

English Pharmacy Board 6 February 2008

PUBLIC BUSINESS

Pharmacist Prescribers

Purpose

To agree the attached paper entitled 'Pharmacist Prescriber Pack'

Strategic objective domain

Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care

Action required

The English Pharmacy Board is asked to agree the attached paper.

1. Background

Following a number of changes such as:

- the updated Code of Ethics and related Standard documents published in August 2007
- the changes to the fees relating to pharmacist prescribers

the pharmacist prescriber pack has been updated.

2. Risk Implications

This pack will help pharmacists think through undertaking a prescribing role and also support those who are already some way down this path.

3. Resource Implications

There are no resource implications. The updated document will replace the current document on the pharmacist prescriber's section of the website and will be circulated to pharmacist prescribers via the electronic discussion forum

Heidi Wright
Head of Practice



Royal
Pharmaceutical
Society
of Great Britain

Pharmacist Prescriber Pack

“Pick up a pack and start prescribing”

Background

The definition of supplementary prescribing is “a voluntary 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.”

The definition of independent prescribing is “prescribing by a practitioner (eg, doctor, nurse, pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.”

The regulations governing the independent prescribing of POM – VPS veterinary medicines are detailed in section D of this document.

Introduction

When the government introduced pharmacist prescribing, the intention was to improve health services and patient care by making it easier for patients to get the medicines they need through making the best use of the skills of health professionals. Pharmacist prescribers will contribute to these aims for example by monitoring and prescribing for patients with long term conditions and by prescribing for patients where appropriate to reduce unnecessary visits to other healthcare providers, to improve safe and effective patient care and to help meet NHS priorities. In all cases pharmacist will prescribe medicines appropriate for the patient and work within their level of competence.

This prescriber pack provides resources and information for those who have qualified as pharmacist prescribers and want to start prescribing. It is also useful for those who are in the process of training as pharmacist prescribers as it can help with planning the implementation of prescribing.

This pack will be updated on a regular basis as more information becomes available and the most up to date version will be available on the RPSGB website (www.rpsgb.org).

Purpose

This document is a living web-based document and we anticipate that additional content will be added as the pharmacist prescribing agenda develops further. We would appreciate your feedback on the content of the document and any comments should be sent to heidi.wright@rpsgb.org.

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A Core Elements

1. Registration and Fees

Pharmacists who successfully complete one of the supplementary or independent prescriber courses accredited by the Royal Pharmaceutical Society of Great Britain will be awarded a *Practice Certificate in Supplementary or Independent Prescribing*. They must apply to the Society and have their entry in the Register of Pharmaceutical Chemists annotated before they can begin to prescribe.

Pharmacists who complete a supplementary prescribing programme may register with the Society as a pharmacist supplementary prescriber. They have six months to register after completing the training programme. The registration fee is £49

Pharmacist supplementary prescribers who complete an independent prescribing conversion course may register with the Society as pharmacist independent prescribers. They have six months to register after completing the training programme. The registration fee is £49 and is payable even if a supplementary prescribing or retention fee has been paid for the year.

A pharmacist who completes a training programme to become a pharmacist independent prescriber may register with the Society as a pharmacist independent prescriber. They do not need to register as a pharmacist supplementary prescriber as this qualification forms part of the independent prescriber qualification. This applies also to pharmacists who complete a combined supplementary prescribing programme and conversion course. They have six months to register after completing the training programme. The registration fee is £49.

A list of accredited universities that provide prescribing training can be found at: www.rpsgb.org/registrationandsupport/postgraduatecourses/

Applications for annotation to the Register must be submitted to the Society within six months of the date of award of practice. Application forms can be downloaded from the website www.rpsgb.org/registrationandsupport/registration/#annot. Completed applications and a copy of the certificate from the university should be submitted to the Society's Registration section together with a £49 registration fee (see above).

The curriculum for the following courses can be found on the RPSGB website:

- outline curriculum for training programmes to prepare pharmacist prescribers www.rpsgb.org/pdfs/indprescoutlcurric.pdf
- curriculum for the education and training of pharmacist supplementary prescribers to become independent prescribers www.rpsgb.org/pdfs/indpresconvprog.pdf

In the recent past NHS funding has been made available to cover the cost of prescribing training courses. This funding does not usually cover the cost of back-fill, travel or accommodation and has been available only to those who can show that they will be able to provide a service to NHS patients that meets a patient need. Contact your local NHS organisation for the current funding position.

