Framework for Independent and Supplementary Prescribing

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Please note: This document provides guidance and advice that supports Independent Prescribing in NHS Lothian. Every effort has been made to ensure that this framework is accurate for the current legislative state.

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NHS Lothian

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2017	Patricia McIntosh	1.0	Regulatory Changes
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NHS Lothian

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Framework for Independent and Supplementary Prescribing

Throughout this document, the use of the phrase 'independent prescribing' should be considered to include supplementary prescribing, unless otherwise stated. The use of 'independent prescribing' is used to simplify the document. It should also be noted that whilst different regulatory and advisory bodies use both 'independent' and 'non-medical' prescribing as terms within their guidance and publications, within NHS Lothian (and for the purpose of this framework) the term 'independent prescribing' has superseded the term 'non-medical prescribing'.

Introduction

Independent prescribing is now an essential requirement for the provision of many services. It has been adopted as part of service strategies and is a central part of many transformed roles. Independent prescribing aims to provide patients with quicker and more efficient access to medicines and prescribable items. It will also enable the best use of health professionals' and patients' time.

Prescribing should be utilised following an appropriate risk benefit assessment, where there are clear benefits in patient care and as part of the health professional's role.

NHS Lothian Independent prescribing framework describes the governance for all independent prescribers. It is to be applied to all settings including acute, primary care, partnerships and community settings. It describes the responsibilities of NHS Lothian staff, managers and supervisors to ensure staff under their direction comply with current legislation and professional guidance. Managers must ensure the risks inherent to both staff and patients in the use of medicines are managed appropriately. This framework should be used in conjunction with NHS Lothian Safe Use of Medicines Policy and related procedures and where appropriate, local prescribing standard operating procedures.

http://intranet.lothian.scot.nhs.uk/Directory/medicinespolicysubcommittee/Documents/Safe%20Use%20of%20Medicines%20Procedures%20V2.18%20January%202020.pdf

This document should be read in conjunction with relevant professional codes of conduct and professional standards of which independent prescribers are accountable. This framework has been developed and should be used in conjunction with the Royal Pharmaceutical Society Framework for Prescribers (2016).

https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

NHS Lothian policies and standards for medication management and cost effectiveness should also be read and adhered to.

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/Pages/MedicinesManagement.aspx

This document is subject to change as national policy and legislation evolves. It is the responsibility of the prescriber to check that they are using the most up to date version of this framework which can be found on NHS Lothian intranet site.

Purpose

To provide guidance on good prescribing practice and governance for independent prescribers in NHS Lothian

To define legal requirements for entry by health care professionals to the prescribing modules

To advise independent prescribers of their responsibilities to prescribe medicines and prescribable items, safely, appropriately and cost effectively for their patients

To advise managers of the steps required to support staff to qualify and practice as prescribers

To set out the requirements of the health professionals qualified to prescribe, to register their qualification and any changes in order that NHS Lothian central register is accurate

To advise independent prescribers on the clinical governance structure in place within NHS Lothian, to monitor and support prescribers during their clinical practice.

To advise on Continuing Professional Development (CPD) to ensure that staff maintain their competencies to practice as a prescriber in line with Royal Pharmaceutical Society (RPS) Competence Framework for all prescribers.

Scope

This framework is intended to inform all services across NHS Lothian. It stipulates the necessary training, competency assessment and governance arrangements that must be complied with to ensure safe prescribing.

This document does not cover Patient Group Direction (PGD) or other Prescription Only Medicine (POM) exemptions. Information on PGDs can be found on the NHS Education for Scotland (NES) website. www.nes.scot.nhs.uk

An individual's scope of practice should be within their professional competence and agreed practice setting. Prescribers must have sufficient education, training and competence to:

- Assess the patient's clinical condition
- Undertake a thorough history, including medical history, medication and allergy status
- Diagnose where necessary
- Decide on management of the patient's condition and whether to prescribe or refer
- Identify appropriate products or medication as required
- Advise the patient on risks, benefits and outcome of the different treatment options.

- Encourage the patient to choose the option that best aligns with their preferences and their cultural and personal beliefs
- Gain consent or implied consent from the patient to prescribe. This also may include consent from guardians with welfare powers, who have powers of attorney, in Scotland, if the patient does not have capacity to consent themselves
- Monitor the patient's condition in relation to medication prescribed
- Give lifestyle advice as appropriate
- Refer to other healthcare professionals if necessary

Clinical legal liability and indemnity insurance

NHS Lothian is vicariously liable for its employees, assuming practitioners are appropriately trained and qualified independent and/or supplementary prescribers, and are prescribing with the NHS Lothian's consent, within the agreed parameters and their sphere of competence. Prescribing responsibilities should also be reflected in job descriptions.

