

Professional Standards and Guidance for Pharmacist Prescribers

About this document

The Code of Ethics sets out seven principles of ethical practice that you must follow as a pharmacist. It is your responsibility to apply the principles to your daily work, using your professional judgement in light of the principles.

This document expands on the principles of the Code of Ethics to explain your responsibilities as a supplementary or independent pharmacist prescriber. It is designed to meet the Society's obligations under the Pharmacists and Pharmacy technicians Order 2007 and other relevant legislation.

This document applies to all settings in which a pharmacist may prescribe, both within and outside the NHS, including primary care, secondary care, private sector, armed forces and the prison service. It should be read alongside other relevant documents from the Department of Health (England), Welsh Assembly Government and Scottish Executive Health Department. The standards in this document aim to be consistent with those in place for other prescribing professions. A list of useful websites and supporting guidance can be found at the end of this document.

Status of this document

Principle 6.6 of the Code of Ethics states that you must comply with legal requirements, mandatory professional standards and accepted best practice guidance.

This document contains:

- Mandatory professional standards (indicated by the word 'must') for all registered pharmacist prescribers; and
- Guidance on good practice (indicated by the word 'should') which you should follow in all normal circumstances.

If a complaint is made against you the Society's fitness to practise committees will take account of the requirements of the Code of Ethics and underpinning documents, including this one. You will be expected to justify any decision to act outside its terms.

1. BACKGROUND

The main legislation that enables pharmacists to prescribe medicinal products for human use is the Prescription Only Medicines (Human Use) Order 1997 as amended and the Medicines (Pharmacy and General Sale – Exemption) Order 1980 as amended. Pharmacists gained the ability to achieve supplementary prescribing status in 2003 and independent prescribing status in 2006.

1.1. Types of pharmacist prescribing

There are currently two types of prescribing which you may undertake as a pharmacist prescriber: supplementary and independent prescribing. Some pharmacists will be qualified as both, others as only a supplementary prescriber. A pharmacist independent prescriber can practise as either a pharmacist independent prescriber or pharmacist supplementary prescriber. The mode of prescribing practice will depend on your personal choice and practice circumstances. You may practise solely in one practice mode or move between modes according to patient or practice circumstances.

Definition of supplementary prescribing

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

Definition of independent prescribing

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

Other methods for supplying and administering medicines include the use of patient group directions, patient specific directions and minor ailment schemes. Some of the standards and guidance outlined in this document will also apply to these situations.

1.2. Working within requirements

As a pharmacist prescriber you must comply with the relevant legislation and frameworks and should always be able to justify your actions.

Legal requirements for pharmacist prescribers

- You may prescribe only once you have successfully completed a Society accredited programme and your name in the Society's practising register for pharmacists has been annotated to reflect this.
- You may prescribe only in relation to your prescribing status (independent or supplementary) and must comply with statutory requirements applicable to your prescribing practice.
- You are legally accountable for your prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. (You are solely accountable as an independent prescriber and jointly accountable as a supplementary prescriber in that as a supplementary prescriber the joint responsibility is for the content of the clinical management plan, but you are still solely responsible for your decision to prescribe).

Prescribing outside the legal parameters of either supplementary or independent prescribing is a criminal offence.

Clinical governance framework

The Society has produced a clinical governance framework for pharmacist prescribers. The framework includes recommendations for NHS organisations, employers and individual prescribers. It also includes indicators and examples of good practice. It is available at <http://www.rpsgb.org/pdfs/clincgovframeworkpharm.pdf>.

Competencies

You must attain and maintain competencies specific to your role as a prescriber. The main competencies required are outlined in the National Prescribing Centre document – ‘Maintaining Competency in Prescribing: An outline framework to help pharmacist prescribers’. These competencies have been incorporated into the training courses for pharmacist prescribers. They are a useful tool as part of personal development plans and can help identify gaps and needs.

The NPC document can be found at

http://www.npc.co.uk/pdf/pharmacist_comp_framework_Octo6.pdf.

Private practice

All pharmacists who prescribe privately must also follow the standards and guidance outlined in this document. It is up to individuals to ensure that arrangements for good governance are in place.

Liability and indemnity arrangements

The Society requires that all activities pharmacists undertake be covered by professional indemnity arrangements. You must ensure that you have professional indemnity arrangements in place which cover the scope of your prescribing practice regardless of whether you prescribe within or outside the NHS.