2. Competencies

The National Prescribing Centre (NPC) has developed a competency framework for pharmacist supplementary prescribers which can be used by managers or pharmacists as a source of information, for staff selection or as a training resource. It may be used as a tool to reflect on practice and identify CPD needs.

www.npc.co.uk/publications/maint_compt_presc/outline_framework.pdf

The NPC has also developed a resource document to help health professionals understand and apply the framework for supplementary prescribing.

www.npc.co.uk/publications/healthcare_resource.pdf

The NPC has also developed a competency framework for pharmacist prescribers which was published in October 2006.

www.npc.co.uk/pdf/pharmacist_comp_framework_Oct06.pdf

Lastly, the Primary and Community Care Pharmacy Network Competency Framework gives short examples of how its framework for community health services pharmacists might be used in different scenarios: www.pccpnetwork.org (look under Publications).

NPC have a guide for designated medical practitioners (DMPs) taking on the supporting and assessment role for independent and supplementary prescribers available at www.npc.co.uk/pdf/designated_medical_practitioners_guide.pdf

2a. Continuing Professional Development (CPD)

Pharmacist prescribers need to think about their competence before and after qualification. Pharmacists have a professional responsibility to keep themselves abreast of clinical and professional developments. Pharmacist prescribers will be expected to be knowledgeable and up to date in the clinical field in which they intend to prescribe, prior to undertaking a prescribing training course. So it is very important to carry out a pre-assessment to see if there are gaps in the pharmacist's knowledge or skills which will not be addressed by the prescribing training course. Following registration as a prescriber, pharmacist prescribers will be expected to keep up-to-date with best practice in the management of conditions for which they may prescribe. The Society will expect pharmacist prescribers to be able to demonstrate that some of their CPD is relevant to their practice as a prescriber. The requirements for veterinary medicines are outlined in section D of this document. Some CPD links are listed below:

National Institute for Health and Clinical Excellence	www.nice.org.uk/page.aspx?o=home
National Service Frameworks	www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthAndSocialCareArticle/fs/en?CONTENT_ID=4070951&chk=W3ar/W
Centre for Pharmacy Postgraduate Education	http://www.cppe.manchester.ac.uk/

College of Pharmacy Practice (Faculty of Prescribing & Medicines Management)	www.collpharm.org.uk
National Prescribing Centre (including NPCi – an interactive website)	www.npc.co.uk
Northern Ireland Centre for Postgraduate Pharmaceutical Education & Training (NICPPET)	www.nicppet.org
Scottish Centre for Post Qualification Pharmaceutical Education (SCPPE)	www.nes.scot.nhs.uk/pharmacy
Welsh Centre for Postgraduate Pharmaceutical Education (WCPPE)	www.cf.ac.uk/phrmy/WCPPE/
CPD records	www.uptodate.org.uk

Other useful resources for clinical practice can be found at a number of different websites. These are all included in Appendix 1

3. Clinical Governance

Pharmacist prescribing needs to take place within a comprehensive framework of clinical governance that covers all staff.

The RPSGB has published a clinical governance framework both for pharmacist supplementary prescribers and the organisations within which they work to ensure that patient safety is an integral part of pharmacist prescribing practice.

The Clinical Governance Framework for pharmacist prescribers and organisations commissioning or participating in pharmacist prescribing is accessible on the link below:

www.rpsgb.org/pdfs/clincgovframeworkpharm.pdf

3a. Local clinical governance issues and policies

For guidance on writing your own policy, please refer to the table below. The aim of a template is to help an organisation create a policy that covers the identification, selection, practice and development of new independent and supplementary prescribers. It would normally be written to operate in conjunction with other organisational prescribing policies and procedures.

See below for examples:

North-East London Non-Medical Prescribing Policy March 2007	www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=578290
Non-Medical Prescribing in North East London Clinical Governance Self-Assessment and Action Planning Tool April 2007	www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=578143

The idea of prescribers having a scope of practice document that is agreed as part of their contract of employment is becoming more acceptable. It has an additional advantage in that it protects the employee from being asked to do anything that is outside of their experience. An example can be viewed at www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=583411

4. Clinical Management Plan (CMP)

For lawful **supplementary prescribing** to take place there must be a written CMP relating to a named patient and to that patient's specific conditions. The supplementary prescriber must record (written or electronic) agreement to the plan by the independent prescriber (currently a doctor or dentist) before supplementary prescribing begins. The patient also needs to agree to the arrangement. It is not necessary for the patient to sign the CMP, but an indication of agreement needs to be recorded. The link below gives an indication of what needs to be included in the CMP:

www.dh.gov.uk/en/Policyandguidance/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/Supplementaryprescribing/DH_4123030

The Department of Health has published guidance in creating a CMP (www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf [Pg 25-28]) and also issued two templates, which can be used to develop personalised plans (www.dh.gov.uk/assetRoot/04/06/84/28/04068428.rtf).