Prescribing outside the legal parameters of independent or supplementary prescribing is a criminal offence. As an independent prescriber you must comply with the relevant legislation and governance frameworks and always be able to justify your actions

Independent contractors are expected to have appropriate indemnity insurance to cover their employees and their practice.

It is the responsibility of the independent prescriber to ensure that they have appropriate professional indemnity insurance, as deemed necessary, for example, by membership of a professional organisation. For further advice on indemnity insurance the prescriber should contact their professional body.

Definitions and types of prescribing

The Higher Education Institute (HEI) module for education and training to become a non medical prescriber provides appropriate healthcare professionals with the principles of prescribing to enable them to be safe, effective and cost efficient prescribers.

Qualified nurses, midwives, pharmacists, paramedics and optometrists can prescribe as supplementary and /or independent prescribers.

Allied Health Professionals (AHP) are divided into two groups:

a) Podiatrists, physiotherapists and therapeutic radiographers who are able to prescribe as supplementary or independent prescribers

b) Diagnostic radiographers and dieticians who can prescribe as supplementary prescribers

Independent prescribing is defined as 'a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and can make prescribing decisions to manage the clinical condition of the patient.'[1]

Supplementary prescribing is defined as, 'a voluntary partnership between an independent prescriber (doctor/dentist) and a supplementary prescriber, to implement an agreed patient/client-specific Clinical Management Plan (CMP) with the patients agreement.'[2]

Supplementary prescribing will continue to have a place in the care of patients where prescribing is part of team working. In particular, for the newly qualified prescriber and where certain drugs cannot be prescribed by the independent prescriber. Some experienced prescribers moving specialities may wish to use supplementary prescribing to gain experience and competence to enable them to become independent prescribers within their new speciality.

Type and definition of health care professionals who can undertake non medical prescribing

Type of prescriber	Definition
Community practitioner nurse prescriber (V100) and (V150)	District nurse/health visitor formulary nurses and any nurse undertaking a V100 prescribing programme as part of a Specialist Practitioner qualification. The V150 is a standalone programme to enable nurses to prescribe from the same formulary as the community practitioners. Can only prescribe from the Nurse Prescribers Formulary (NPF). Additionally only products listed within the Drug Tariff can be prescribed
Nurse independent /supplementary prescribers (V300)	Previously extended/supplementary nurse prescribers. Independent prescribers can prescribe all medicines and Controlled Drugs

[1] RPS, Practical Guide for Independent Prescribers

[2] NICE Guidance, Non-Medical Prescribing

	(CD) except diamorphine, cocaine and dipipanone for the treatment of addiction.
Pharmacist independent/supplementary prescribing	Pharmacists who have completed the independent prescribing course. Independent prescribers can prescribe all medicines and CDs except diamorphine, cocaine and dipipanone for the treatment of addiction. Supplementary prescribers can only prescribe under a CMP.
AHP independent/ supplementary Prescribing	Podiatrists, physiotherapists and Therapeutic Radiographers who have completed the current Independent Prescribing course. Diagnostic Radiographers and Dieticians can only prescribe as supplementary prescribers under a CMP
Optometrists Independent/Supplementary Prescribing	Optometrists who have undertaken supplementary and independent prescribing speciality course.
Paramedic Independent/ supplementary Prescriber (V300)	Paramedic Independent prescribers can prescribe all medicines with the exception of CDs. Supplementary prescribers can only prescribe under a CMP.

SECTION 1 – PRINCIPLES OF GOOD PRESCRIBING PRACTICE

This section provides guidance on good prescribing practice. Having completed an approved prescribing programme prescribers are expected to follow this advice in their practice.

Prescribing is a professional skill that applies equally to all professions who undertake such a responsibility. There is a single unified competency framework for all prescribers published by The RPS. NHS Lothian requires that all prescribers should be able to demonstrate how they meet this competency framework. This framework has been developed and should be used in conjunction with this document.

https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

1. Authority to prescribe

You must only prescribe once you have successfully completed an approved prescribing programme and had your entry on your professional register annotated to show your prescribing status as an independent prescriber. Independent prescribers should contact the NHS Lothian Prescribing Lead for their profession in order to register on the organisational data base for prescribers and receive your unique NHS Lothian prescribing number and if applicable, prescribing pads.

