



Llywodraeth Cymru  
Welsh Government



# Non-Medical Prescribing in Wales

## Guidance

May 2017

## **How to use the guide**

### **This guide has been prepared for:**

NHS Trusts  
Local Health Boards  
NHS Wales Shared Services Partnership  
General Practitioners  
Community Pharmacists  
Higher Education Institutes - providing non-medical prescribing education  
Non-medical prescribers

It may also be of interest to the Prison Healthcare Service, the Defence Medical Services and the independent healthcare sector.

Copies of all or part of the guide may be reproduced at local level as required. It can be found on the All Wales Medicines Strategy Group website:

<http://www.awmsg.org/>

# Non-medical prescribing in Wales

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# Introduction

## Scope of guidance

Medicines legislation permits supplementary and non-medical independent prescribing in the UK, but it is for England and the devolved administrations in Wales, Scotland and Northern Ireland to decide whether and how it is implemented in the NHS in each of their countries.

This document provides information and advice to promote good practice for all non-medical prescribers in Wales. This guidance replaces 'Non-Medical Prescribing in Wales Guidance 2015' and all previous versions.

This document provides guidance on prescribing by non-medical practitioners in Wales. The guidance covers both supplementary and independent prescribing (both full and limited).

The development of non-medical prescribing in Wales is a dynamic process and this document will only reflect the current guidance available on its date of publication. Updates and future extension to professional roles and the range of medicines that can be prescribed will be available via the All Wales Medicines Strategy Group website:

<http://www.awmsg.org/>

## **Aims and introducing supplementary and independent prescribing**

The extension of prescribing responsibilities to non-medical professions was introduced in Wales to support implementation of 'Designed for Life – Creating World Class Health and Social Care for Wales in the 21st Century, May 2005'.

Non-medical prescribing in Wales enables the following:

- increased patient choice in accessing medicines;
- improved access to advice & services;
- appropriate use of skilled healthcare workforce;
- contribution to the introduction of more flexible team working across the NHS;
- increased capacity to meet demand of new ways of working and;
- improvement in patient care without compromising patient safety.

## **Future development**

The Welsh Government is supportive of non-medical prescribing and will continue to develop policies which enable its expansion. Local Health Boards/Trusts in Wales continue to be encouraged to further implement the use of non-medical prescribers in the delivery of NHS prescribing within Wales.

## **Different categories of non-medical prescriber in Wales**

### **Supplementary prescriber**

Supplementary prescribers can only prescribe in partnership with a doctor or dentist. All supplementary prescribers may prescribe:

- for any medical condition, provided they are acting in accordance with an agreed individual patient's Clinical Management Plan (CMP)(appendix 1).
- any medicine (licensed or unlicensed) including controlled drugs.

The doctor, or dentist, is responsible for the diagnosis and setting the parameters of the Clinical Management Plan.

The following professionals can practise as supplementary prescribers providing they have qualified and registered to do so:

- Registered nurses; registered midwives, registered specialist community public health nurses;
- Registered pharmacists;
- Registered chiropodists and podiatrists;
- Registered physiotherapists;
- Registered radiographers, diagnostic or therapeutic;
- Registered optometrists.
- Registered dietitians

### **Independent nurse prescriber (limited)**

The Nursing and Midwifery Council rules to allow any registered nurse to prescribe from the limited formulary. Registrants must complete the V100 programme to become Independent Nurse Prescribers (Community Nurse Prescriber). Legislation in Wales has clarified that the term independent nurse prescriber should be used for this category of prescriber.

### **Independent prescriber**

Independent prescribers:

Nurse  
Pharmacist  
Optometrist  
Physiotherapist  
Podiatrist or Chiropodist  
Therapeutic Radiographer

may prescribe for any medical condition within their area of competence (competence is further discussed on Page 10, 'Prescribing within competence').

On 23 April 2012 the Misuse of Drugs (Amendment No. 2) (England, Wales and Scotland) Regulations 2012 came into force; and amended the Misuse of Drugs Regulations 2001 for England, Scotland and Wales. As a consequence, nurse independent prescribers and pharmacist independent prescribers in Wales can prescribe a controlled drug within their clinical competence, removing the previous limitations. The controlled drugs that can be prescribed are set out in schedules 2 to 5 of the Misuse of Drugs Regulations 2001. The changes do not apply to the prescribing of cocaine, diamorphine or dipipanone for the treatment of addiction (regulation 6B of the Misuse of Drugs Regulations 2001).

## **Supplementary prescribing**

### **What is supplementary prescribing?**

Supplementary prescribing is defined as:

'a voluntary prescribing partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement'

### **Medicines that can be prescribed by a supplementary prescriber**

A supplementary prescriber is not restricted to a limited list and may prescribe any medicine that can be prescribed by a doctor at NHS expense, provided it has been included in the patient's clinical management plan. This includes:

- All 'General Sales List' medicines, 'Pharmacy' medicines, appliances and devices, foods and other borderline substances approved by the Advisory Committee on Borderline Substances;
- All 'Prescription Only Medicines' including controlled drugs (except those listed in Schedule 1 of 'The Misuse of Drugs Regulations 2001' - that are not intended for medicinal use);
- Medicines for use outside of their licensed indications (i.e. 'off label' prescribing), 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the British National Formulary (BNF).

It is good practice that unlicensed drugs are not prescribed unless they are part of a clinical trial that has a clinical trial certificate or exemption.

A supplementary prescriber should not prescribe any medicine that he/she does not feel competent to prescribe. Supplementary prescribers should not prescribe for themselves or their families.

Supplementary prescribing is primarily intended for managing chronic medical conditions; however acute episodes occurring within chronic conditions may be treated, provided they are included in the Clinical Management Plan (see appendix 1).

# **Independent prescribing**

## **What is independent prescribing?**

Independent prescribing is defined as:

‘Prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist, optometrist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing’.

At the time of publication of this guidance, legislation allows only nurses, pharmacists, optometrists, physiotherapists, podiatrists or chiropodists and therapeutic radiographer of the non-medical professions to qualify and practise as independent prescribers.

## **Prescribing within competence**

Independent nurse prescribers (limited) can prescribe items appearing in the Nurse Prescribers’ Formulary.

Nurse, pharmacist, physiotherapist, podiatrist or chiropodist and therapeutic radiographer independent prescribers may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition, within their therapeutic area of competence.

Optometrist independent prescribers must only prescribe for conditions of the eye and surrounding tissues.

All non-medical independent prescribers must work within their own level of professional competence and expertise, and should seek advice and make appropriate referrals to other professionals for therapeutic areas outside of their expertise. Nurses, pharmacists, optometrists, physiotherapists, podiatrists or chiropodists and therapeutic radiographers are accountable for their own actions, and must be aware of the limitations of their skills, knowledge and competence.

## **Nurses must act within the Nursing and Midwifery Council**

The Code, Professional standards of practice and behaviour for nurses and midwives (2015).

Pharmacists must act within the Royal Pharmaceutical Society of Great Britain ‘Code of Ethics and Standards’. Optometrists must act in accordance with the College of Optometrists’ Code of Ethics and Guidelines for Professional Conduct. Physiotherapists must act in accordance with ‘Code of professional conduct: standards for conduct, performance and ethics’ Health and Care Professionals Council (HCPC) 2016 and Standards of proficiency – Physiotherapists (2013).

Podiatrists and Chiropodists must act in accordance with Code of professional conduct: standards for conduct, performance and ethics' HCPC 2016 and Standards of proficiency – Podiatrists and Chiropodists (2013)

Physiotherapists should refer to the Chartered Society of Physiotherapy Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the safe use of medicines.

Podiatrists and Chiropodists should refer to the College of Podiatry, Good Practice in Prescribing and Medicines Management for Podiatrists.

Therapeutic Radiographers must act in accordance with Code of professional conduct: standards for conduct, performance and ethics' HCPC 2016 and Standards of proficiency – Radiographers 2013

Dietitians must act in accordance with Code or Professionals conduct: standards for conduct, performance and ethics HCPC 2016 and Standards of proficiency dietitians.

Competency frameworks have been integrated into the Health and Care Professions Council, Nursing and Midwifery Council, General Pharmaceutical Council and General Optical Council Standards.