The key to successful supplementary prescribing has often involved finding a practical, workable local solution which balances the need to cover legal CMP requirements but is also simple enough to meet the needs of clinicians. Networking with pharmacist and nurse supplementary prescribers can be a valuable way of achieving this. Although this is not compulsory, some pharmacists, particularly those who work with patients with complex needs, have continued to find the supplementary prescribing model useful and supportive, at least at the start of their developments as a prescriber.

A series of articles in the Pharmaceutical Journal by active prescribers from different sectors of the profession also includes some practical advice on CMPs eg on managing co-morbidities:

- a) Barnett, N; Nicholls, J. Learning from practice experiences. Pharmaceutical-Journal 2005:275(Prescribing and Medicines Management Supplement):PM3 (Dec 10)
www.pjonline.com/MedicinesManagement/editorial/200512/features/p03experiences.html
The authors describe a two-year-old supplementary prescribing service for older people in Harrow. They describe patient consultation, clinical management plans and clinical governance issues.
- b) Reid-F. Supplementary prescribing one year on. Pharmaceutical-Journal 2005:275(Prescribing and Medicines Management Supplement):PM2 (Dec 10)
www.pjonline.com/MedicinesManagement/editorial/200512/features/p02supplementary.html
The author, a primary care pharmacist for cardiovascular disease, describes her year with a hypertension and cardiovascular risk reduction clinic.
- c) Timbs, O. PBP Conference: Pharmacist prescribing in practice. Pharmaceutical-Journal 2005:275:492 (15 Oct)
www.pjonline.com/Editorial/20051015/bpc/p492prescribing.html
Publication Type: British-Pharmaceutical-Conference
Abstract: Speakers described the benefits and the pitfalls of pharmacist prescribing in different practice situations.

- d) Thomas-M. Prescribing in a rheumatology clinic. Pharmaceutical-Journal 2005:274(Prescribing and Medicines Management):PM3 (Jun 18)
www.pjonline.com/MedicinesManagement/editorial/200506/features/p03rheumatology.html
 Abstract: The author, lead clinical pharmacist for ward services at the Queen Elizabeth Hospital, Gateshead, details his experience of setting up a supplementary prescribing rheumatology clinic.
- e) Tomlin-M. A year in the life of a supplementary prescriber. Hospital-Pharmacist 2005:12:182-183 (May)
www.pjonline.com/Hospital/Editorial/200505/careers/p182supplementary.html
 Article on supplementary prescribing describes why Mark Tomlin of Southampton General hospital took on this role and examines the impact it has had on his day-to-day working life. He chose to prescribe in the therapeutic areas in which he was already advising doctors (ie. parenteral nutrition and therapeutic drug monitoring).

Further information on CMPs can be found below:

Online sharing of CMPs by nurses and pharmacists	www.cmponline.info/
More examples of CMPs	www.druginfozone.nhs.uk/search/product.aspx?id=71
Practical uses of CMPs	www.druginfozone.nhs.uk/Record%20Viewing/viewRecord.aspx?id=558366
A presentation on CMPs in Practice	www.druginfozone.nhs.uk/Record%20Viewing/viewRecord.aspx?id=543081
Creating a Clinical management Plan document Using MS Word Integration for EMIS LV 5.2	www.druginfozone.nhs.uk/Record%20Viewing/viewRecord.aspx?id=556574

5. Setting up a clinic

Most of what you need to know is quite straightforward but key items to bear in mind include:

- Logistics of setting up a room
- Organising appointments i.e.
 - using the local computer system, to record patient details and produce prescriptions
 - systems for booking patients,
 - duration of appointments, and
 - managing those who do not arrive on time.

The above is detailed in a useful article in the Pharmaceutical Journal

www.pharmj.com/MedicinesManagement/editorial/200509/features/p04supplementary.html).

Additional information leaflets are available from the sources below:

<p>Informing patients and colleagues on supplementary prescribing</p>	<p>www.druginfozone.nhs.uk/Record%20Viewing/viewRecord.aspx?id=553786</p> <p>www.druginfozone.nhs.uk/Record%20Viewing/viewRecord.aspx?id=558365</p> <p>http://fpmm.collpharm.co.uk/Portals/7/Patient%20leaflet%201.pdf</p> <p>http://fpmm.collpharm.co.uk/Portals/7/Patient%20leaflet%202.pdf</p>
<p>Example of a leaflet used to record patient's agreement to the supplementary prescribing arrangement. Note that it is not necessary for the patient to sign the CMP, but an indication of agreement needs to be recorded</p>	<p>www.druginfozone.nhs.uk/Record%20Viewing/viewRecord.aspx?id=558643</p>

6. Prescribing

Pharmacist prescribing must be undertaken in adherence with The Code of Ethics and any professional Standards and guidance that sit underneath the Code. Details of the Code of Ethics can be found via this link

www.rpsgb.org/protectingthepublic/ethics/ and in the current edition of Medicine, Ethics and Practice: A guide for pharmacists.