Obtaining your prescribing number

In order to start prescribing in NHS Lothian, there is a two step process:

1. Apply to your professional body and pay a fee to have your prescribing qualification annotated to your professional register.
2. Contact the prescribing lead in order to obtain your NHS Lothian prescribing number and/or order your prescribing pads.

If you change jobs within NHS Lothian, leave the organisation or change personal details, you must inform the prescribing lead.

You should comply with this framework and other guidance issued by your professional body. Failure to do so may put your prescribing registration at risk if concerns are raised about your fitness to practice.

You must only prescribe within your own defined scope of practice, clinical speciality and competency.

2. Accountability

Independent prescribers are accountable for their acts and omissions and cannot delegate this accountability to any other person, including any medicines prescribed. Independent prescribers can work as autonomous practitioners and are accountable in the same way as any other professional groups. As an independent prescriber you are wholly responsible for all aspects of the prescribing process.

As a supplementary prescriber, you are wholly responsible for your decision to prescribe the medicines listed within the CMP.

The content of the CMP is developed and agreed jointly by the doctor and supplementary prescriber and the plan has to be agreed by the patient.

You must only prescribe within your level of education, training and competence acting in accordance with your professional body's Standards of Proficiency, Standards of Conduct, Performance and Ethics and Standards for Prescribing.

If you move to another area of practice, you may need to undertake further training in order to establish your competency to prescribe in your new clinical area. You must also notify the organisational Lead for Non Medical Prescribing of any changes to your workplace/practice or if you leave the organisation.

As an independent prescriber within NHS Lothian it is best practice to prescribe using the Lothian Joint Formulary. You will have a personal core formulary which should be agreed and developed in accordance with service need. In some circumstances drugs may need to be prescribed that are non-formulary. Please refer to NHS Lothian non – formulary process

http://intranet.lothian.scot.nhs.uk/Directory/BoardCommittees/AreaDrugTherapeutics/Documents/Policy%20and%20Procedures%20for%20Prescribing%20Non-Formulary%20Medicines%20Version%201.0%20October%202013.pdf

Your prescribing number issued to you by NHS Lothian is for use within NHS Lothian only. Any prescriber leaving the organisation must declare they are leaving and destroy any prescribing pads issued by the health board and fill out the appropriate paperwork. Similarly, any prescriber joining the health board must apply for an NHS Lothian prescribing number and must not use any other number issued by previous employers.

3. Assessment

In order to safely prescribe for a patient, you must satisfy yourself that you have undertaken an appropriate assessment of the patient, including medical, social and medication history including allergies and intolerances that leads to a point of diagnosis. This should also include the patient's current medication and

any potential interactions with other medications. Patient assessment may be undertaken via patient records and not necessarily via face to face consultation.

You should ensure you consider the effects of your patient's lifestyle that may affect the safety of the medications you prescribe. This will include:

- The effects of smoking, caffeine or alcohol
- The effects of 'recreational' or 'street' drugs or those used to enhance physical or sporting performance; and,
- The effects of over-the-counter medicines including herbal preparations

Where necessary you should have the ability to request and /or have access to the results of appropriate tests in order to inform your clinical decision making regarding prescribing. This includes any required ongoing monitoring of prescribed drugs.

You should refer to another appropriate prescriber if you do not fully understand the implications of your prescribing actions, even though you may be able to take a thorough and appropriate history that leads to a diagnosis.

4. Clinical Need

You must only prescribe where you have assessed the patient as described, and where there is a genuine clinical need for the prescription of medication as a treatment option.

You should consider the circumstances, in which you decide to withdraw medication, cease to continue to prescribe a named medication or alter a dose of a medication.

You should never prescribe for your own convenience or simply because a patient demands that you do so.

You should prescribe in the best interests of the patient and ensure that the risks/benefits have been discussed with the patient to allow the patient to make an informed choice and to give informed consent. This should include:

- Establish the patient's priorities, preferences and concerns
- Discuss alternative treatment options
- Satisfy yourself that you have enough relevant information to make a prescribing decision
- Consider the route of the medication being prescribed and whether the patient is able to take the medication via this route

You should only prescribe for patients who are under your care within your specific role. You should not prescribe for patients simply because you are the only prescriber available.

5. Consent

Where appropriate, you must explain your role as an independent prescriber to the patient.

You must be aware of the variety of social, religious and cultural factors that may impact upon the choices your patient makes regarding you prescribing decisions.

You must act in accordance with local/national guidance on the obtaining and documenting of consent.