## **Medicines that can be prescribed by an independent nurse prescriber (limited)**

The Nurse Prescribers' Formulary lists the preparations that can be prescribed by Independent nurse prescribers (limited). An up to date list of the preparations can be found at the British National Formulary.

[www.bnf.org.uk](http://www.bnf.org.uk)

## **Medicines that can be prescribed by independent prescribers**

### **Controlled Drugs**

Nurse and pharmacist independent prescribers may prescribe controlled drugs except for cocaine, diamorphine, dipipanone for a person that is addicted to a controlled drug.

Therapeutic radiographer independent prescribers may not prescribe controlled drugs.

Physiotherapist and chiropodist independent prescribers may prescribe a limited list of controlled drugs (as set out in the Misuse of Drugs Regulations 2001).

Supplementary prescribers can also prescribe any Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and Dipipanone for the

treatment of addiction), providing it is in accordance with the patient's clinical management plan.

Please note that the law on the prescribing of Controlled Drugs by non-medical prescribers may change at any time. Non-medical prescribers should familiarise themselves with their professional regulator's guidance and the requirements of the Misuse of Drugs Regulations 2001 Statutory Instrument number 3998 before prescribing controlled drugs.

### **Unlicensed medicines**

An unlicensed medicine is one that does not have a valid UK/European marketing authorisation (licence) which defines the medicines terms of use.

Unlicensed prescribing should take place within the framework of a local policy for prescribing such products. This local policy must be developed and approved through mechanisms such as drug and therapeutic committees, area prescribing committees or their equivalent. The policy should specify the need for authoritative clinical evidence and guidance to support prescribing decisions in this area and include evidence of where liabilities and responsibilities lie. The policy should refer to the relevant professional bodies' standards and need for patient consent where appropriate. Prescribers accept professional, clinical and legal responsibility for unlicensed prescribing.

Nurse, pharmacist, physiotherapist, podiatrist or chiropodist independent non-medical prescribers can prescribe unlicensed medicines on the same basis as other independent prescribers.

Optometrists and therapeutic radiographer independent prescribers cannot prescribe unlicensed medicines.

Supplementary prescribers may prescribe unlicensed medicines providing it is in accordance with the patient's clinical management plan.

### **Mixing medicines**

Mixing is defined as combining two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient. Mixing does not include dissolving or dispersing the product in, diluting or mixing it with, some other substance used solely as a vehicle for the purpose of administering it.

The mixing process produces an unlicensed product and prescribing of such product must be done in accordance with the guidance as set out above.

Nurse, pharmacist, physiotherapist, podiatrist and therapeutic radiographer independent prescribers can mix medicines and direct others to mix medicines.

A supplementary prescriber, if the mixing of medicines forms part of the clinical management plan for an individual patient, can mix medicines and direct others to mix medicines.

### **Off-label medicines**

'Off-label' medicines are described as licensed medicines for unlicensed uses.

Nurse, pharmacist, physiotherapist, podiatrist or chiropodist and therapeutic radiographer and optometrist independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation where it is accepted clinical practice or alternatively where there is clear justification for prescribing outside the licensed indications or doses. The policy should be developed and approved through mechanisms such as drug and therapeutic committees, area prescribing committees or their equivalent. The policy should specify the need for authoritative clinical evidence and guidance to support prescribing decisions. The non-medical prescriber must, accept professional, clinical and legal responsibility for off-label prescribing, and should only prescribe off-label where it is accepted clinical practice.

The prescriber should explain the situation to the patient/guardian, where possible, but where a patient is unable to agree to such treatment, the prescriber should act in accordance with best practice in the given situation and within the policy of the employing organisation.

Optometrist independent prescribers can prescribe off-label medicines for eye conditions, although the General Optical Council (GOC) discourages this.

Supplementary prescribers may prescribe off-label medicines providing it is in accordance with the patient's clinical management plan

### **Borderline substances**

All NHS prescribers will need to abide by the NHS terms of service under which they operate. Borderline substances may be prescribed but the prescription will need to be endorsed 'ACBS'.

A list of Advisory Committee on Borderline Substances (ACBS) approved products and the circumstances under which they can be prescribed, can be found in Part XV of the Drug Tariff. Although this is a non-mandatory list, non-medical independent prescribers should normally restrict their prescribing of borderline substances to items on the Advisory Committee on Borderline Substances (ACBS) approved list. They should also work within the guidance of their employing organisation.

### **Appliances and dressings**

Nurse and pharmacist independent prescribers may prescribe any appliance and dressing listed in Part IX of the Drug Tariff.

Nurses and pharmacists prescribing in secondary care are not restricted to prescribing appliances/dressings from Part IX of the Drug Tariff, but should take into account local formulary policies and the implications for primary care.

**Note:** The Drug Tariff restrictions only apply to prescribing in primary care or community care (if employed by a Local Health Board or Trust) when NHS WP10 prescriptions are written.

## Education

### What training is required to become a supplementary / independent prescriber?

#### Prescribing course details

**Note:** Optometrists are currently allowed to use a restricted list of drugs as part of their clinical work. They only need further training for independent prescribing. An independent prescribing course for Optometrists is provided in the School of Optometry and Vision Sciences, Cardiff University.

Currently in Wales the following training courses are available:

- **Supplementary prescribing course** – stand alone multi-disciplinary programme to train and qualify as a supplementary prescriber, open to chiropodists and podiatrists, radiographers, physiotherapists and dieticians.
- **Independent prescribing conversion course** – an interim arrangement to enable qualified nurse / pharmacist supplementary prescribers, (applicable to nurses who trained in Wales), to train and qualify to prescribe as independent prescribers without having to complete the full independent prescribing courses.
- **Integrated independent / supplementary prescribing course** for nurses, pharmacists, chiropodists, podiatrists, physiotherapist therapeutic radiographers and dieticians. This is a stand alone multi-disciplinary course to train and qualify as an independent / supplementary prescriber. Universities may offer students to exit after completing a module of supplementary prescribing only.
- Independent / supplementary prescribing optometrists attend University courses in England or Scotland approved by the General Optical Council and are examined by the College of Optometrists. An independent prescribing course will be available through the Wales Optometric Postgraduate Education Centre (WOPEC) in 2016/17.

#### Optometrists prescribing course details

- Must pass taught theory modules in a University approved by the General Optical Council.
- Undertake a clinical placement under supervision of a designated ophthalmologist (12 days).
- Maintain a portfolio of practice evidence to be assessed by the College of Optometrists.

- Must pass the Therapeutics Common Final Assessment run by the College of Optometrists.

## Training courses in Wales

The following education establishments in Wales provide non–medical prescribing training courses:

- University of South Wales
- Bangor University
- Cardiff University ;
- Swansea University
- Glyndŵr University.
- 
- Wales Optometric Postgraduate Education Centre (WOPEC)

Supplementary prescribing, Independent prescribing and independent prescribing conversion courses include a range of face to face teaching, self directed and in practice learning. Assessment will include course work / portfolio, Objective Structured Clinical Examination and may include numeracy assessment and viva.

For details of the training course content and curriculum please contact the Higher Education Institution directly. Alternatively, information on non-medical prescribing training criteria can be obtained from:

- Nursing & Midwifery Council (NMC)  
<https://www.nmc.org.uk/>
- General Pharmaceutical Council (GPhC)  
<http://www.pharmacyregulation.org/>
- The College of Optometrists (2015) Guidance for Optometrist Prescribers.  
<https://www.college-optometrists.org/>
- The General Optical Council (GOC)  
[http://www.optical.org/en/Education/Specialty\\_qualifications/Therapeutic\\_Prescribing\\_Specialties.cfm](http://www.optical.org/en/Education/Specialty_qualifications/Therapeutic_Prescribing_Specialties.cfm)
- Health and Care Professions Council (HCPC)  
<http://www.hpc-uk.org/index.asp>

### **Supplementary prescribing courses**

These enable registered chiropodists and podiatrists, radiographers, physiotherapists and dietitians to train to become qualified to practise as supplementary prescribers.

### **Conversion courses - Supplementary to independent prescribing**

These courses enable pharmacists, chiropodists and podiatrists, physiotherapists, therapeutic radiographer and nurse supplementary prescribers only (applicable to nurses trained as supplementary prescribers in Wales) to train to become independent prescribers.