Pharmacist prescribers should familiarise themselves with local PCO / NHS Trust policies for working with the pharmaceutical industry and abide by them. Pharmacists prescribing veterinary medicines need to familiarise themselves with the Veterinary Medicines Regulations, Schedule 3, and abide by them

<http://www.vmd.gov.uk/General/VMR/SI2539.htm>

Pharmacist prescribers must recognise when they are not competent to act and refer the patient to either the independent prescriber or another healthcare professional. Pharmacist prescribers must only ever prescribe within their own level of experience and competence.

Pharmacists should :

- only prescribe within the limits of their professional expertise and competence
- not prescribe for themselves, or for anyone with whom they have a close personal or emotional relationship, other than in an emergency. An emergency is when treatment is immediately necessary to:
 - Save life
 - Avoid significant deterioration in the patient's health, or
 - Alleviate otherwise uncontrollable pain, and
 - No other person with the legal right to prescribe is available to assess the patient's clinical condition and to prescribe without a delay which would put the patient's life or health at risk, or cause the patient unacceptable pain.
- make an appropriate assessment of the patient's condition and only prescribe to meet the patient's genuine clinical needs
- prescribe only where they have adequate knowledge of the patient's health and medical history
- be aware of and give consideration to local and national prescribing guidelines
- keep accurate, comprehensive records of their consultation and prescribing for an individual patient
- communicate effectively with other practitioners involved in the care of the patient
- refer the patient to another practitioner when it is necessary to do so
- prescribe in accordance with a patient's individual clinical management plan when prescribing as a supplementary prescriber. Refer the patient back to the independent prescriber when their circumstances fall outside the clinical management plan.
- ensure separation of prescribing and dispensing whenever possible. 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.

Pharmacists should be in a position to prescribe once they are qualified. Ideally they should agree the role they are going to undertake on qualifying before starting the course, so they can go straight into practice.

Medicines prescribable under supplementary prescribing arrangements

Where a nurse or pharmacist is the **supplementary prescriber**, a CMP may include any General Sales List, Pharmacy, or Prescription-Only Medicine prescribable at NHS expense. This includes the prescribing of:

- Antimicrobials
- “Black triangle” drugs and those products suggested by the British National Formulary to be “less suitable” for prescribing
- Controlled Drugs (except those listed in Schedule 1 of “The Misuse of Drugs Regulations 2001” that are not intended for medicinal use).
- Products used outside their UK licensed indications (i.e. “off-label” use). Such use must have the joint agreement of both prescribers and the status of the drug should be recorded in the CMP.
- Unlicensed drugs (that is, a product that is not licensed in the UK).

Medicines prescribable under independent prescribing arrangements

A pharmacist **independent prescriber** can prescribe any licensed medicine (i.e. products with a valid marketing authorisation in the UK) for any medical condition, with the exception of all controlled drugs, until such time as there are changes to the Home Office’s Misuse of Drugs Regulations. Community pharmacists can sell Schedule 5 Controlled Drugs. See current Home Office Consultation on the Independent prescribing of CDs by nurse and pharmacist independent prescribers www.homeoffice.gov.uk/documents/cons-2007-indpres

They can also prescribe UK licensed products used outside their UK licensed indications (i.e. “off-label” use). Pharmacist prescribers, like all prescribers, must accept professional, clinical and legal responsibility for that prescribing and should only prescribe ‘off-label’ where it is accepted clinical practice.

A pharmacist prescriber should not agree to prescribe any medicine if s/he feels that his/her knowledge of the medicine falls outside his/her competence.

Prescribing issues such as these are outlined in detail via the link below:

- patient review
- good practice, ethics and issues common to all pharmacist prescribers
- patient records – details of prescription and consultation with the patient should be entered onto shared patient record immediately or within 48 hours
- adverse reaction reporting

www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf (pg 29-33)

www.dh.gov.uk/assetRoot/04/13/37/47/04133747.pdf (pg 20-25)

Prescribing within guidelines

If a pharmacist prescribes outside of national guidelines, such as NICE guidance or NSFs, they should be able to justify their reasons for doing so. If pharmacist prescribers are following local guidelines that are at odds with national guidance, then pharmacist prescribers should be aware of the background to the development of the local guidance and the reason for their deviation from the national guidance.

Proxy prescribing

If pharmacists are unable to generate computer prescriptions themselves, they may consider printing off the prescription on the doctor's prescription form and then getting it signed by a doctor. **This is not good practice and should be avoided.** Pharmacist prescribers should keep abreast of developments with technology as the development of electronic prescribing systems in GP surgeries has evolved to allow for computer generation of prescriptions by pharmacist prescribers.