If a patient refuses consent, you should consider which course of action to take in the best interests of the patient. This may be referring to another appropriate prescriber and document this in the patient records.

6. Communication and record keeping

All prescribing decisions must be accurately communicated and documented in a way that is clear to all other health care professionals involved in the patients care. This may include communication across NHS and Non NHS practice boundaries where necessary. Where possible you should have access to other professionals prescribing decisions where they impact upon your own decisions.

All health care professionals should be aware of NHS Lothian policies on handling patient identifiable data and ensuring its security. All records and patient details should follow the current Scottish Government Records Management NHS Code of Practice.

As per NHS Lothian policy, emails containing patient identifiable data should only be sent using NHS email accounts (NHS Lothian or NHS.net)

Prescriptions should be clearly written to ensure that they meet legal and professional standards for record keeping and work within their code of conduct, with your prescribing number clearly documented.

In supplementary prescribing, the doctor/dentist and supplementary prescriber must share access to, consult and, wherever possible, use the same common patient record.

Where the prescribing takes place in outpatient clinics, systems should be in place to inform the GP practice of any change to the prescription. This may occur by pro forma that is sent via secure email, or in the patient held record. Where email is used to transfer personal identifiable data including patient CHI number, the relevant organisational data protection policy should be followed.

Records should include the prescription details, together with relevant details of the consultation with the patient/client. Documentation of the prescribing activity should be recorded in the clinical notes at the time of treatment of the patient. It is not good practice to document prescribing activity after the event. The maximum time allowed between writing the prescription and entering the details into the general record is for local negotiation. However, only in exceptional circumstances should this exceed 48 hours.

Where independent prescribers are working in "paper light" or "paperless" offices and clinics, with minimal paper records, the electronic data must be entered to comply with the good practice.

In hospital settings, details of every prescription may not be entered separately in hospital medical records but on an individual prescription chart which is eventually filed in the patient's notes. The general principles of prescribing as outlined in NHS Lothian's Safe Use of Medicines Policy and Procedures should be followed.

7. Evidence based prescribing/prescribing in the patient's best interest.

You should prescribe using evidence based medicine, safely and cost effectively and be sure it is in the patient's best interest. Every medicine that is available to be prescribed will have an evidence base recommending its use and you should be aware of the current evidence supporting the use of a given medicine. You should be familiar with the current national and local sources for medicine (e.g. NICE, SIGN, BTS, NHS Lothian's Antimicrobial Guidelines)

NHS Lothian Joint Formulary (LJF), policies, procedures and guidelines should be used to guide prescribing and choice of drugs, and prescribable items.

The NHS Lothian Joint Formulary is a limited list of medicines approved for local use within hospitals and primary care. The choice of formulary products has been made on the basis of clinical effectiveness, cost effectiveness, comparative safety and patient acceptability. The NHS Lothian Joint Formulary should be followed for prescribing.

LJF Formulary link: http://www.ljf.scot.nhs.uk

You should ensure your prescribing is appropriate and that patients have enough information to make an informed choice. You should prescribe the appropriate dose for your patient's age, weight and health history and have prescribed the correct duration of treatment and frequency of the medicine.

In primary care settings, prescriptions should not be written when an item has been administered to a patient using GP surgery or clinic stock items. The costs of these immediate and necessary administered items are obtained through the practice stock order (GP10a).

8. Delegation

You may delegate the administration of a medicine you have prescribed to another healthcare worker or to the patient themselves. You remain accountable for your prescribing decision and you are accountable for your decision to delegate the task of administration to someone else. This includes your assessment that the person is competent to carry out the task and has received sufficient training to carry out your instructions. You are not accountable for the outcome of an action performed by another person.

9. Clinical Management Plans

If you are prescribing as a supplementary prescriber you must prescribe in accordance with a patient's individual written Clinical Management Plan (CMP). For a CMP to be legally valid, the independent prescriber must be a doctor or a dentist. A supplementary prescriber can prescribe any medicine, including Controlled Drugs and unlicensed medicines that are listed in the agreed CMP. The CMP must be patient specific and drawn up, with the patient's agreement, following diagnosis of the patient, and following consultation and agreement between the doctor and the supplementary prescriber. CMPs do not need approval from any committees as they are agreements between the doctor and the supplementary prescriber with the consent of the patient. The supplementary prescriber is jointly accountable for the contents of the CMP with the independent prescriber and solely responsible for the decision to prescribe.

The CMP must be agreed with you, by a medical prescriber and with the consent of the patient before supplementary prescribing can begin. This could be in the form of a signature or for an electronic record, a recordable indication of agreement.