### **Integrated independent/supplementary prescribing courses**

These courses are multi-disciplinary and integrate training for independent and supplementary prescribing thereby enabling registered: nurses, pharmacists, chiropodists, podiatrists, physiotherapists, therapeutic radiographer and dietitians to train to become qualified to practise as independent and / or supplementary prescribers. Universities may allow students to exit after completing a module of supplementary prescribing only.

All courses require accreditation from the relevant professional regulatory bodies:

- General Pharmaceutical Council (GPhC) for pharmacists;
- Nursing and Midwifery Council for nurses and midwives;
- General Optical Council for Optometrists; and
- Health and Care Professions Council for the Allied Health Professions.

### **Which professionals can act as supplementary and / or independent prescribers?**

In order to practise as a non-medical prescriber the following must be attained:

a) To undertake and pass a prescribing course accredited by the relevant professional regulatory body.

#### ***For supplementary prescribers***

- To undertake and pass an accredited supplementary prescribing course provided by a Higher Education Institution in the UK.

#### ***For independent prescribers***

- To undertake and pass:

- an accredited supplementary prescribing course plus conversion course provided by a Higher Education Institution in Wales or elsewhere in UK (applicable to nurses who trained as supplementary prescribers in Wales); or
- an accredited integrated independent / supplementary prescribing course provided by a Higher Education Institution in UK

### ***For Optometrists***

- Undertake a clinical placement under supervision of a designated ophthalmologist (12 days).
- Maintain a portfolio of practice evidence to be assessed by the College of Optometrists.
- Undertake and pass the Therapeutics Common Final Assessment run by the College of Optometrists).

b) It is mandatory for all non–medical prescribers to have successfully demonstrated their numeracy skills as part of their preparation for the role as prescriber. If this is not the case, a formal assessment will be required before they are permitted to practise in Wales. Optometrists are not required to undertake a numeracy test.

c) On successful completion of the course the non–medical prescriber must register as a supplementary and / or independent prescriber with a relevant professional regulatory body before prescribing.

Although the Nursing and Midwifery Council has dually registered nurses as extended formulary nurse prescribers and supplementary prescribers, extended formulary nurse prescribing was not introduced in Wales and nurses cannot therefore practise as Extended Formulary Nurse Prescribers.

The Nursing and Midwifery Council registers nurse supplementary prescribers and nurse independent prescribers on the same code with the annotation V300. Nurses trained as supplementary prescribers by Universities in Wales must undertake a conversion course before practising as independent prescribers in Wales.

Optometrists must have been practising in the UK for two full years before they are eligible to start training for the therapeutic specialty qualifications.

## **Which professionals can train as supplementary / independent prescribers?**

### ***Supplementary prescribers***

Applicants for training courses will need to meet the following criteria for eligibility to undertake a supplementary prescriber programme:

- Be able to study at level three (degree level);
- Have at least three years post-registration clinical nursing experience as a physiotherapist, podiatrists and radiographer or at least two years experience as a pharmacist following their pre-registration year after their graduation.

### ***Independent prescribers***

Applicants for training courses will need to meet the following criteria, as identified by the professional regulatory bodies, for eligibility to undertake a) the conversion course or b) the integrated independent/supplementary-prescribing course.

Currently training for optometrist independent prescribers is not offered in Wales and the integrated independent/supplementary-prescribing course is not accepted by the General Optical Committee – see College of Optometrists website for details:

<https://www.college-optometrists.org/>

#### **a) Conversion course**

Nurses and pharmacists must:

- be qualified to prescribe as a supplementary prescriber and have completed this training in Wales;
- be registered with their professional regulatory body (Nursing and Midwifery Council or General Pharmaceutical Council / Pharmaceutical Society of Northern Ireland) to prescribe as a supplementary prescriber;
- be practising as a supplementary prescriber and deemed competent to practise by the designated supervising medical practitioner .

Physiotherapists and Podiatrists must:

- be qualified to prescribe as a supplementary prescriber and have practised as a supplementary prescriber for six months prior to the start of the conversion course.
- be registered with their professional regulatory body Health and Care Professions Council to prescribe as a supplementary prescriber and annotated on the Health and Care Professions Council register.

be practising as a supplementary prescriber and deemed competent to practise by the designated supervising medical practitioner.

## **b) Full integrated independent / supplementary prescribing course**

Nurses must:

- be registered with relevant professional regulatory body (Nursing and Midwifery Council) as a first level nurse, midwife and/or specialist community public health nurse;
- have at least three years' experience as a practising nurse, midwife or specialist community public health nurse and be deemed competent by their employer to undertake the programme. Of these three years, the year immediately preceding application to the programme must have been in the clinical field within, which there is an intention to prescribe.

Pharmacists must:

- be registered with relevant professional regulatory body (General Pharmaceutical Council / Pharmaceutical Society of Northern Ireland);
- be a practising pharmacist;
- have at least two years' patient orientated experience practising in a hospital, community or primary care setting following the pre registration year;
- identify an area of clinical practice and need in which to develop their prescribing skills;
- have an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice;
- demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development ;
- demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions.

Optometrists must:

- be registered with relevant professional regulatory body (GOC);
- be a practising optometrist;
- identify an area of clinical practice and need in which to develop their prescribing skills;
- have been practising in the UK for two full years before they are eligible to start training for the therapeutic specialty qualifications.

Physiotherapists must:

- be registered with relevant professional regulatory body (Health and Care Professions Council);
- be a practising physiotherapist
- identify an area of clinical practice and need in which to develop their prescribing skills;
- have an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice;
- demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development;
- demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions.

Podiatrists and chiropodists must:

- be registered with relevant professional regulatory body (Health and Care Professions Council);
- be a practising podiatrist or chiropodist;
- identify an area of clinical practice and need in which to develop their prescribing skills;
- have an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice;
- demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development, and;
- demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions.

Therapeutic radiographers must:

- be registered with relevant professional regulatory body (Health and Care Professions Council);
- be a practising therapeutic radiographer;

- identify an area of clinical practice and need in which to develop their prescribing skills;
- have an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice;
- demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development;
- demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions.

Dietitians must:

- be registered with relevant professional regulatory body (Health and Care Professions Council);
- be a practising dietitian;
- identify an area of clinical practice and need in which to develop their prescribing skills;
- have an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice;
- demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development;
- demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions.

Nurses, pharmacists, physiotherapists and podiatrists or chiropodists, therapeutic radiographer and dietitians must:

- provide evidence via the Accreditation of Prior and Experiential Learning (APEL) of ability to study at minimum academic level three (degree);
- identify a Designated Supervising Medical Practitioner (DSMP) willing and able to contribute to and supervise the days learning in practice element of training;
- have practised for a sufficient period to be deemed competent by their employer (particularly if part-time workers);
- demonstrate competence in consultation and diagnostic skills.

All students of prescribing training must have the opportunity to prescribe in the post that they will occupy on completion of training. The therapeutic area(s) in which they will prescribe should also have been identified before they begin training to prescribe. This will almost certainly be in the field in which they already hold considerable expertise.

Entry criteria will be applied during the application processes for prescribing courses.

Non-medical prescribers who wish to prescribe in the NHS will require, in addition, the support of their employer to confirm:

- the post is one in which there is a service need and therefore the opportunity to act as a prescriber immediately upon qualifying;
- access to a budget to meet the NHS costs of the prescriptions on completion of the course;
- access to continuing professional development (CPD) opportunities on completion of the course;
- robust clinical governance frameworks established to support local implementation of non-medical prescribing.

## **Designated Supervising Medical Practitioners (DSMP)**

Each non-medical prescriber needs a doctor who will act as their Designated Supervising Medical Practitioner (DSMP) during their training to become a supplementary prescriber or independent prescriber.

The Designated Supervising Medical Practitioner will provide the supplementary / independent prescriber with supervision, support and opportunities to develop competence in prescribing which the student then practices during the 'learning in practice' element of the training course.

The Designated Supervising Medical Practitioner may be involved in assessing that the supplementary /independent prescriber is competent to practise. For optometrists this must be an ophthalmologist.

To prepare the Designated Supervising Medical Practitioner for this role, education providers provide training to develop clinical assessor and supervisor skills.