For the purposes of indemnity within the NHS (and similarly for other organisations) you need to ensure, along with your manager, that the trust has approved pharmacist prescribing at an appropriate level within the organisation e.g. Trust Board or Clinical Governance meeting, and that this has been recorded in the minutes of that meeting.

Veterinary prescriptions

Existing legislation permits pharmacists to dispense veterinary prescriptions and to sell certain classes of veterinary medicinal product over-the-counter. Pharmacists can also prescribe veterinary medicinal products classified as POM-VPS in accordance with the current Veterinary Medicines Regulations.

2. STANDARDS AND GUIDANCE FOR PHARMACIST PRESCRIBERS

The mandatory professional standards and good practice guidance have been laid out under the seven principles of the Code of Ethics.

The seven principles are:

- Make the care of patients your first concern
- Exercise your professional judgement in the interest of patients and the public
- Show respect for others
- Encourage patients to participate in decisions about their care
- Develop your professional knowledge and competence
- Be honest and trustworthy
- Take responsibility for your working practices

2.1 Make the care of patients your first concern

STANDARDS

- 2.1.1** In order to prescribe for a patient you must satisfy yourself that you have undertaken an adequate assessment of the patient by taking a history, performing an appropriate examination and/or by accessing the appropriate parts of their clinical records.
- 2.1.2** You are accountable for your decision to prescribe and must prescribe only where you have relevant knowledge of the patient's health and medical history and of the medicines required for treating their condition(s).
- 2.1.3** You must ensure relevant physical examinations of the patient are carried out where appropriate or necessary, including any diagnostic tests in order to exclude contra-indications, clarify doses or treatment cautions.
- 2.1.4** You must prescribe only where there is a genuine, identifiable clinical need for treatment and not based solely on the demands of a patient. Consider non-pharmacological treatments where appropriate.

- 2.1.5** Independent pharmacist prescribers can prescribe both where a diagnosis has been made previously and also where no working diagnosis of the patient's condition has been made. If you are unable to reach a working diagnosis of a patient's condition you must refer them to an appropriate medical practitioner or other health professional.
- 2.1.6** If you are carrying out a diagnosis of a patient's condition you must have the appropriate facilities and equipment to do this. Any equipment used must undergo appropriate regular quality assurance checks.
- 2.1.7** You must ensure that an adequate risk assessment has been undertaken in respect of the patient's current medicines or their medical condition(s) and include any risk of potential for confusion or interaction with other medicines.
- 2.1.8** When prescribing unlicensed medicines or medicines outside their licensed indications ('off-label') you must be satisfied that it would better serve the patient's needs than a licensed alternative and ensure that the patient, or their representative, is aware that it is unlicensed or outside of licence. In the case of unlicensed medicines patient consent must be obtained (see section 3.3 and 3.4).
- 2.1.9** You must provide clear dosage administration instructions to the patient or carer to avoid uncertainty for the patient, or any other health professional.
- 2.1.10** A retrievable audit trail of your prescribing actions must be maintained e.g. keeping records of your prescribing in the patient's notes.
- 2.1.11** You must refer the patient to another prescriber where prescribing for the patient is outside your competency.

GOOD PRACTICE GUIDANCE

- Whenever possible, when prescribing for a patient you should have concurrent access to the patient's full health records.
- The maximum time allowed between writing the prescription and entering the details into the contemporaneous patient record should not exceed 48 hours, unless there are exceptional circumstances.
- You should review the patient's medication each time you prescribe for them and consider stopping any unsuitable or unnecessary medicines. In certain circumstances it may be in the patient's best interest not to prescribe medicines for them.
- Ideally the dosage instructions should be on the prescription itself, or otherwise in an appropriate format.

2.2 Exercise your professional judgement in the interest of patients and the public

STANDARDS

- 2.2.1** Your prescribing practice must, wherever possible, be evidence-based and be in accordance with relevant national and local guidance. Deviations from these policies must be justifiable and be in the best interest of the patient.

GOOD PRACTICE 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) as well as having access to a wider range of information. Where local policy varies from current national guidelines, you should seek guidance through clinical governance structures in respect of your vicarious liability within your employing organisations (NHS trust, primary care organisation, Local Health Board in Wales, Health Boards in Scotland, head office of a multiple, pharmacy company etc).
- In some cases you may be working at the emerging or leading edge of practice, or in an area where the available evidence base is poor. In these circumstances there may not be any evidence available for the medicines prescribed and decisions should be based on current thinking and peer opinion.