The supplementary prescriber and independent prescriber may agree to modify or terminate the CMP in the light of a patient's changing needs. The supplementary prescriber should always refer back to the independent prescriber in these circumstances.

Within supplementary prescribing, you must never prescribe without a CMP agreed with the independent prescriber and with the consent of the patient. The independent prescriber may agree to a verbal CMP, , this is a verbal prescription and so should meet all the requirements of the NHS Lothian verbal prescribing procedure, or all the elements of the NHS Lothian telephone prescribing procedure.

https://policyonline.nhslothian.scot/Policies/Procedure/Telephone%20prescriptions%20Procedure.pdf

https://policyonline.nhslothian.scot/Policies/Procedure/Verbal%20prescriptions%20Procedure.pdf

If you are both an independent and supplementary prescriber, you must adhere to the terms of CMP whilst prescribing in this supplementary prescriber role.

10. Transcribing

In some circumstances you may be asked to transfer medicines information from one document to another, a process known as 'transcribing'. Any request to undertake this must be considered as a request to undertake a new prescription for which the prescriber is responsible for, as they are with any prescription written. Prescriptions written in the context of transcribing must be undertaken with the same care, thoroughness and rigour as any prescription.

11. Medicines Reconciliation

You should review/reconcile a patient's medication when you are starting a new medication, stopping a medication or changing a dose of a current medication.

12. Repeat prescriptions

In the absence of the original prescriber, another independent prescriber may issue a repeat prescription or order repeat doses following an assessment of need, and taking into consideration continuity of care. This may include Medicines Reconciliation at admission, transfer and discharge of the patient where appropriate and following NHS Lothian policies and guidance. Accountability for the prescription on each occasion rests with the prescriber who has issued the prescription or orders the drugs and other prescribable items. Prescribers are also accountable for any prescribing advice they provide.

You should ensure that a review of the patient's medication is undertaken at regular intervals to ensure the prescription remains appropriate for your patient's needs. If you issue repeat prescriptions, you should ensure that you prescribe safely and responsibly. Before you sign a repeat prescription you must be satisfied that it is safe and appropriate to do so. You should review repeat prescriptions regularly and do not issue medicines that are longer than is clinically required. You must ensure the correct dose is prescribed for medicines where the dose varies according to the stage of the treatment.

SECTION 2 – SPECIAL PRESCRIBING

13. Family, friends and close colleagues

A prescriber must not prescribe any medicine for themselves. Neither should they prescribe a drug for anyone with whom they have a close personal or emotional relationship.

14. Vulnerable groups

Medicines can present significant risk for patients and this is especially so for vulnerable groups such as children and frail elderly. You should make sure you have relevant education, training and competence for these groups in order to prescribe for them and make reference to national and local guidelines and protocols for these groups. Caution should also be taken when prescribing for lactating and pregnant women.

15. Unlicensed medicines

Medicines are classified as unlicensed if they do not hold a UK Marketing Authorisation issued by the Medicines and Healthcare products Regulatory Agency (MHRA). Nurse and pharmacist independent prescribers are allowed to prescribe unlicensed medicines. This legislation also enables them to prescribe medicines that are mixed prior to administration as these are classed as unlicensed medicines. Nurse and pharmacist independent prescribers can now prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists.

Nurse independent prescribers and pharmacist independent prescribers can prescribe and direct other healthcare professionals to mix medicines prior to administration, including controlled drugs [except diamorphine, cocaine and dipipanone for the treatment of addiction]. Any prescribing of unlicensed medicines should follow the Unlicensed Medicines Policy where applicable. Informed consent should also be obtained prior to prescribing an Unlicensed Medicines for any patient. For further advice see NHS Lothian Unlicensed Medicine Policy click on the following pages on the intranet: Directory>ADTC>Medicines Governance Policies and ADTC Policy Statements>Use of Unlicensed Medicines Policy

16. Off–label use of medicines

Off-label prescribing is the term used to describe the action of prescribing a medicine or product for reasons other than its licensed indications. These are medicines that have a valid marketing license but are being used outside of the terms of that license. The area where medicines are most often prescribed off label is in paediatric medicine where medicines licensed for use in adult age groups are used to treat children with appropriate dose restrictions. The NHS Lothian Joint Formulary should be used as a guide.

Registered pharmacist independent prescribers and registered nurse or midwife independent prescribers may prescribe all licensed and unlicensed medicines for all medical conditions including controlled drugs [except diamorphine, cocaine and dipipanone for the treatment of addiction] within their scope of competence.