Prescribing pads

Where applicable prescription forms need to be ordered in advance so that prescribing can begin as soon as possible after registration. *Annex E and F* in the document below detail notification of prescriber details to PPD and how to order prescription forms. Note: The Prescription Pricing Authority (PPA) has now changed to the NHS Business Services Authority: Prescription Pricing Division.

www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf

Annex F in the following document also has good advice on prescription ordering etc

www.dh.gov.uk/assetRoot/04/13/37/47/04133747.pdf

In general practice, once electronic prescribing is in place then paper prescription pads are usually not routinely required.

Prescription writing

Detailed advice on prescription writing is contained in the BNF.

In addition the following link gives details on how to complete the prescription form.

www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf (See *Annex F 14-15*)

www.dh.gov.uk/assetRoot/04/13/37/47/04133747.pdf (See *Annex E*)

Pharmacists who have attained a doctorate are entitled to use the title of Doctor. However, it may be confusing to members of the public if pharmacist prescribers who have a doctorate sign the prescription using "Dr", even if the prescription is marked as a pharmacist supplementary or independent prescriber. This may need to be discussed with the patient as pharmacists should not lead the public to believe that they are a medical practitioner.

Succession planning

Succession planning needs to be considered in the provision of any 'service'. If the pharmacist prescriber is ill or on annual leave, provisions need to be put in place to ensure patients continue to receive treatment i.e. monitoring, review and prescriptions if necessary. The pharmacist prescriber and their employing organisation need to consider referral to another independent or supplementary prescriber during these times and have robust contingency plans in place.

6a. Security and Safe handling of Prescriptions

The security of prescription forms is the responsibility of both the employing organisation and the prescriber, See *Annex F (16-27)* for good practice guidance:

www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf

In addition refer to policy of local organisation for record keeping.

6b. Consultation and Communication Skills

Pharmacists should consider updating their physical examination skills, so they can carry out an appropriate assessment of a patient who presents with a new problem and reach a decision on whether or not to refer. This is an essential requirement for pharmacist independent prescribers.

Examination skills such as those below should be thought through:

- skills required for current role as a prescriber
- ability to identify a significant clinical problem
- skills required for development of role as a prescriber (new clinical area)

Workshops covering communication i.e. interpersonal skills are run by the Faculty of Prescribing and Medicines Management. The website link provides further details.

<http://fpmm.collpharm.co.uk>

Examination Skills training can also be accessed via:

<http://sprojects.mmip.mcgill.ca/MVS/MVSTETH.HTM> – contains a tutorial on the physical exam with emphasis on auscultation and a brief review of selected cardiac and pulmonary physiology/pathophysiology topics.

www.med.ucla.edu/wilkes/inex.htm – helps appreciate the different audio characteristics of heart murmurs and breath sounds

www.fleshandbones.com/readingroom/viewchapter.cfm?ID=1110 – detailed guidance on history taking and general examination.

www.studentbmj.com/issues/00/02/education/15.php – an introduction to clinical reasoning.

<http://medicine.osu.edu/exam/> - an interactive guide to the physical examination.

7. Insurance

Prescribing leads to an increase in responsibility. Pharmacists must advise the insurer of their prescribing practice. The following are items to consider:

- Risk management e.g. indemnity arrangements. What might you need cover for? There is currently no case law to work from.
- Benefit of indemnity arrangements / insurance versus vicarious liability. Vicarious liability will be applicable provided your prescribing role is written into your contract if working for an NHS organisation and each individual will need to decide if they need additional personal insurance. Additional personal indemnity arrangements would be seen as desirable and sensible.
- Guild / union membership will give cover for professional liability purposes when an individual is employed by an NHS employer or is working as a locum for the NHS.
- The NPA provides indemnity insurance to its members where they have trained as pharmacist prescribers.
- Consider the risk associated with criminal law and the more likely scenario of being found liable in a civil suit.
- Insurance covers costs and claims for damages only.

Pharmacist prescribers are encouraged to seek further advice about indemnity cover from their professional / trade organisation or trade union.

Liability of employer

Where a nurse, midwife, pharmacist, chiropodist/podiatrist, physiotherapist, optometrist or radiographer is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. The employee pharmacist prescriber should work within agreed guidelines and professional competence.

Employer liability may not cover damages arising from practice that is outside agreed procedures or 'practice norms' – you will need to check this with your employer.

Accountability to RPSGB for actions as a pharmacist

Pharmacist prescribers are individually accountable to the RPSGB and must at all times act in accordance with the RPSGB Code of Ethics. The RPSGB has produced standards and guidance for pharmacist prescribers which support the Code of Ethics; you must ensure that you comply with the standards provided in this document. The Code of Ethics states that you must recognise the limits of your professional competence and practise only in those areas in which you are competent to do so and refer to others where necessary. You must ensure that all professional services undertaken by you, or under your control, are covered by appropriate professional indemnity insurance.

