



# Non-Medical Prescribing in U.K.

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# Once upon a time....

- **Doctors prescribed, pharmacists dispensed, nurses administered.**
- **Medicines Act 1968-primary legislation governing the prescribing, supply and administration of medicines.**
- **Q. The Act is nearly 40 years old-why is it still in place?**
- **A. Because it is an enabling Act-a framework**
- **•Secondary legislation made under the Act (such as POM orders) keeps it up to date**

# And now...

- **1. Patient Specific Directions**
- **2. Medicines Act Exemptions**
- **3. Patient Group Directions**
- **4. Supplementary Prescribing**
- **5. Independent Prescribing**

# So, where did it all start?

- **The nursing profession identified the need for prescribing over 20 years ago.**
- **Govt commissioned review of community nursing (Cumberlege 1986) Recommendations were that community nurses would prescribe from ltd formulary.**

# So where do pharmacists come in??

- **A review of prescribing, supply & administration of medicines: A report on the supply and administration of medicines under group protocols. April 1998.**
- **•Review of prescribing, supply & administration of medicines: final report March 1999.**
- **A law was passed that nurses and etc!(Pharmacists were in this!) could prescribe under the “stated rules”.**

# The Legislation- Health & Social Care Act, 2001

- **S42 amends the 1977 NHS Act relating to the provision of pharmaceutical services**
- **•S63 amends S58 of the Medicines Act-a subsection covers the extension of prescribing rights of POMs to new groups**
- **•These groups will be designated by order and ministers can specify conditions**
- **–Nurse and Pharmacist Supplementary prescribing were chosen first (2003)**
- **–Optometrists, physiotherapists, podiatrists and radiographers followed (2005)**

# Since- 2003, Supplementary prescribing for Pharmacists and nurses

- **Responsible for continuing care of the patient Clinical Management Plan(CMP) :Initiation of therapy following medical diagnosis  
Continuation/ modification of original prescription Intensive training programme- competency based over 37 days (25+12)**

# What is supplementary prescribing?

- **A voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific clinical management plan(CMP's!) with the patient's agreement."**

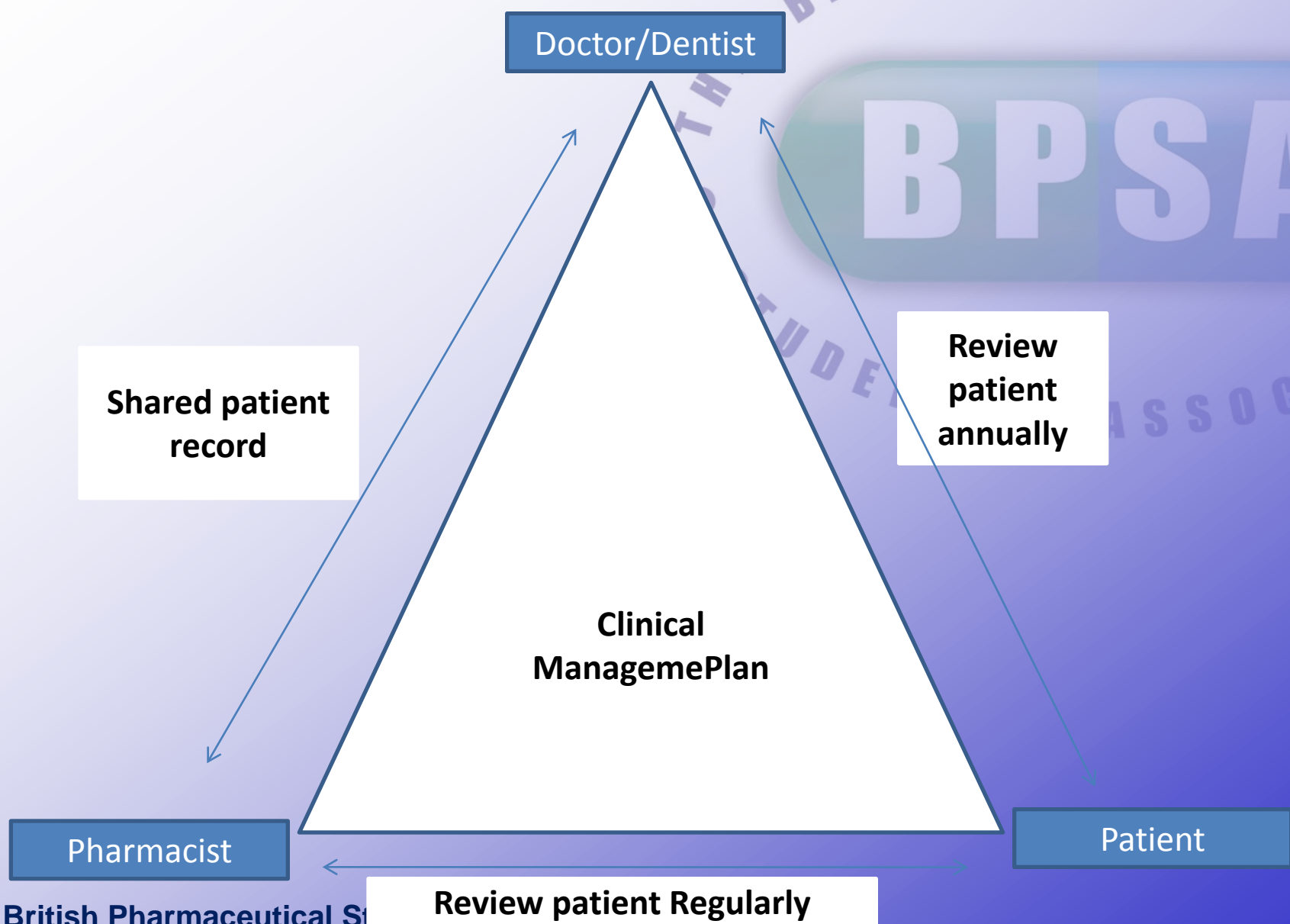
# CMPs –what are they?

