district nurses and health visitors hold a specialist practitioner qualification (SPQ) and thus undertake practice at this level. This programme is no longer available. (This programme is commonly known as the V100, as this is the code used to record the qualification with the NMC).

#### **Mode 2 (V100)**

This is the integration of the above programme of preparation into the education and training programme leading to the Specialist Practitioner Award for district nurses and health visitors. Eligibility to undertake this programme was, in late 2005, extended to all registrants undertaking a SPQ/ SCPHN (Community Pathway) Award, where the registrant/employer identifies clinical need in their area of practice. This programme prepares specialist practitioners to prescribe from the Nurse Prescribers Formulary for Community Practitioners only. (This programme is also recorded as the V100 with the NMC).

#### **Nurse independent/supplementary prescribing - formerly extended formulary (V200) and supplementary prescribing (V300)**

This is the programme of preparation that leads to a nurse being able to prescribe, as both a nurse independent prescriber (V200) or nurse independent/supplementary prescriber (V300).

### Current provision

Prescribing preparation **Mode 1** has been phased out and independent prescribing for all specialist practitioners is through **Mode 2** as part of the integrated programme of preparation within the current Specialist Practitioner or Specialist Community Public Health Nursing programme. This prepares specialist practitioners to prescribe from the Community Practitioners' Formulary and successful completion of the programme leads to a recorded qualification on the NMC register as a community practitioner nurse prescriber.

Many nurses/midwives undertake the nurse independent/supplementary programme of preparation; successful completion of the programme leads to a recorded qualification on the NMC register as a nurse independent/supplementary prescriber.

From Spring 2006, nurse independent prescribers (formerly extended formulary prescribers) may prescribe any medicines for any medical condition within their competence, with the exception of some controlled drugs. They must however do this within their scope of practice and level of expertise and competence. They may also prescribe from the Children's British National Formulary, where this exists and is appropriate.

Nurse independent prescribers may also prescribe as a supplementary prescriber. To do so they must first undertake the programme of preparation to be a nurse independent prescriber, including two further study days to prescribe any medicine in partnership with an independent (medical/dental) prescriber and with the patient/clients agreement, via a clinical management plan.

Although nurses and midwives are legally able to prescribe any licensed prescription only medicine for any medical condition, including some controlled drugs, they must only prescribe within their scope of practice and competence. Supplementary prescribing will remain a helpful mechanism by which nurses and midwives will continue to be able to prescribe. The following reasons support this view:

- Some nurses/pharmacists may only feel confident to prescribe using a clinical management plan
- New prescribers can develop expertise and confidence by using supplementary prescribing
- Supplementary prescribing can be an ideal mechanism for treating some long term conditions, including mental health problems
- Where a team approach to prescribing is clearly appropriate, a clinical management plan provides a clear framework for prescribing for all involved with the patient/client
- Nurse independent prescribers will only be able to prescribe the full range of controlled drugs under a supplementary prescribing arrangement (from May 2006)
- Nurse and pharmacist supplementary prescribers are only able to prescribe unlicensed medicines under a supplementary prescribing arrangement

### Future provision

Programmes of preparation may be amended in future to meet the needs of nurses/midwives prescribing independently from a wider formulary.

## Annexe 2

### Principle areas, knowledge, skills and competencies required to underpin prescribing practice

Principle areas	Knowledge	Competence
Principles	<p>Legislation that underpins prescribing</p> <p>Principles of prescribing</p> <p>Team working principles and practice</p>	<p>Works within the relevant legislative framework.</p> <p>Understands the principles behind independent and supplementary prescribing and how they are applied to practice</p> <p>Able to use the adverse reaction reporting mechanisms</p> <p>Awareness of the impact of prescribing in the wider delivery of care.</p> <p>Understands how medicines are licensed and monitored</p> <p>Able to work and communicate as part of a multidisciplinary prescribing workforce</p> <p><i>Reviews diagnosis and generates treatment options within the clinical treatment management plan</i></p>
Practice	<p>Philosophy and psychology of prescribing</p> <p>Up to date clinical and pharmaceutical knowledge</p> <p>Principles of drug dosage, side effects, reactions and interactions</p>	<p>Understand the complexity of the external demands and influences on prescribing</p> <p>Makes an accurate assessment and diagnosis and generates treatment options</p> <p><i>Relevant to own area of expertise</i></p> <p>Able to prescribe safely, appropriately and cost effectively</p>