## **Continuing professional development (CPD)**

All registered practitioners have a professional responsibility to keep themselves abreast of clinical and professional developments. This includes prescribing. Prescribers are required to demonstrate continuing professional development in their area of prescribing practice.

Non-medical prescribers will be required to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines.

The employer should ensure that the non–medical practitioner has access to relevant education and training provision.

There is a range of methods of attaining continuing professional development from various sources, for example, Welsh Medicines Resource Centre (WeMeReC), provide:

- multi-disciplinary prescribing workshops and case studies; and,
- host an email discussion forum for non-medical prescribers.

These and can be accessed via WeMeReC website: [www.wemerec.org](http://www.wemerec.org)

## **Roles & responsibilities**

### **Joint working**

Team working is essential to ensure the patient receives an integrated service and other healthcare professionals are available to provide advice and services outside of the area of competence and expertise of the independent prescriber.

Systems for discussion of individual cases, together with referral to medical staff and other healthcare professionals should be established and utilised.

#### *Supplementary prescribing*

- An independent prescriber (doctor or dentist) can work with one or more supplementary prescribers.
- A supplementary prescriber can work with one or more independent prescribers (currently this is a doctor or dentist).

In the supplementary prescribing relationship, the independent prescriber (doctor or dentist) will be responsible for:

- the initial clinical assessment and diagnosis of the patient and for agreeing a clinical management plan with the supplementary prescriber;
- determining which medicines may be prescribed by the supplementary prescriber bearing in mind the experience and areas of expertise of the supplementary prescriber;
- providing advice and support to the supplementary prescriber as requested;
- maintaining communication on an ad-hoc basis with the supplementary prescriber;
- sharing the patient's record with the supplementary prescriber;
- determining when a formal clinical review is required;
- carrying out the formal clinical review at the agreed time, preferably with the supplementary prescriber;
- reporting adverse incidents.

#### *Independent prescribing*

The nurse, pharmacist, optometrist, physiotherapist, podiatrist or chiropodist and therapeutic radiographer independent prescriber will work autonomously

and be responsible for all prescribing decisions within their area of competency.

In some cases the initial clinical assessment and diagnosis may already have been made by a doctor or dentist working in partnership with the non-medical independent prescriber. In others this will not be in place and the non-medical independent prescriber will be required to make the assessment and diagnosis. For this reason non-medical independent prescribers should only prescribe within their area of expertise and competence and operate in an environment allowing referral and advice from other healthcare professionals. Optometrist independent prescribers may only prescribe in relation to conditions of the eye and surrounding tissue.

## **Legal and professional liability**

### **Professional indemnity**

All prescribers should ensure that they have sufficient professional indemnity insurance.

The General Pharmaceutical Council state that pharmacists must only prescribe within the limits of their registration and must comply with statutory requirements applicable to their prescribing.

The Nursing and Midwifery Council recommends that every nurse/midwife prescriber should ensure he/she has professional indemnity insurance, by means of a professional organisation or trade union body. Prescribers must also be aware of the level of indemnity insurance offered by their insurer to determine whether it is sufficient for purpose.

The College of Optometrists consider that every optometrist prescriber must ensure that he or she has professional indemnity insurance. Optometrists must contact their insurer to ensure that their indemnity insurance covers them for the scope of their prescribing practice.

### **Liability and responsibilities of the prescriber**

Prescribers are accountable for all aspects of their prescribing decisions. They should therefore only prescribe those medicines they know are safe and effective for the patient and the condition being treated. They must be able to recognise and deal with pressures (e.g. patients, colleagues or from the pharmaceutical industry,) that might result in inappropriate prescribing.

Where the non-medical prescriber is trained and qualified to practice as a supplementary prescriber only, were they to prescribe outside of the clinical management plan, it would be a clinical governance issue to be taken up by the employer, Trust or Local Health Board and/or the professional body.

In addition, non-medical prescribers are individually professionally accountable to their respective professional regulatory bodies and must act in accordance to the relevant code of ethics and conduct.

## **Liability and responsibilities of the employer**

Where a non-medical practitioner is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is also held vicariously liable for their actions.

Both the employer and employee (or contractor) should ensure that:

- the employee is qualified and competent to prescribe in the area of practice identified;
- the employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service;
- the employee and employer undertakes regular (annual) appraisal and review;
- a Disclosure and Barring Service (DBS) check has been undertaken for the employee within a timescale sufficient to identify any criminal activity that would put patients at risk. This is particularly important where roles have changed as a result of prescribing qualifications.

It is good practice for employers to:

- undertake a Disclosure and Barring Service (DBS) check when appointing a new member of staff. Employers should strongly consider a new Disclosure and Barring Service (DBS) check for members of staff that have been employed for long periods of time and where employers are supporting non-medical prescribers in extending their role. This is crucial in protecting employer's reputation and integrity as well as individuals for which your service provides healthcare;
- maintain a register of the non-medical prescribers working in their healthcare community together with a copy of the non-medical prescriber's signature.

## **Record keeping**

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care.

Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the shared patient record immediately, or failing that, as soon as possible after the consultation. Only in very exceptional circumstances (e.g. the intervention of a

weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription.

Currently there is no single model or template for a patient record (although for guidance, staff should refer to the Standards published by the relevant professional regulatory body). A good record is one that provides in a timely manner all professionals involved in a patient's treatment, with the information needed for them to care safely and effectively for that patient.

It is recommended that the record indicates:

- date of the prescription;
- name of the prescriber (and that they are acting as a nurse or pharmacist independent or supplementary prescriber);
- name of the item prescribed, together with the quantity (or dose, frequency and treatment duration).

To aid safe administration of medicines, the record should include:

- name of the item prescribed;
- strength (if any) of the preparation;
- dosing schedule; and,
- route of administration.

e.g. 'paracetamol oral suspension 120mg/5mls to be taken every four hours by mouth as required for pain, maximum of 20mls in any 24 hours'.

In the case of topical medicines the:

- name of the prescribed item;
- strength (if any);
- quantity to be applied; and,
- frequency of the application should be indicated.

For dressings and appliances, details of how they are to be applied and how frequently changed, are useful.

It is also recommended that any advice given on General Sales List and Pharmacy medicines provided 'over the counter' is also recorded.

## **Adverse drug reaction reporting**

All prescribers are encouraged to report suspected adverse drug reactions

using the Yellow Card reporting scheme. The Yellow Card reporting scheme is run by the MHRA and Commission on Human Medicines (CHM). The scheme is used to collect information from health professionals and patients on suspected adverse drug reactions (ADRs).

Yellow Card reports are collected from both health professionals and members of the public on:

- prescription medicines;
- herbal remedies;
- over-the-counter (OTC) medicines;
- unlicensed medicines including cosmetic treatments.

Yellow Cards can be obtained from:

a) the back of the British National Formulary

b) [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)

Completed Yellow Cards should be sent to:

FREEPOST YELLOW CARD

Or can be completed online at the web address above.

Patients, parents, carers etc can also report suspected adverse medicines reactions using the above methods.

## **Managing prescription stationery**

### ***Ordering prescription forms***

The procedures for ordering prescription stationery are covered in detail in the 'Implementation' section of this guidance.

### ***Storing prescriptions***

Prescribers are responsible for their prescription pads and all reasonable precautions to prevent loss and inappropriate use should be taken. Blank prescription forms should not be pre-signed before use.

Prescriptions are controlled stationery and should be securely stored.

A record of the first and last serial number of prescriptions in the pad issued to the prescriber should be made. It is considered good practice to record the serial number of the first remaining prescription form at the end of each working day. This would help identify any lost or stolen overnight.

### ***Stolen prescription forms***

In the event of loss or suspected theft of prescriptions, the non-medical prescriber must report this immediately to their line manager who should inform the Local Health Board/Trust and NHS Wales Shared Services Partnership – Primary Care Services office from which they order prescription forms.

### ***Destruction of prescriptions when staff change***

If a non-medical prescriber who has previously worked as a prescriber changes their role, leaves the organisation or employer or ceases to have prescribing responsibilities, then they must return any remaining unused prescriptions to the employer. The employer should inform NHS Wales Shared Services Partnership - Primary Care Services of the change and all unused prescription forms be securely destroyed in accordance with local procedures. The LHB/Trust to which the non-medical prescriber is contracted should be able to provide advice about the local procedures for secure destruction.