Independent prescribers can prescribe medicines for use outside their licensed indication ('off-label'). In doing so the prescriber accepts clinical and legal responsibility for the prescribing. Prescribing "off label" should occur only where it is accepted clinical practice which is evidence based e.g. amitriptyline prescribing for neuropathic pain, or the prescribing of certain items included in the British National Formulary (BNF) for Children.
Supplementary prescribers can prescribe medicines described in the CMP which can include all licensed and unlicensed medicines.

17. Remote prescribing

It is best practice to have a face to face consultation and assessment of the patient in order to prescribe. Telephoned prescriptions may only be given or accepted in approved areas, in defined circumstances following the NHS Lothian telephone prescribing procedure.

The Nursing and Midwifery Council states in its guidance that telephoned prescribing is not acceptable for new medicines or CD's. However current practice and circumstances in some clinical settings mean that telephoned prescriptions need to be used or there would be a detrimental effect on patient care. A risk assessment has to be undertaken for areas concerned, and the situation must be continuously monitored.

This procedure must only be carried out in exceptional circumstances.

As the prescriber you must ensure you:

- Have access to patients current medication history including allergies
- Have sufficient information regarding the patient's medical condition
- Ensure arrangements are in place to provide follow – up and continuity of care
- Ensure a clear documented record is made of the prescribing decision and the method of remote prescribing instruction (telephone, email)

The responsibilities of the prescriber remain unchanged from any other situation where they prescribe medicines. They must be sure of the information supplied by the clinical staff and of the source of the information given.

The prescriber's name must be entered in the 'prescribed by' column and a prescriber must countersign it within 24 hours unless in a continuing care area or community hospital where 7-day medical staff are not available, then this is within 72 hours.

18. Prescribing on the recommendation and/or request of others

You should only prescribe for patients who are under you care. You must not prescribe for any patient upon whom there has not been an appropriate assessment undertaken.

If you prescribe on the recommendation of another health professional who does not have prescribing responsibilities, you must satisfy yourself that an appropriate assessment of the patient has been undertaken in order to reach a diagnosis in order to determine if the prescription request is appropriate for the patient concerned and that the professional is competent to have recommended the medication

19. Prescribing Controlled Drugs

Some controlled drugs present a risk of dependence for patients taking these medications. Controlled Drug prescribing must be considered very carefully and not taken in isolation.

The Home Office issued legislation in 2012 to update the Misuse of Drugs Act 1971

https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html

http://www.legislation.gov.uk/ukpga/1971/38/contents

The amendments include the following:

- Removes the restrictions on prescribing Schedule 2-5 controlled drugs for nurse independent prescribers (NIP) with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction
- Enables pharmacist independent prescribers (PIP) to prescribe Schedule 2-5 controlled drugs with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction (PIPs are able to prescribe other controlled drugs for the treatment of addiction)
- Regularises the compounding of medicines that include controlled drugs prior to administration, e.g. two or more controlled drugs that are to be administered through a syringe driver.

The change has enabled nurse independent prescribers and Physiotherapy Independent Prescribers to prescribe controlled drugs to be mixed prior to

administration,. When mixing, advice on compatibility and stability should be sought from a pharmacist or another recognised information source such as the palliative care guidelines.

Independent prescribers must prescribe only those CDs which are within their competence and experience to prescribe.

All prescribers should follow NHS Lothian prescribing policies including 'Safe Use of Medicines Policies and related procedures'

When prescribing CDs it is important to maintain patient safety and comply with legal prescription writing requirements. Prescriptions must include clear dosage instructions.

Link for British National Formulary guidelines on controlled drugs: https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html

You must know who the NHS Lothian Controlled Drugs Accountable Officer (CDAO) is and comply with any local monitoring and/or inspection requests that the CDAO may make.

The NICE guideline (NG46) (2016) Controlled drugs: safe use and management says;

When making decisions about prescribing controlled drugs, take into account:

- The benefits of controlled drug treatment
- The risks of prescribing including dependency, overdose and diversion
- All prescribed and non prescribed medicines the person is taking and whether the person may be opioid naive
- Evidence based sources, such as NICE and BNF for prescribing decisions when possible

Link to NICE guideline 46. https://www.nice.org.uk/guidance/ng46

20. Simultaneous Prescribing and Administration

Prescribing and /or supply followed by simultaneous administration of a medicine to the patient creates the opportunity for error to occur, and this error causing harm to the patient. Simultaneous prescribing and administration should only be undertaken in exceptional and rare circumstances and only if it is in the patient's best interest. You should ensure wherever possible that a second person checks what is administered to the patient.