2.3 Show respect for others

STANDARDS

- 2.3.1** You must explain your role as a non-medical prescriber to the patient or their representative.
- 2.3.2** You must be aware of cultural and religious differences in so far as they apply to prescribing.
- 2.3.3** You must obtain the patient's consent for the prescribing process and for any physical examinations or diagnostic testing undertaken. This can be verbal or written consent.
- 2.3.4** You must gain patients' consent to share information about them with other health and social care professionals. Only where there is real danger of harm to the patient or anyone else must information be shared without patient consent.
- 2.3.5** If a patient's consent to share information is not forthcoming you must offer an explanation of the risks of not doing so. If the patient continues to refuse to give consent this must be documented in their records.

2.3.6 You must inform anyone else who may be in a position to prescribe for that patient of your actions, where relevant and possible, and where consent to do this has been obtained. This is most likely to be the patient's general medical practitioner but may also include other non-medical prescribers and other health / social care professionals. The main way to do this is to enter your interventions and actions in the common prescribing record.

For more information on consent refer to the Society's 'Professional standards and guidance for patient consent' and refer to DH guidance at <http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Consent/index.htm>.

2.4 Encourage patients to participate in decisions about their care

STANDARDS

2.4.1 When prescribing, you must take the views of the patient into account in order to create an environment where shared-decision making is the norm. This will include taking into account the patient's personal views and beliefs and discussing treatments in relation to these.

GOOD PRACTICE GUIDANCE

- There will be occasions when the patient's views cannot be fully accommodated. In these circumstances, to be sure that the patient complies with the treatment, you should explain to them why you consider a particular choice is the best choice for them.

2.5 Develop your professional knowledge and competence

STANDARDS

- 2.5.1** You must prescribe only within your level of expertise and competence and not outside your clinical knowledge of either the condition, or the medicines required to treat that condition.
- 2.5.2** You must refer the patient to an appropriate prescriber if you are not competent to prescribe in disease areas with which the patient may present.
- 2.5.3** If you move to another area of practice (a different sector of pharmacy, a different therapeutic area or a different geographical area) you must consider the requirements of your new role and prescribe only within your level of expertise and competence. You may require the approval of your employer for this new role and may need to undertake additional training to ensure you are competent, in addition to the educational course which allows you to prescribe. This may also affect your professional indemnity arrangements.
- 2.5.4** It is your responsibility to remain up to date with the knowledge and skills to enable you to prescribe competently and safely within your area of expertise.
- 2.5.5** As a pharmacist who is recorded on the register as being a prescriber, you must ensure that part of your continuing professional development (CPD) directly addresses your role as a prescriber. This includes keeping up to date with relevant changes in the law as well as the therapeutic areas in which you prescribe.

GOOD PRACTICE GUIDANCE

- Employers have a responsibility to ensure that prescribers are competent to carry out their duties as prescribers.
- While you are legally able to prescribe from the whole of the British National Formulary and British National Formulary for Children, you can prescribe only within your competence. You are not expected to be competent in all disease areas. You may also be able to prescribe only within parameters agreed with your employer.

2.6 Be honest and trustworthy

STANDARDS

- 2.6.1** You must inform anyone who needs to know about any restrictions placed on your prescribing practice. In particular, other practitioners with dispensing responsibilities need to know about this. For example, you must inform your primary care organisation (PCO) if you had restrictions placed upon your prescribing. They would inform the relevant people using the systems they have developed for this purpose.
- 2.6.2** You cannot both prescribe and dispense medicines except in exceptional circumstances e.g. where the need for the medicine is urgent and not to dispense would compromise patient care. You must have robust procedures in place to demonstrate the separation of prescribing and dispensing.
- 2.6.3** Where you are involved in both prescribing and dispensing a patient's medication, a second suitably competent person must be involved in checking the accuracy of the medicines provided, and wherever possible, carrying out a clinical check.
- 2.6.4** You must make your choice of medicinal product for the patient based on clinical suitability and clinical and cost effectiveness. The decision must not be based on potentially biased information, fraud or commercial gain.
- 2.6.5** You must maintain a declaration of interest, which you must produce on request if required for audit purposes. You must adhere to local policy when maintaining this.
- 2.6.6** You must not prescribe for yourself.
- 2.6.7** You must not prescribe for anyone with whom you have a close personal or emotional relationship, except in exceptional circumstances such as:
- No other person with the legal right to prescribe is available and only then if that treatment is necessary to:
 - o Save a life,
 - o Avoid serious deterioration in the patient's health, or
 - o Alleviate otherwise uncontrollable pain.