Following the implementation of the new fitness to practice procedures under the Section 60 Order, if a pharmacist prescriber is brought before a Disciplinary Committee hearing there are a number of sanctions available. These include:

- the issuing of a warning to the practitioner, and a direction that details of the warning should be recorded in the practitioner's entry in the Register of Pharmacists or Pharmacy Technicians;

- the imposing of conditions on the practitioner for a period not exceeding three years, with the option of varying or extending these conditions for further periods not exceeding three years. Such a condition might prevent a prescribing pharmacist from any prescribing, or might place restrictions on their prescribing practice;
- the suspension of the practitioner from the Register of Pharmacists or Pharmacy Technicians, for a period not exceeding twelve months, with the option of extending the period of suspension for further periods not exceeding twelve months, and after a practitioner has been suspended for at least two years the option of indefinite suspension; and
- the removal of the practitioner's name from the Register of Pharmacists or Pharmacy Technicians.

Where a practitioner's name is removed from the Register of Pharmacists or Pharmacy Technicians, no application for restoration can be considered by the Disciplinary Committee until the expiry of a period of five years from the date on which his name was removed.

Liability to the patient

A patient who suffers harm as the result of a decision by a pharmacist prescriber could claim for damages. All prescribers should ensure that they have professional indemnity insurance, for instance by means of membership of a professional organisation or trade union.

For further information on professional indemnity insurance for pharmacists with prescribing responsibilities go to:

www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=582363

8. Buddying / Peer Support Groups

There are significant benefits of formally setting up a system that puts you in touch with experienced prescribers e.g. medical supervisors and experienced pharmacist prescribers. This can provide support and encouragement in the early stages while learning to be a prescriber and can also provide peer support while practising as a prescriber.

The RPSGB has established a discussion forum for pharmacist prescribers. Email valerie.green@rpsgb.org to contact this group's manager and join the group.

The Faculty of Prescribing and Medicines Management also runs a discussion group that is open to all associates and members of the Faculty.
teresa@collpharm.org.uk

The United Kingdom Psychiatric Pharmacy Group was set up to support the development of pharmacists specialising in the practice of psychiatric pharmacy. They have an e-mail discussion group which has discussed buddying and peer support and would be useful for pharmacist prescribers who specialise in this area. To join the group please send an e-mail to UKPPG-subscribe@yahoogroups.com. The UKPPG also have a sub-group for those working in substance misuse at ukppgsubmis@yahoogroups.com

The UKCPA include specialist groups and some of these have discussion fora that are supportive of members, including those who may be prescribers. www.ukcpa.org/

8a. Mentoring

Mentoring is another option and is useful for:

- Discussing clinical matters
- Protected time with mentor to share case studies
- Exploring prescribing issues and latest research

The Faculty of Prescribing and Medicines Management has set up a mentoring scheme to offer support to associates seeking membership and to provide associates and members with support on career and personal development issues. It is also a useful read for anyone wanting to gain an understanding of the concept of mentoring and individuals interested in setting up local mentoring networks.

The Faculty are in the process of establishing a mentoring group specifically for pharmacist prescribers.

<http://fpmm.collpharm.co.uk/Portals/7/FPMM%20mentor%20guide%20book.pdf>

The article below discusses mentoring:

www.pharmj.com/MedicinesManagement/CurrentContents.html

The GHP/UKCPA Leadership Development Group have established a mentoring database available at www.pharmentor.nhs.uk

9. Communication

It is advisable to write to local pharmacists to advise them of the introduction of supplementary and independent prescribing to avoid the problem initially seen with pharmacists refusing to dispense prescriptions from supplementary prescribers. Dispensing professionals can often check the status of prescribers by contacting the prescribers themselves or their employing organisation. Dispensing pharmacists or dispensing doctors can check the prescribing status of the pharmacist by accessing the website www.rpsgb.org/registrationandsupport/registration/searchourregisters/ or by calling 020 7572 2322. The status of nurse prescribers can be checked by calling the Nurse Medical Council (NMC) registration department on 0207 333 9333.