21. Clinical Trials

A qualified and registered pharmacist independent prescriber may prescribe all licensed and unlicensed medicines for all medical conditions including controlled drugs within a Clinical Trial (CT).

Registered nurse or midwife independent prescribers can prescribe all licensed and unlicensed medicines including controlled drugs within a clinical trial.

AHP supplementary prescribers can prescribe medicines described in the CMP which can include all licensed and unlicensed medicines, within a clinical trial.

In order for an independent prescriber to prescribe within a clinical trial, the following criteria must be met in addition to the qualification as independent prescriber.

The independent prescriber must have undergone formal Good Clinical Practice (GCP) training and be in possession of an in-date GCP certificate.

This must be updated and renewed in accordance with NHS Lothian GCP Policy. This must be supplied to the sponsor of the clinical trial.

The independent prescriber must have undergone protocol-specific training in conjunction with the sponsor of the clinical trial. This must be documented within the training log for the individual clinical trial, held within the site file. The independent prescriber must appear on the main delegation log for the clinical trial, signed off by the Principal Investigator as a prescriber for the trial.

The independent prescriber must supply an up to date Curriculum Vitae to the sponsor of the study.

SECTION 3 – MEDICINES GOVERNANCE

22. Prescribing for supply and/or administration

If you instruct another person to supply and/or administer medicines on your behalf, you should ensure that the individual is and competent to do so.

23. Dispensing

The definition of dispensing is:
"To label from stock and supply a clinically appropriate medicine to a patient/client/carer, usually against a written prescription, for self-administration or administration by another professional, and to advise on safe and effective use." (MHRA, 2006)

Pharmacist independent prescribers should not dispense their own prescriptions. However, in circumstances of urgency or where the patient or the patient's representative is unlikely to be able to obtain the item without suffering excessive inconvenience or delay, patient need should be paramount

and "self-dispensing" may be justified. These are, however, exceptional circumstances; self-dispensing should never be the norm. In these exceptional circumstances, where the pharmacist is both the prescriber and dispenser, a second suitably competent person should normally be involved in the checking process.

Where a pharmacist independent prescriber both prescribes and dispenses a prescription, s/he must endorse that prescription "self-dispensed". In addition, the dispensed prescription should be appropriately endorsed by means of a signature from the patient or the patient's representative. The pharmacist independent prescriber should not sign the prescription as the patient's representative.

24. Transportation

You may transport medicines from the dispensing pharmacy to their place of use. In exceptional circumstances and where medicines are left in a vehicle, appropriate security arrangements must be in place. Medicines should be in a secure container and the vehicle itself must be locked

25. Error reporting including reporting unexpected effects and adverse reactions

All staff and managers have a responsibility for minimising harm to patients. Reported potential and actual clinical incidents provide valuable input to learning systems.

Potential or actual clinical incidents must be investigated and documented through local systems currently in place. These incidents are currently reviewed and the learning opportunities shared with the clinical community.

If you discover you have made an error in prescribing or you identify an error made by another you must take immediate action to prevent harm to the patient and you must report the error as soon as possible All errors, near misses and adverse events should be reported through the local processes as soon as possible, after they have been identified. For example on the Datix system/local reporting system and where appropriate, via the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme. Yellow cards are found in the back of the British National Formulary

If a patient suffers a clinically significant suspected Adverse Drug Reaction (ADR) to a prescribed medicine, Pharmacy Only Medicine (POM), General Sale List (GSL) or herbal medicine, the ADR should be reported. An explanation of MHRA Yellow Card system is in the back of the British National Formulary and also on line at:

https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/

Prescribers should also record known sensitivities and previous adverse reactions in the patient/client's notes and advise patients of likely adverse effects prior to prescribing. In the situation where an ADR incident occurs, it is important that it is recorded on the patient/client's notes and that the incident is reported to any appropriate clinical colleagues. Patients, parents and carers can also report suspected adverse drug reactions using the Yellow Card system. All incidents and concerns regarding CDs (any schedule) should be reported to NHS Lothian Controlled Drug Accountable Officer.

The organisation has an open and multi-disciplinary approach to investigating adverse events and misadventures, where improvements to local practice in the administration of medicinal products can be discussed, identified and disseminated. It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents in the administration of medicines.

Individual prescribers should assume responsibility for maintaining up to date information with the office of the NMP Lead to support receipt of relevant information that may affect prescribing practice e.g. Drug Alerts, changes in Summary of Product Characteristics etc.