- **Cornerstone of Supp prescribing**
- **Clinical management plans are agreed (between IP, SP and patient)**
- **Patient specific**
- **Covers medicines and appliances**
- **Does not include ‘package of care’ but can form part of it**

Cont..



- Is a plan of care
- Is about patient safety
- Is about joint decision making
- However It needs to be practical
- It must be easy to use
- It must be individualised to the Patient
- It must make reference to relevant guidelines



# Legal issues

- Legal authorisation for SP to prescribe
- Prescribing must be in accordance with the CMP
- Prescribing a POM outside the CMP is a breach of the Medicines Act
- A CMP should be viewed as a legal document
- Will not be seen by dispensing pharmacist

# Independent Prescribing

- **2002** Extended independent prescribing for nurses
- **2003** Extension to extended indep prescribing
- **2004**

# So what does a pharmacist independent prescriber do?

- Pharmacist prescribers can prescribe any licensed medicine for a specific affecting conditions except Controlled Drugs.
- The pharmacist should generally prescribe with in their competency, and towards patients' best interest.

# Who can prescribe what?

	Independent Prescriber	Supplementary prescribers
Licensed drugs	Yes	Yes
Off label drugs	Yes	Yes
Unlicensed medicines	Yes	Yes
Controlled drugs	Nurse = Some, Pharm= No	Yes for both Nurse and Pharmacists
Borderline substance	Yes	Yes

# How to become a PIP

- **Successfully complete a training programme at an Higher Education Institutes (HEI) which has been approved by the General Pharmaceutical Council.**
- **This will last no less than 3-6 months**
- **Pay a fee (£52) Apply to have your registration annotated**
- **Maintain your competency in prescribing.**

# Examples of fields that you can specify

- Cardiovascular disease
- CNS and mental health
- Common infections
- Diabetes
- Drug Safety
- Hormone replacement therapy (HRT)
- Insomnia
- Lifestyle
- Lipids
- Musculoskeletal pain
- Obesity
- Osteoporosis
- Pain
- Respiratory
- Rheumatoid arthritis
- Schizophrenia
- Skin conditions
- Smoking cessation
- Venous thromboembolism
- Wound care

# References

- [http://www.npc.co.uk/non\\_medical/](http://www.npc.co.uk/non_medical/)
- <http://www.dh.gov.uk>
- Trudy Thomas, Medway School of Pharmacy