## **Prescribing and administration**

All non-medical prescribers should separate the functions of prescribing and administration activities and for pharmacists prescribing and dispensing activities whenever possible. In exceptional circumstances, where one individual is involved in both prescribing and administering medication, (in particular, a controlled drug to a patient), a second suitably competent person should be involved in checking the accuracy of the medicines provided.

## **Prescribing for self, friends and family**

Non-medical prescribers must not prescribe any medicine for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance.

## **Gifts and benefits**

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and it is important that non-medical prescribers make their choice of medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness alone.

As part of the promotion of a medicine or medicines, suppliers may provide inexpensive gifts and benefits, for example pens, diaries or mouse mats.

Personal Gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

Companies may also offer hospitality at a professional or scientific meeting or at meetings held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Both Local Health Boards and NHS Trusts should have local policies for working with the pharmaceutical industry, which cover gifts and benefits, as well as, for example, access to prescribers and sponsorship. Prescribers should familiarise themselves with these policies and are expected to abide by them.

## **Audit and monitoring of prescribing data**

NHS Wales Shared Services Partnership - Primary Care Services reimburses costs to dispensing contractors and provides essential prescribing information electronically.

This is particularly important in providing feedback on prescribing practice and trends. Non-medical prescribers are encouraged to access this information to monitor their own prescribing.

All Local Health Boards have access to prescribing data using CASPA software systems and can access and provide information on medical and non-medical prescribing. General Practices can have access to CASPA software for their individual practice and will be required to register with NHS Wales Shared Services Partnership - Primary Care Services to do so.

## Implementation

### Registration with a professional regulatory body

#### **Nursing and Midwifery Council register for nurse prescribers**

The Higher Education Institute (HEI) will provide the Nursing and Midwifery Council (), through the normal reporting processes, details of those students who have passed the relevant prescribing course. This process is not necessary for nurses undertaking the 'Conversion course' as the nurse is already be recorded on the Nursing and Midwifery Council register as V300 following registration as a supplementary prescriber. This annotation on the register is recognised by the Nursing and Midwifery Council for supplementary and independent prescribers.

Once the Nursing and Midwifery Council has received confirmation that the individual has met the required standard, they will write to each nurse informing them of what they need to do to have their registration entry annotated with the V300 code, indicating they are a qualified non-medical prescriber.

A fee is payable by practitioners recording prescribing as a qualification on the register. Details of fee payments are available from the Nursing and Midwifery Council

The Nursing and Midwifery Council will write to the nurse and inform them of when the register has been updated. This will take 7 to 14 days from when the Nursing and Midwifery Council receives payment.

The nurse should not practise until they have been notified by the Nursing and Midwifery Council that their registration entry has been annotated.

Nurses with queries about the registration process can contact the Nursing and Midwifery Council registration department:

Nursing and Midwifery Council 23 Portland Place  
London  
W1B 1PZ  
Tel: 020 7333 9333

#### **General Pharmaceutical Council register annotation for pharmacist independent prescribers**

To practise as an independent prescriber, a pharmacist must have their General Pharmaceutical Council (GPhC) register entry annotated.

Through agreed reporting procedures, independent prescribing course providers send the GPhC details of pharmacists who have passed their course.

A pharmacist must apply individually to the GPhC for annotation. The application form can be downloaded from

**<http://www.pharmacyregulation.org/registration/changes-your-registration/annotations>**.

Applications for an annotation must be submitted to the GPhC within six months of the date of the course award being issued. Completed applications must be sent to the GPhC's Applications Team.

An annotation fee is payable. Details of fee payments are available from the GPhC.

A pharmacist must not practise as an independent prescriber until they have been notified by the GPhC that their register entry has been annotated.

The GPhC provides an on-line search facility so that anyone can check whether a pharmacist is annotated as an independent prescriber or as a supplementary prescriber\*. To do this go to [www.pharmacyregulation.org/](http://www.pharmacyregulation.org/) and use the search facility on the homepage.

\*Note that while some pharmacists are annotated as supplementary prescribers, all supplementary prescribing courses are now closed.

#### Contacting the GPhC

For queries about the annotation process, contact the GPhC either in writing, email or by phone:

Applications Team  
Customer Services  
General Pharmaceutical Council  
25 Canada Square  
London E14 5LQ

E: [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org)

T: 020 3365 3400

The GPhC welcomes letters and emails in both Welsh and English. Where correspondence is received in Welsh, the GPhC is committed to responding in Welsh.

To speak to the GPhC on the phone in Welsh, the 'Language Line' service can be used to hold a 3-way conversation via an interpreter. To request this service, call 0203 713 8000 and mention either 'Cymraeg' or 'Language Line'. There will be a short delay while the third party is contacted.

#### **General Optical Council (GOC) register for optometrist prescribers**

Once the optometrist has passed the College of Optometrists assessments they must complete a General Optical Council (GOC) application form for entry of a specialty and return it with the appropriate fee to:

The General Optical Council

41 Harley Street  
London  
W1G 8DJ.

Once the application is approved the optometrist entry in the opticians register is annotated and they receive a certificate.

The optometrist should not practise as a prescriber until they have been notified by the registration department at the General Optical Council (GOC) that their registration entry has been annotated.

**Health Care Professions Council (HCPC) register for physiotherapist, podiatrist or chiropodist prescribers, therapeutic radiographer and dietitians**

The Higher Education Institute (HEI) will provide the pass list through the normal reporting processes, details of students who have passed the relevant prescribing course. The Health Care Professional Council automatically update the register.

The registration process may take 7 to 14 days after Health Care Professions Council have received the list of successful students to have completed a non-medical prescribing course from Higher Education Institute's

The allied health professional prescriber should not practise as a prescriber until independent (or supplementary) prescribing appears against their name in the online register

Allied health professionals with queries about the registration process can contact the Health Care Professions Council registration department:

Park House  
184 Kennington Park Road  
London  
SE11 4BU

+44 (0)8453006184

**Registration with NHS Wales Shared Services Partnership – Primary Care Services**

Any non-medical prescriber requiring NHS WP10 prescriptions (for use in primary care or hospital outpatients) must register with NHS Wales Shared Services Partnership – Primary Care Services .

A non-medical prescriber using non WP10 Series stationary ie hospital specific stationery does not need to register with NHS Wales Shared Services Partnership – Primary Care Services .

NHS Wales Shared Services Partnership - Primary Care Services must be provided with the details of the non-medical prescriber intending to prescribe on WP10 prescriptions using one of the forms below:

Form	Prescriber type
Nurse Prescriber notification form	Limited prescribing from the Nurse Prescribers Formulary for Community Practitioners. (in Wales District Nurses & Health Visitors)
Supplementary Prescriber notification form	Supplementary Prescriber
Independent Prescriber notification form	Independent Prescriber

Forms can be obtained from NHS Wales Shared Services Partnership - Primary Care Services at the following address:

Primary Care Services  
 Document Processing Department  
 NHS Wales Shared Services Partnership  
 4<sup>th</sup> Floor Companies House  
 Crown Way  
 Cardiff  
 CF14 3UB

The notification forms should be completed with the relevant information preferably in type and posted to the address above.

Notifying NHS Wales Shared Services Partnership - Primary Care Services of the required details enables the setting up of automatic monitoring processes as well as allowing the provision of prescriber details to the Print Management Supplier for the printing of personalised prescription pads.

NHS Wales Shared Services Partnership - Primary Care Services will register the non-medical prescriber against a LHB identified prescribing budget. If the non - medical prescriber is working at more than one location, eg. working at two GP practices, a separate registration is required for each location.

The non-medical prescriber must ensure they have discussed with the Local Health Board, in which area they intend to prescribe, their intention to prescribe prior to registering with NHS Wales Shared Services Partnership – Primary Care Services . The non-medical prescriber must ensure that their registration form is signed by the appropriate person at the Local Health Board before returning it to NHS Wales Informatics Service – Prescribing Services.

The authorised signatory must be in a position to confirm on behalf of the employing Health Board that:

- there is a service need and therefore the opportunity to act as a prescriber, and;
- there is a budget to meet the NHS costs of the prescriptions.