Accountability	Communication, consent and concordance	<p>Able to work with patient/clients as partners in treatment</p> <p>Proactively develops dynamic clinical management plans</p> <p>Able to assess when to prescribe or make appropriate referral</p> <p><i>Able to refer back to a medical practitioner when appropriate</i></p> <p>Aware of policies that have an impact on public health and influence prescribing practice</p>
	Relationship of public health requirements to prescribing	Able to articulate the boundaries of prescribing practice in relation to the duty of care to patient/clients and society
	<i>The Code of professional conduct</i>	Able to apply the principles of accountability to prescribing practice
	The lines of accountability at all levels for prescribing	<p>Able to account for the cost and effects of prescribing practice</p> <p>Regularly reviews evidence behind therapeutic strategies</p>
	Drug abuse and the potential for misuse	Able to assess risk to the public of inappropriate use of prescribed substances
	Requirements of record keeping	Understand where and how to access and use patient/client records
	Lines of communication	Able to write and maintain coherent records of prescribing practice
Responsibility	Leadership skills	<p>Able to communicate effectively with patient/clients and professional colleagues</p> <p>Able to advise and guide peers in the practice of prescribing</p>

	<p>Roles of other prescribers</p> <p>Relationship of prescribers to pharmacists</p> <p>Clinical governance requirements in prescribing practice</p> <p>Audit trails to inform prescribing practice</p>	<p>Able to articulate and understand the roles of other key stakeholders in prescribing practice</p> <p>Understand the requirements of pharmacists in the prescribing and supply process</p> <p>Link prescribing practice with evidence base, employer requirements and local formularies</p> <p>Demonstrate ability to audit practice, undertake reflective practice and identify continuing professional development needs</p>
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*National Prescribing Centre*

# Annexe 3

## Eligibility criteria for designated medical practitioners

### **Training non-medical prescribers in practice - February 2005**

*A guide to help doctors prepare for and carry out the role of designated medical practitioner*

#### **The role and responsibilities of the designated medical practitioner**

The curricula for preparing nurse and pharmacist prescribers include no less than 12 days of learning in practice. The curricula to prepare allied health professionals (initially chiropodists/podiatrists, radiographers and physiotherapists) and optometrists as supplementary prescribers will include similar requirements. This period of learning in practice is to be directed by a DMP who will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. Normally, these outcomes and competencies will be identified by the AEI running individual courses.

#### **Eligibility criteria for becoming a DMP**

The DMP must be a registered medical practitioner who:

- Has normally had at least three years recent clinical experience for a group of patient/clients in the relevant field of practice
- Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate *or* is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer
- Has the support of the employing organisation or GP practice to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice
- Has some experience or training in teaching and/or supervising in practice
- Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role

#### **Competencies for designated medical practitioners**

Before taking on the role of DMP the doctor, and the organisation, should consider the competencies needed to effectively undertake this role. The West Midlands Deanery has identified the following broad, core competency areas for GP trainers which can be adapted and used as a checklist for potential DMPs.

- The ability to create an environment for learning
- Personal characteristics
- Teaching knowledge
- Teaching skills

The components which make up the core competencies are available from the GP Trainer website at [www.trainer.org.uk/members/theory/evaluation/competencies\\_wm.htm](http://www.trainer.org.uk/members/theory/evaluation/competencies_wm.htm)

### **What is a designated medical practitioner expected to do?**

The DMP has a crucial role in educating and assessing non-medical prescribers.

This involves:

- Establishing a learning contract with the trainee
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation/interview with patient/clients and/or parents/carers and the development of a management plan
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Helping ensure that the trainees integrate theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient/client care and prescribing behaviour can be examined further
- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role

*National Prescribing Centre - February 2005*