Other helpful suggestions include:

- Making contact with local non-medical prescribing lead.
- Networking opportunities i.e. by joining the local non-medical prescribing forum.
- Set up areas of interest (prescribing specialisms) on an electronic discussion forum. [Google groups combines web-based Group information together with email messaging, keeping Group members updated of urgent or interesting Group issues. All GoogleGroup members can control where, when and how they use the service to ensure it exactly fits their lifestyle and different Group interests. <http://groups.google.com/?hl=en-GB>]
- The NPC produces a quarterly newsletter “Connecting Prescribers” that provides a communication channel between non-medical prescribers. www.npc.co.uk/non_medical/newsletter/Connecting_Prescribers_Issue_1.pdf . The November newsletter also has details of non-medical prescribing leads. The NPC produces a range of publications relating to non-medical prescribing. By joining their national network for new prescribers, supplementary prescribers receive a free CD-ROM of NPC Publications. www.npc.co.uk/non_medical.htm

10. Things to think about

Other items to consider in a wider context include:

- Amending job description to ensure that your activities are covered by appropriate risk management procedures. This is vital for liability purposes too.
- Eligibility for a BNF. Pharmacists currently receive BNFs six monthly. Submissions are due in January and July of each year. Guidance for the ordering of BNFs can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081420
- As of October 2007, drug tariffs are no longer sent to prescribers in hard copy. Prescribers will have to access the tariff from the PPA website: www.ppa.nhs.uk. Note: The PPA has now changed to the NHS Business Services Authority: Prescription Pricing Division.
- Choosing the best route for providing medicines for patients. As well as acting as a pharmacist prescriber, you may also be able to use other mechanisms of providing medicines. You may wish to consider when each option can best be utilised and what the practical implications may be, such as:
 - Patient Group Directions. NPC guidance provides useful information on this available at www.npc.co.uk/publications/pgd/pgd.htm
 - independent / supplementary prescribing
 - patient specific directions
 - referral for purchase of P or GSL medicines
- Local arrangements for access to medicines during the Out-of-Hours period
- The need for a Criminal Records Bureau (CRB) check which is necessary for all clinical practitioners who have direct patient contact
- Understanding how to report adverse events through both local mechanisms and / or the NPSA reporting and learning scheme

B Prescribing by Hospital Based Pharmacist Prescribers

Hospital based pharmacist prescribing should be introduced to address service needs. Pharmacist prescribers prescribing for hospital in-patients or outpatients may use three methods to prescribe. These methods and procedures for ordering prescription forms are outlined in the link below:

www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf (*annex F 10 – 12*)

The organisation must have policies and procedures in place that incorporate non-medical prescribing and that ensure robust clinical governance arrangements.

An infrastructure and policy needs to be set up in the trust so the supplementary prescriber can work within these guidelines. Examples of non-medical prescribing policies can be found at www.nelm.nhs.uk/search/product.aspx?id=71.

Also, a self assessment tool for organisations to use to assess their clinical governance arrangements can be found at

www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=578143

This website also contains documents that outline the type of models for pharmacist prescribing that have been successfully implemented.

Some practical issues to be aware of in this situation are:

- Prescribing policies for outpatients. Most trusts limit outpatient prescribing to a minimum period or to certain patient groups and pharmacist prescribers will have to abide by this policy.
- Many hospitals run outpatient clinics where therapeutic advice is given to the GP in writing and a prescribing qualification is not needed for this type of role
- Understanding the legal implications of prescribing in a hospital setting, for example, where does the liability lie for prescribing medication for a patient on admission
- Understanding different methods of prescribing in hospitals
- Ordering tests from the pathology service
- Obtaining notes from medical records
- Finding clinical space
- Ensuring that a doctor or another healthcare professional is available from whom you can obtain advice as required
- Auditing your prescribing practice and what outcomes to measure
- The added value a pharmacist can bring to the prescribing situation

C Prescribing in Primary Care

Pharmacist prescribers who wish to prescribe in primary care need to look for an opportunity to use their skills by defining a need for their service e.g. by using the quality and outcomes framework, or local surveys and discussing priorities with the local NHS organisations. The NPA has produced an electronic commissioning resource pack for PCTs which could be useful. This details aspects of commissioning e.g. practice based commissioning and is available via this link <http://www.npa.co.uk> (In the *Publications* section).

The NPA has also updated its parallel resource for its members: 'Commissioning: a resource to support Pharmacists in understanding the key commissioning routes for Primary Care Services in England'. This electronic resource is available to NPA members on the NPA members' intranet: www.npanet.co.uk

Where a new service is being established from community pharmacists including supplementary or independent prescribing, this will normally require a service specification and service level agreement. These will outline the roles and responsibilities of the PCT, the medical practitioner and the pharmacist prescriber.

Such services may be commissioned under the enhanced services section of the new contractual framework for community pharmacy. PSNC have produced a service specification for supplementary prescribing http://www.psn.org.uk/index.php?type=more_news&id=1642

Annex F (2- 9) of the following attachment details the procedures involved in ordering prescription forms in primary care:
<http://www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf>

Other issues that should be considered include:

- cover and succession planning in the business plan
- thinking about access to professional development
- networking with peers to reflect on and review practice in what can be a quite isolated role
- Auditing prescribing practice and what outcomes should be measured
- The added value a pharmacist can bring to the prescribing situation
- resources for training time and locum costs
- making sure the rest of the team in surgeries/practices (eg receptionist) understands your role i.e. management of change and team dynamics

Challenges with technology

Pharmacist prescribers in the past have not been able to produce computer-generated prescriptions and have had to handwrite prescriptions. However electronic prescribing systems in GP surgeries are now generally available from all the major suppliers and individual pharmacists should arrange to be set up locally.