### ***Change in prescriber circumstances***

It is the responsibility of the employer of a non-medical prescriber who is registered with NHS Wales Shared Services Partnership - Primary Care Services to ensure that NHS Wales Shared Services Partnership - Primary Care Services are informed as soon as possible:

- any change to that prescribers' details is notified to NHS Wales Shared Services Partnership - Primary Care Services as soon as it occurs e.g. change of name on marriage, change of telephone number;
- when a non-medical prescriber is no longer carrying out prescribing duties.

Failure to do this will mean that prescription forms will continue to be produced with the former (incorrect) details on them.

NHS Wales Shared Services Partnership - Primary Care Services will need to be informed of changes in circumstances using one of the forms below:

Form	Prescriber type
Nurse Prescriber notification form	Limited prescribing from the Nurse Prescribers' Formulary for Community Practitioners. (in Wales District Nurses & Health Visitors)
Supplementary Prescriber notification form	Supplementary Prescriber
Independent Prescriber notification form	Independent Prescriber

Forms can be obtained from NHS Wales Shared Services Partnership - Primary Care Services at:

Primary Care Services  
 Document Processing Department  
 NHS Wales Shared Services Partnership  
 4<sup>th</sup> Floor Companies House  
 Crown Way  
 Cardiff  
 CF14 3UB

## **Ordering of prescription stationery**

Each Trust, Local Health Board and GP practice should nominate an individual(s) responsible for ordering and distributing prescriptions.

Non-medical prescribers should make themselves aware of the individual(s) from whom they order and receive prescription forms. All orders for prescription must be made via this nominated individual(s).

### ***Which prescription form do I need ?***

#### ***Primary care***

A non-medical prescriber employed in primary care whose prescriptions will be dispensed at NHS expense in a community pharmacy or by a dispensing GP is required to prescribe on NHS WP10 series prescriptions. The non-medical prescriber should discuss their prescription form requirements with the nominated individual(s) responsible for ordering and distributing prescriptions within their organisation.

The prescribing costs arising from WP10 prescriptions will be charged to the appropriate Local Health Board prescribing budget.

#### ***Secondary care***

A non-medical prescriber whose prescriptions will be dispensed within the hospital should prescribe on standard hospital stationery e.g. in-patient chart, discharge prescription, outpatient prescription.

A non-medical prescriber employed in secondary care but whose prescriptions will be dispensed at NHS expense in a community pharmacy is required to prescribe on WP10 series prescriptions. The non-medical prescriber should discuss their prescription form requirements with the nominated individual(s) responsible for ordering and distributing prescriptions within their organisation.

The prescribing costs arising from WP10 series hospital prescriptions (WP10HP) will be charged to the hospitals' appropriate prescribing budget, usually at directorate level.

#### ***Placing an order***

Employers should note that NHS WP10 prescription forms are not sent out automatically following registration with NHS Wales Shared Services Partnership – Primary Care Services and prescriptions must be ordered via the NHS Wales Shared Services Partnership – Primary Care Services for primary care or direct from the Print Management Supplier for secondary care.

The Print Management Supplier will only process orders if the non-medical

prescriber has also provided the relevant registration details to NHS Wales Shared Services Partnership – Primary Care Services. At least ten working days (not including weekends and bank holidays) should be allowed between notifying detail changes to NHS Wales Shared Services Partnership - Primary Care Services and ordering prescriptions.

Orders for new WP10 prescription pads should not be placed earlier than 42 days prior to the date the individual is scheduled to begin prescribing for the organisation.

### ***Receiving an order***

WP10 prescription pads used in primary care will be delivered by the Print Management Supplier to a NHS Wales Shared Services Partnership to forward to the non-medical prescriber.

WP10HP prescriptions are not personalised and are delivered directly to the hospital/Trust placing the order.

### ***Personalisation of prescriptions***

Supplementary and independent prescriber prescription pads are overprinted by the Print Management Supplier with the non-medical prescriber's personal details as registered with NHS Wales Shared Services Partnership - Primary Care Services i.e. name, NHS Wales Shared Services Partnership - Primary Care Services unique identifier, practice code, practice address, telephone number, name of the Local Health Board and either the prescriber's NMC, General Pharmaceutical Council, General Optical Council or Health and Care Professions Council registration number.

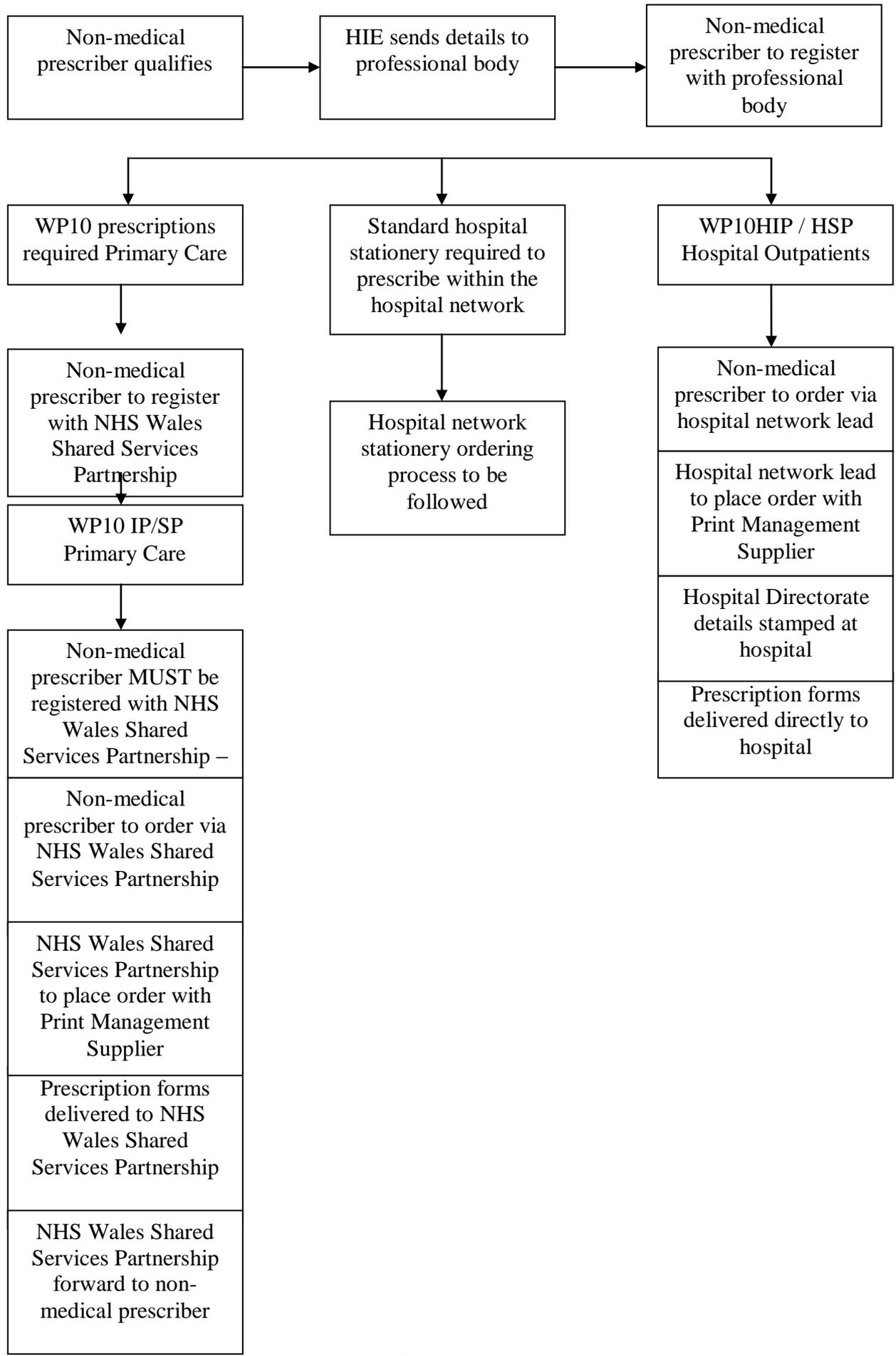
Nurse prescription pads (WP10CN, WP10PN) and single sheet prescriptions used in primary care are not personalised.