- 2.6.8** You must be able to justify your actions and must document your relationship and the exceptional circumstances that required you to prescribe for someone close to you.
- 2.6.9** If you have concerns about the competence, behaviour or conduct of a professional colleague, which impacts on patient safety, you must take appropriate action to raise this as a concern.

GOOD PRACTICE GUIDANCE

- The Medicines (Advertising) Regulations 1994 govern the supply, offer or promise of gifts to healthcare professionals, including pharmacists, by drug manufacturers and distributors. Pharmacists accepting items such as gift vouchers, bonus points, discount holidays, sports equipment etc, would be in breach of Regulation 21 of the Medicines (Advertising) Regulations 1994.
- It is good practice to carry out a self-audit of your prescribing practice at regular intervals, at least on an annual basis.
- If it is clinically appropriate to alter another prescriber's prescription, it should be clearly documented on the prescription who made the change. The change needs to be agreed with the original prescriber.

2.7 Take responsibility for your working practices

STANDARDS

- 2.7.1** You have a responsibility to communicate effectively with other practitioners involved in the care of the patient, provided patient consent is given.
- 2.7.2** You must ensure that the records you make are accurate, comprehensive and contemporaneous.
- 2.7.3** You must ensure that you have professional indemnity arrangements which cover the scope of your prescribing practice regardless of whether you prescribe within, or outside the NHS.

GOOD PRACTICE GUIDANCE

- A written agreement which outlines your scope of practice, should be in place between yourself and the employing organisation (e.g. PCO, NHS Trust, Care Home, Pharmacy). This 'scope of practice agreement' should outline the areas in which you will prescribe and should determine the methods that are to be used to communicate effectively with other health professionals involved in the patient's care.

3. ADDITIONAL INFORMATION

3.1 Guidance on writing prescriptions:

The legal requirements for writing a prescription are outlined in the Society's Medicines, Ethics and Practice Guide.

- 3.1.1** Prescriptions should always be signed and dated immediately and should never be left blank if they have been signed.
- 3.1.2** Computer-generated prescriptions should be used, providing the necessary software is available. However, you still need to be competent to write a prescription by hand.
- 3.1.3** You are responsible for the safety of your prescription pad. You should take all reasonable precautions to prevent loss or inappropriate use. You should use only 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.
- 3.1.4** It is good practice to record the serial number of the first and last remaining prescription form of an in-use pad at the beginning and end of each working day. This would help to identify any forms lost or stolen overnight. If a prescription pad is lost, mislaid or stolen this should be reported immediately to your employer or contractor and local policy should be followed.
- 3.1.5** You should ensure that it is your prescriber details on the prescription.

For computer generated prescriptions, you need to ensure you are registered with the relevant NHS Business Authority (NHS Business Services Authority for England, NHS National Services Scotland for Scotland and Health Solutions Wales for Wales) in order to be able to prescribe from a medical practice's system. This will prevent incorrect allocation of prescribing budgets and incorrect ePACT / PRISMS data.

For further guidance on writing a prescription, see 'Prescription writing' in the BNF.

3.2 Guidance on prescribing controlled drugs (CDs)

3.2.1 You may prescribe CDs only where you are legally entitled to do so.

3.2.2 It is strongly recommended, as good practice, that the quantity of any CDs prescribed, excluding those in Schedule 5, should not exceed 30 days of clinical need per prescription. If more than 30 days supply is made, the reason for this should be noted in the patient's notes.

3.2.3 You may use computer-generated prescriptions for all CDs, providing the necessary software is in place and there is an audit trail of your prescribing practice.

3.2.4 All CD prescriptions for Schedule 2, 3 and 4 CDs are only valid for 28 days from the date of signing or appropriate start date specified in the prescription.

The Department of Health website has the most up to date information on the management and use of controlled drugs and it can be accessed at http://www.dh.gov.uk/en/Policyandguidance/Medicinespharmacyandindustry/Prescriptions/ControlledDrugs/DH_4131301.

Please refer to the most up to date guidance to ensure you are abreast of all the relevant legislative requirements.