D Prescribing Veterinary Medicines

The prescribing of veterinary medicines is covered in Schedule 3 of the Veterinary Medicines Regulations (<http://www.vmd.gov.uk/General/VMR/SI2539.htm>). Each year, in October, these regulations are updated by the Veterinary Medicines Directorate (VMD). Further information can be found at www.vmd.gov.uk.

The VMD has stated that pharmacists must ensure their competence when prescribing veterinary medicines. As with veterinary surgeons, pharmacists will demonstrate competence through their own professional channels. The RPSGB has developed a Post-Graduate Diploma in Veterinary Pharmacy as well as Certificates in Companion Animal Healthcare and Livestock Healthcare. Further information on this training is available at <http://www.rpsgb.org/societyfunctions/peopleandstructures/membershipandspecialinterestgroups/veterinarypharmacistsgroup.html>

E Useful website links

Produced by London Pharmacy Supplementary Prescribing Team Sept 2005 (To be updated in early 2008)

Clinical management Plan Library online

<http://www.cmponline.info>

Encourages individuals to submit their CMPs for sharing with others

Department of Health (DH)

<http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/SupplementaryPrescribing/fs/en>

Nurse and pharmacist prescribing

- Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England - A guide for implementation
<http://www.dh.gov.uk/assetRoot/04/11/00/33/04110033.pdf>
- Improving Patient's Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England
<http://www.dh.gov.uk/assetRoot/04/13/37/47/04133747.pdf>

Eguidelines

<http://www.eguidelines.co.uk/>

A collection of guidelines from various authors – NICE, prodigy, Sign and expert groups. Though a commercial publication, registration is free and company sponsored guidelines are not included.

Faculty of Prescribing and Medicines Management

<http://fpm.collpharm.co.uk/>

Home Office Form for applying for handwriting exemption for CD prescriptions

<http://www.homeoffice.gov.uk/docs/hwe.xls>

Needed by those working in substance misuse; to be able to use electronically produced controlled drug instalments prescriptions (FP10MDA-SS).

MHRA

<http://www.mhra.gov.uk/>

For PGDs etc and private sector issues

National Electronic Library for Medicines (NELM) formally Druginfozone

<http://www.nelm.nhs.uk/home/default.aspx>

Non-medical prescribing section has resources, training material and national document links

National Prescribing Centre (NPC)

<http://www.npc.nhs.uk/>

For events & resources for non-medical prescribing

Nurse Practitioner website

<http://www.nursepractitioner.org.uk/>

Useful as has lots of CMPs

Nurse Prescriber website

<http://www.nurse-prescriber.co.uk/>

This has very useful discussion group, and also useful updates on legal changes etc.

Patient Group Directions website

<http://www.pgd.nhs.uk/>

For all PGD issues

Prescription Pricing Authority (PPA)

<http://www.ppa.org.uk/index.htm>

This is a useful website for prescribers. For example it gives information on types of prescriptions that are available

Prodigy

<http://www.prodigy.nhs.uk/indexMain.asp>

PRODIGY is a source of clinical knowledge, based on the best available evidence, about the common conditions and symptoms managed by primary healthcare professionals...

Royal Pharmaceutical Society of GB (RPSGB)

<http://www.rpsgb.org.uk>

Useful for clinical governance framework, links to University courses, pharmacist register

- Outline curriculum for training programmes to prepare pharmacist prescribers
<http://www.rpsgb.org/pdfs/indprescoutlcurric.pdf>
- Curriculum for the education and training of pharmacist supplementary prescribers to become independent prescribers
<http://www.rpsgb.org/pdfs/indpresconprog.pdf>

SIGN (Scottish intercollegiate guideline network)

<http://www.sign.ac.uk>

Guidelines, based on best available evidence, for many common conditions

South East Medicines Management Education and development

<http://semmed.nhs.uk/index.html>

Click NMP on left hand menu for information about developments in Kent, Medway, Surrey and Sussex.

SPP CPD Module Website

http://www.idis.co.uk/pep_hp/presc_a.asp

Useful for interested SPP candidates. Test at end counts for 1hr CPD study time

SHAs Websites (eg South Yorkshire & Trent for info and useful intelligence)

<http://www.southyorkshire.nhs.uk/nonmedicalprescribing/usefullinks.htm>

<http://www.trentconfed.nhs.uk/workstreams-project--developments/non-medical-prescribing>