It is important therefore that;

- nurses using WP10CN and WP10PN endorse each prescription with the prescriber's name, NHS Wales Shared Services Partnership - Primary Care Services unique identifier, practice code, practice address, telephone number, name of the Local Health Board and either the prescriber's Nursing and Midwifery Council (NMC) registration number; or
- for single sheet prescriptions, any computer software used must be able to overprint the supplementary / independent prescriber's name, NHS Wales Shared Services Partnership - Primary Care Services unique identifier, practice code, practice address, telephone number, name of the Local Health Board and either the prescriber's Nursing and Midwifery Council, General Pharmaceutical Council, General Optical Council or Health and Care Professions Council registration number.

WP10 series prescription pads used in secondary care are not personalised and will need to be stamped with the directorate costing code (allocated by NHS Wales Shared Services Partnership - Primary Care Services), hospital name or hospital and directorate name and the hospital address.

**Process for registering and ordering prescription stationery to prescribe**



## **GP computer system generated prescriptions**

Single sheet prescriptions for use with GP computer generated systems are available as WP10SPSS (for supplementary prescribers in primary care) and WP10IPSS (for independent prescribers in primary care).

Supplementary / independent prescribers who wish to prescribe using the GP practice computer or similar system should:

- first ensure that the computer software is able to support them to do this;
- request the single sheet version of the WP10 not a pad. The single sheet prescriptions will be pre-printed with SUPPLEMENTARY PRESCRIBER or INDEPENDENT PRESCRIBER across the top of the prescribing area. Single sheet WP10 prescriptions belonging to GP colleagues must not be used;
- notify NHS Wales Shared Services Partnership – Primary Care Services by completing the relevant section of the registration form.

On receipt of the completed form, NHS Wales Shared Services Partnership - Primary Care Services will allocate individuals with a unique identifier. The non-medical prescriber must ensure that the GP software prints this identifier in the correct location on the prescription form.

## **Verification of prescriber status**

In most cases enquiries will be resolved by telephoning the prescriber or the prescriber's employer.

Employers or dispensing outlets wishing to confirm prescriber status should contact the Nursing and Midwifery Council, General Optical Committee, General Pharmaceutical Council or Health and Care Professionals Council to confirm the prescriber status.

The table overleaf provides contact details of the professional regulatory body and the information they will require to check prescriber's status.

**Contact details of the Nursing and Midwifery Council, General Optical Committee, General Pharmaceutical Council or Health and Care Professionals Council to verify prescriber status**

	Telephone line	Internet access (24 hour)
Nurse prescriber	Nursing and Midwifery Council 0207 3339333 Nursing and Midwifery Council Mon – Fri 8am – 6pm Require prescriber's • NAME and • DATE OF BIRTH and /or • PIN NUMBER	<a href="http://www.nmc-uk.org">www.nmc-uk.org</a> Click Search the register Require prescriber's • NAME and • PIN NUMBER
Pharmacist prescriber		<a href="http://www.pharmacyregulation.org">http://www.pharmacyregulation.org</a> / Click Search the register Require prescriber's • NAME or • REGISTRATION NUMBER
Optometrist Prescriber	GOC Registration team at <a href="mailto:registration@optical.org">registration@optical.org</a> or call us on +44 (0)20 7580 3898.  Require prescriber's name or GOC number	<a href="http://www.optical.org/">http://www.optical.org/</a> Click Search the register Require prescriber's • NAME or • REGISTRATION NUMBER
Physiotherapist Prescriber	+44 (0)845 300 6184	<a href="http://www.hcpc-uk.org.uk/">http://www.hcpc-uk.org.uk/</a> Click Search the register Require prescriber's • NAME and Profession
Podiatrist or Chiropodist Prescriber	+44 (0)845 300 6184	<a href="http://www.hcpc-uk.org.uk/">http://www.hcpc-uk.org.uk/</a> Click Search the register Require prescriber's • NAME and Profession
Therapeutic Radiographer	+44 (0)845 300 6184	<a href="http://www.hcpc-uk.org.uk/">http://www.hcpc-uk.org.uk/</a> Click Search the register Require prescriber's • NAME and Profession
Dietitian	+44 (0)845 300 6184	<a href="http://www.hcpc-uk.org.uk/">http://www.hcpc-uk.org.uk/</a> Click Search the register Require prescriber's • NAME and Profession

## Dispensing of prescribed items

The dispensing pharmacist or dispensing doctor (in rural communities) is not expected to routinely check that:

- the medicine prescribed is included in the clinical management plan for supplementary prescribers;
- the non-medical prescriber is an independent nurse prescriber (limited to the community nurse practitioner formulary), supplementary or independent prescriber
  - is prescribing within their areas of competency;
  - is eligible to prescribe the medicines according to the National Health Service England and Wales Drug Tariff.

The dispensing pharmacist / doctor however would need to ensure that the prescription meets the legal requirements and, if a NHS prescription is for a medicine eligible to be prescribed at NHS expense according to the National Health Service England and Wales, Drug Tariff.

### How can I tell the prescriber type?

The prescriber type will be indicated on the prescription form.

WP10CN

Nurses prescribing from the Nurse Prescribers' Formulary for Community Practitioners

WP10PN Practice Nurse

WP10SP Supplementary prescriber

WP10SPSS Supplementary prescriber – using single sheets (SS)

WP10IP Independent prescriber

WP10IPSS Independent prescriber – using single sheets (SS)

WP10HSP Hospital Supplementary prescriber -outpatient hospital prescription

WP10HIP Hospital Independent prescriber - outpatient hospital prescription

## **Pharmacist dispensing of pharmacist independent prescriber prescriptions**

Occasions where a pharmacist is a prescriber and has a dispensing role, there should, other than in exceptional circumstances, be separation of prescribing and dispensing roles, in keeping with the principles of safety, clinical and corporate governance.

In exceptional circumstances, where a pharmacist is both prescribing and dispensing a patient's medication, a second suitably competent person should normally be involved in the checking process. Where the two roles do coexist, another person must carry out a final accuracy check. Where possible, a check for clinical appropriateness should also be carried out.

In such exceptional circumstances, the same individual can carry out prescribing and dispensing activities provided that:

- clear accountability arrangements are in place to ensure patient safety and probity, and;
- there are audit and clinical governance arrangements in place, which can track prescribing.

## **Dispensing doctors in primary care**

Where a GP practice is a dispensing practice, prescriptions from non-medical prescribers can be dispensed by the practice but only for the dispensing patients of that practice. Dispensing Doctors cannot dispense prescriptions written by non-medical prescribers for patients of other practices.

## **Dispensing of items in England, Scotland and N. Ireland**

Community pharmacists in England, Scotland and Northern Ireland can dispense prescriptions written by non-medical prescribers practising in Wales.

Community pharmacists in Wales can dispense prescriptions written by non-medical prescribers practising in Scotland, England and Northern Ireland.

## **Reimbursement of prescriptions dispensed in primary care**

WP10 prescriptions written by non-medical prescribers, i.e. supplementary or independent prescribers, should be sorted according to the prescriber, bundled together and sent to NHS Wales Shared Services Partnership - Primary Care Services in a similar manner to the way WP10 forms are managed for prescriptions written by GPs.

## **Private sector**

Nurse, pharmacist, optometrist, physiotherapist, podiatrist or chiropodist and therapeutic radiographer independent prescribers who work outside NHS settings where clinical governance systems may be different or may not be applied in the same way, must ensure they comply with requirements to demonstrate their competence to practise.

For example, they must be able to show:

- how they audit their practice;
- keep up-to-date with current guidance, and;
- how they safeguard the patients in their care.

Nurse, optometrist, pharmacist, physiotherapist, podiatrist or chiropodist and therapeutic radiographer independent prescribers who have dual roles within the NHS and in the private sector must not use WP10 NHS prescription stationery when practising in the private sector.

Nurse, optometrist, pharmacist, physiotherapist, podiatrist or chiropodist and therapeutic radiographer independent prescribers working in the private sector should seek guidance from their relevant professional bodies or Local Health Board regarding writing of private prescriptions.

Optometrist independent prescribers may issue private prescriptions for any licensed medicines for conditions affecting the eye and the tissues surrounding the eye, within the recognised area of expertise and competence of the optometrist, except for any controlled drug.