3.3 Guidance on prescribing unlicensed medicines

Unlicensed medicines are those medicines without a current marketing authorisation. Independent pharmacist prescribers are not legally permitted to prescribe unlicensed medicines.

You may prescribe an unlicensed medicine as a supplementary prescriber as part of a CMP providing:

- The doctor or dentist and you, acting as a supplementary prescriber, have agreed the plan with the patient in a voluntary relationship.
- You are satisfied an alternative licensed medicine would not meet the patient's needs.
- You are satisfied there is a sufficient evidence base and / or experience to demonstrate the medicine's safety and efficacy for that particular patient.
- The doctor / dentist and yourself are prepared to take the responsibility for prescribing the unlicensed medicine and have agreed the patient's CMP to that effect.
- The patient agrees to a prescription in the knowledge that the medicine is unlicensed and understands the implications of this.
- The medication chosen and the reason for choosing it is documented in the CMP/ clinical records.

3.4 Guidance on prescribing medicines for use outside the terms of their licence (off-label)

Off-label prescribing is where a licensed medicine is prescribed outside the terms of its licence.

It is possible, under current legislation, for pharmacist prescribers (both independent and supplementary) to prescribe off-label. However, in order to do so you should ensure the following conditions are met:

- You are satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy in these circumstances. Where the manufacturer's information is of limited help, the necessary information should be sought from another source.
- You have explained to the patient or parent or carer in broad terms, the reasons why medicines are not licensed for their proposed use.

- You make a clear, accurate and legible record of all medicines prescribed and the reasons for prescribing a medicine off-label.
- You may also, as a supplementary prescriber, prescribe a medicine for use outside the terms of its licence providing:
 - There is a CMP in place, written in conjunction with a doctor or dentist and in voluntary partnership with the patient or parent or carer.
 - A doctor or dentist and you take responsibility for prescribing the medicine and you jointly oversee the patient's care, monitor the situation or outcome and ensure any follow up treatment is given as required.

Any verbal information given to patients or their representative should be supported by written information provided by the pharmacist prescriber.

3.5 Guidance on repeat prescribing

Repeat prescribing is where a prescription is issued authorising several supplies to be made without further consultation with the prescriber.

3.5.1 As a pharmacist prescriber you may issue a repeat prescription.

3.5.2 Before signing a repeat prescription you need to be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- The patient is issued with the correct prescription.
- Each prescription is regularly reviewed and is re-issued only to meet clinical need.
- A review takes place following a maximum of six prescriptions or six months elapsing, whichever comes first. In certain circumstances this review period may be longer provided the prescriber is satisfied the patient is stable and knowledgeable about their own condition.
- The correct dose and quantity is prescribed.
- Suitable provision for monitoring each patient's condition is in place to ensure that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by an appropriate prescriber.

3.6 Guidance on remote prescribing via telephone, email, fax, video-link or website

From time to time it may be appropriate to use a telephone or other non face to face medium to prescribe medicines and treatments for patients. Such situations may occur where:

- You have responsibility for the care of the patient.
- You are providing out of hours or urgent care services.
- You are working in remote and/or rural areas.
- You have prior knowledge and understanding of the patient's condition and medical history.
- You have authority to access the patient's records and you are working as a supplementary prescriber, but the doctor or dentist required to authorise the CMP works at a distance.

You should carry out an adequate risk assessment for each individual case of remote prescribing. Records of remote prescribing, including the reasons for prescribing in this manner, should be made.

If remote prescribing is necessary, clear protocols for operating remote prescribing need to be agreed with employers.

You should not give directions to other professionals to administer medicines verbally. The Nursing and Midwifery Council guidelines for the administration of medicines has useful information on this subject

<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=221>.

3.7 Guidance on reporting adverse reactions

The same guidance on reporting adverse reactions applies to pharmacist prescribers as to pharmacists generally.

- If a patient experiences an adverse reaction to a medication they have been prescribed you should record this in the patient's notes, notify the prescriber if you did not prescribe the medicine and notify via the Yellow Card Scheme immediately, where appropriate. Yellow cards are found in the back of the British National Formulary or online at www.yellowcard.gov.uk.
- In addition you have a duty to inform the patient that they may also report an adverse reaction independently under the Yellow Card Scheme.
- You can also report adverse reactions via the Medicines and Healthcare products Regulatory Agency website at www.mhra.gov.uk.
- Any untoward incidents should be reported to the National Reporting and Learning System which is the reporting system of the National Patient Safety Agency directly, or through your own organisation's reporting mechanism; <http://www.npsa.nhs.uk/health/reporting>.
- Local reporting schemes may be in place.

Guidance that supports this document

We have produced documents or guidance bulletins on the following which should be considered in conjunction with these standards:

- Code of ethics for pharmacists and pharmacy technicians
- Professional standards and guidance for the sale and supply of medicines
- Professional standards and guidance for patient consent
- Professional standards and guidance for patient confidentiality
- Pharmacist prescribing pack
- Clinical governance framework for pharmacist prescribers and organisations commissioning or participating in pharmacist prescribing
- Protection of vulnerable adults

You can download these documents and more copies of this document from our website (www.rpsgb.org) or you can telephone us on

020 7735 9141.

Other sources of Society advice

Further information or advice on the professional or legal obligations of the pharmacy profession can be obtained by contacting the Society's legal and ethical advisory service on 020 7572 2308 or e-mail ftp@rpsgb.org.

Additional resources:

The resources listed here are not applicable in all three countries of Great Britain but are valuable resources for those undertaking pharmacist prescribing:

- Department of Health information on non-medical prescribing
<http://www.dh.gov.uk/en/Policyandguidance/Medicinespharmacyandindustry/Prescriptions/TheNonMedicalPrescribingProgramme/index.htm>.
- Drugs and Therapeutics Bulletin on non-medical prescribing
www.npc.co.uk.
- Maintaining competency in prescribing: an outline framework for pharmacist prescribers
http://www.npc.co.uk/pdf/pharmacist_comp_framework_Octo6.pdf.
- Medicines Matters DOH July 06 – A guide to mechanisms for the prescribing, supply and administration of medicines
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325.
- National Prescribing Centre: A guide to good practice in the management of controlled drugs in primary care (England) - Second Edition
http://www.npc.co.uk/controlled_drugs/cdpublications.htm.
- NHS Scotland National Education Scotland: Supplementary prescribing for pharmacists in Scotland
<http://www.nes.scot.nhs.uk/pharmacy/prescribing/>.
- Nursing and Midwifery Council Guidelines for the administration of medicines
<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=221>.
- Nursing and Midwifery Council prescribing standards
<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645>.

- Patient Group Directions: A guide to good practice
<http://www.npc.co.uk/publications/pgd/pgd.htm>.
- Saving time, helping patients: a good practice guide to quality repeat prescribing
http://www.npc.co.uk/repeat_prescribing/repeat_presc.htm.
- Scottish Executive Health Department HDL 2004 35: Implementation of supplementary prescribing for pharmacists
<http://www.scotland.gov.uk/Publications/2004/06/19514/39164>.

Useful websites:

- Clinical Management Plan Library Online
<http://www.cmponline.info>.
- Centre for Postgraduate Pharmacy Education
<http://www.cppe.manchester.ac.uk/>.
- Department of Health
<http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NonmedicalPrescribing/fs/en>.
- Eguidelines
<http://www.eguidelines.co.uk/>.
- Faculty of Prescribing and Medicines Management
<http://fpmm.collpharm.co.uk/>.
- Medicines and Healthcare products Regulatory Agency
<http://www.mhra.gov.uk>.
- National Electronic Library for Medicines: (now includes druginfozone)
<http://www.nelm.nhs.uk/home/default.aspx>.
- National Prescribing Centre
http://www.npc.co.uk/non_medical.htm.
- NHS Education for Scotland
<http://www.nes.scot.nhs.uk/>.
- Nurse Practitioner website
<http://www.nursepractitioner.org.uk/>.
- Nurse Prescriber website
<http://www.nurse-prescriber.co.uk>.
- Patient Group Directions website
<http://www.pgd.nhs.uk/>.
- Prodigy
<http://www.prodigy.nhs.uk/indexMain.asp>.

- Royal Pharmaceutical Society of Great Britain
<http://www.rpsgb.org/worldofpharmacy/currentdevelopmentsinpharmacy/pharmacistprescribing/index.html>.
- Scottish Executive
<http://www.scotland.gov.uk/Home>.
- Scottish Intercollegiate Guideline Network (SIGN)
<http://www.sign.ac.uk>.
- Welsh Assembly
<http://www.wales.gov.uk/index.htm>.
- Welsh Centre for Postgraduate Pharmacy Education
<http://www.cf.ac.uk/phrmy/WCPPE/index.html>.