### *Dispensing private prescriptions*

Private sector prescriptions prescribed by a non-medical prescriber should be dispensed in the same way as those prescriptions prescribed by a clinician eg. general practice practitioner.

## **NHS Service provision**

### **Workforce Planning**

Local Health Boards should produce a system of evaluation and planning to match prescribing service needs. Particular attention should be made to the needs of the population and how the provision of General Practitioner (GP) services and dental prescribing services can be supported by non-medical prescribing.

The Welsh Government encourages the use of non-medical prescribing to:

- increase patient choice in accessing medicines;
- improve access to advice & services;
- use a skilled healthcare workforce;
- contribute to an integrated seamless healthcare system;
- increase capacity to meet the increased demand for the provision of new and existing NHS services, and;
- improve patient care without compromising patient safety.

Local Health Boards/Trusts should work with known qualified non-medical prescribers to make the best use of non-medical prescribing service opportunities to deliver effective and efficient services to the Local Health Board /Trust patient population.

It is suggested that within the Local Health Board /Trust a network between nursing, pharmacy and medical leads is set up to develop an overall Local Health Board /Trust non-medical prescribing strategy.

Where opportunities to improve NHS services provision through the implementation of non-medical prescribing are identified Local Health Boards /Trusts should endeavour to implement the use of non-medical prescribers.

## Glossary

### **AWMSG – All Wales Medicines Strategy Group**

The All Wales Medicines Strategy Group (AWMSG) provides advice to the Minister for Health & Social Services in an effective, efficient and transparent manner on strategic medicines management and prescribing.

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=371>

### **Black triangle drugs**

The black triangle denotes a new drug. All adverse reactions to black triangle drugs should be reported.

### **CASPA**

A prescribing analysis system provided by NHS Wales Shared Services Partnership – Primary Care Services

### **CMP - Clinical management plan**

A document relating to a specific patient and agreed by the supplementary prescriber and doctor / dentist independent prescriber describing how the patient is to be managed and which medicines the supplementary prescriber can prescribe.

### **CD - Controlled drug**

A controlled drug is one designated as such in The Misuse of Drugs Act 1971. There are five categories of controlled drug, Schedule 1, 2, 3, 4 and 5.

### **DSMP - Designated Supervising Medical Practitioner**

The doctor who supports and supervises the non-medical prescriber during the days 'learning in practice' element of the training course.

### **First level registered nurse**

A person registered as a first level nurse on the nursing part of the Nursing and Midwifery Council professional register.

### **GOC – General Optical Council**

The regulatory body for optometrists in, England, Scotland and Wales.

### **GPhC – General Pharmaceutical Council**

The regulatory body for pharmacists in England, Scotland and Wales.

### **HCPC – Health and Care Professions Council**

The regulatory body for health and care professionals in England Scotland and Wales.

### **NHS Wales Shared Services Partnership – Primary Care Services**

The Prescribing Services Unit provides data entry and pricing services relating to prescriptions dispensed within Wales. It is also responsible for the provision of prescribing information and information systems to enable drug expenditure to be monitored.

**Licensed medicine**

The Medicines and Healthcare products Regulatory Agency (MHRA) operates a system of licensing before the marketing of medicines. Medicines, which meet the standards of safety, quality and efficacy, are granted a marketing authorisation (previously a product licence), which is normally necessary before they can be prescribed or sold. This authorisation covers all the main activities associated with the marketing of a medicinal product.

**NMC - Nursing and Midwifery Council**

The UK regulatory and professional regulatory body for nurses and midwives. The Nursing and Midwifery Council holds a professional register with three parts: Nursing, Midwifery and Specialist Community Public Health Nursing.

**'Off-label' medicine**

A medicine which is prescribed outside of the terms of the marketing authorisation.

**OSCE - Objective structured clinical examination**

A form of examination where the student is observed in practice or simulated practice by the examiner.

**Registered Midwife**

A person registered as a midwife on the midwifery part of the Nursing and Midwifery Council professional register.

**Registered nurse**

A person registered as a nurse on the nursing part of the Nursing and Midwifery Council professional register.

**Registered Specialist Community Public Health Nurse**

A person registered as a specialist community public health nurse, which includes health visitors, school nurses, occupational health nurses, family nurses (Scotland) and (from 2007) sexual health nurses, on the specialist community public health nursing part of the Nursing and Midwifery Council professional register.

**RPS - Royal Pharmaceutical Society (RPS)**

The professional body for pharmacists in England, Scotland and Wales.

**Supplementary prescriber**

A suitably qualified nurse or pharmacist, working in partnership with an independent prescriber (doctor or dentist), who may prescribe in accordance with an agreed clinical management plan.

**Unlicensed medicine**

An unlicensed medicine does not have a marketing authorisation issued by the Medicines and Healthcare products Regulatory Agency. Products that are not licensed in the UK include: i) an imported product licensed in another member state or third country but not in the UK and ii) unlicensed products manufactured in the UK to the specification of a prescriber, to meet the special needs of his/her individual patients, where no UK licensed medicine is available to meet those special needs.

**WeMeReC - Welsh Medicines Resource Centre**

An organisation in Wales providing educational resources to multi-disciplinary professionals to influence safe and effective prescribing.

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Further useful reference sources:

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[www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=14547](http://www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=14547)
- The Royal Pharmaceutical Society of Great Britain website:  
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- The Nursing and Midwifery Council website:  
[www.nmc-uk.org](http://www.nmc-uk.org)
- The MHRA website:  
[www.mhra.gov.uk](http://www.mhra.gov.uk)
- The Health and Care Professions Council website:  
[www.hcpc-uk.org.uk](http://www.hcpc-uk.org.uk)

## **Appendix 1 The Clinical Management Plan**

### **The Clinical Management Plan (CMP)**

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 and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record.

The plan must include :

- The name of the patient to whom the plan relates;
- The illness or conditions which may be treated by the supplementary prescriber;
- The date on which the plan is to take effect, and when it is to be reviewed by the doctor or dentist who is party to the plan;
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan;
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan;
- Relevant warnings about known sensitivities of the patient;
- The arrangements for notification of adverse drug reactions;
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.

The CMP should be kept as simple as possible. It may refer to national or local evidence based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor need the CMP repeat detailed information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

The CMP must be reviewed at least every 12 months.

Following diagnosis by the doctor / dentist independent prescriber, the independent and supplementary prescriber will probably need to discuss the CMP before the document itself is prepared.

Either the doctor / dentist independent prescriber or supplementary prescriber may draft the CMP, however, both must formally agree to the CMP before supplementary prescribing can begin.

It must be recorded that the patient has given their consent to being part of a supplementary prescribing partnership.

It is for the doctor / dentist independent prescriber to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP.

The CMP comes to an end:

- at any time at the discretion of the doctor / dentist independent prescriber;
- at the request of the supplementary prescriber or the patient;
- at the time specified for the review of the patient (unless it is renewed by both prescribers at that time).

Where there is a sole doctor / dentist independent prescriber and he or she is replaced for whatever reason, the CMP must be reviewed and agreed by the successor before the supplementary prescriber can continue treating and prescribing for the patient.

Template CMPs taken from the Department of Health website [www.dh.gov.uk](http://www.dh.gov.uk) can be found overleaf.

## CLINICAL MANAGEMENT PLAN TEMPLATE (Blank):

**For teams that have full co-terminus access to patient records**

Name of patient:		Patient medication sensitivities/allergies:		
Patient identification eg. ID number / date of birth:				
Current medication:		Medical History		
Independent prescriber:		Supplementary Prescriber:		
Contact details: [Tel/e-mail/address]		Contact details: [Tel/e-mail/address]		
Condition(s) to be treated:		Aim of treatment:		
Medicines that may be prescribed by SP:				
Preparation	Indication	Dose schedule	Specific indications for referral back to IP	
Guidelines or protocols supporting Clinical Management Plan:				
Frequency and review of monitoring by:				
Supplementary prescriber		Supplementary prescriber & independent prescriber		
Process for reporting ADR's:				
Shared record to be used by SP and IP:				
Agreed by IPs	Date	Agreed by SPs	Date	Date agreed with patient/carer