Information on the most up to date, regulated information about medicines can be found at:

https://www.medicines.org.uk/emc

Individual prescribers should undertake a regular review and audit of their prescribing practice as part of their prescribing governance.

SECTION 4 – CLINICAL GOVERNANCE

Patient safety is of paramount importance within all aspects of prescribing and medicines management. Independent prescribers should continually strive to ensure that they provide safe effective and evidenced based care. Poor performance needs to be identified and rectified at an early stage. Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

Clinical governance provides a framework for enabling independent prescribers to practice safely, within their scope of competence, and in the interest of patient safety.

NHS Lothian has a designated Lead for independent prescribing within each profession. The prescribing lead

- Supports the organisation with strategy and governance for independent prescribing
- Provides professional advice and support within the board area
- Holds a database of all independent prescribers within the health board area.

It is the responsibility of the prescriber to carry out their roles and responsibilities within the governance framework laid out by their professional body and this framework.

26. Clinical Audit

Clinical audit is an important part of clinical governance and is the measurement of practice against a defined standard. If you practise both as an independent and supplementary prescriber you should audit independent and supplementary prescribing activities separately.

Regular review of supplementary or independent prescribing should be carried out as part of the overall prescribing monitoring framework. This is currently in place in service areas within NHS Lothian, which will include monitoring of prescribing practice and cost data.

Prescribing in the community will be monitored regularly through Prescribing Information System for Scotland (PRISMS) and feedback provided to all prescribers either with the practice reviews or through prescribing teams as appropriate. Prescribers should consider the clinical appropriateness and cost effectiveness of all items prescribed in relation to scope of practice. All prescription rejections are reviewed for each community prescriber. Individual prescribers will be notified of these rejections. Where concerns are identified an audit of practice may be initiated.

You should ensure that you participate in regular meetings with your medical prescriber supervisor

Your choice of audit may differ depending on your clinical setting, but you may wish to audit type or number of prescriptions or the documentation of the prescriptions that you write.

You should seek your patients' experience of your prescribing where possible.

You should complete and send back an annual questionnaire to the prescribing lead. This annual review ensures that NHS Lothian is aware of who is prescribing and where and any changes to the register of prescribers has occurred.

27. Learning from incidents and errors

You should report all incidents and/or errors as per your local reporting systems to facilitate national reporting where required.

You should review all incidents within your local team. Prescribers should ensure they are aware of division/directorate/community review of Datix data relating to prescribing, dispensing and administration of medicines.

28. Continuing Professional Development (CPD)

All independent prescribers have a professional responsibility to maintain their competence and keep themselves updated with clinical and professional developments. The Royal Pharmaceutical Society Framework for Prescribers should be used and NHS Lothian requires that all prescribers should be able to demonstrate how they meet this competency framework. Prescribers should also identify and fulfil the standards set by their respective professional body for CPD. A portfolio should be maintained that demonstrates CPD and ongoing learning needs through reflection, peer review and case based discussions.

Prescribers should keep up to date with best practice in the management of conditions for which they prescribe and in the use of the drugs and prescribable items from the British National Formulary and/or Scottish Drug Tariff, national and local guidelines e.g. LJF, SIGN, NICE.

Prescribers should meet regularly with their clinical team and prescribing supervisor to discuss and review prescribing for their patient group.

Time should be given for all prescribers to comply with their CPD requirements and attend relevant study days.

All prescribers should have their prescribing discussed as part of their revalidation process and annual appraisal with their line manager.

29. Security of NHS Prescription Pads

Further information on security of NHS prescription pads can be found on the following link from NHS Counter Fraud Agency:

https://cfa.nhs.uk/about-nhscfa/latest-news/fraudulent-prescriptions-serious-risk-to-nhs

Prescription pads are classed as secure (controlled) stationery. Each prescription has a serial number and has specific anti-theft and anti-forgery features. You are responsible for the safety of your names pads and should take reasonable steps to prevent loss or inappropriate use. You should only use one prescription pad at a time.

You should keep a record of the first and last serial number of the prescriptions in the pads issued to you. If a whole or part of the prescription pad is lost or stolen, you must report the serial numbers of the missing prescriptions.

If pads are used regularly and at the end of each working day, you should record the serial number of the first remaining prescription in your current pad.

If your current pad is lost or stolen after you last used it, the relevant serial number of unused prescriptions must be reported.

When prescription pads are used infrequently, systems should be in place to ensure that pads are checked for security purposes and serial numbers on a regular basis.

Prescription pads should be stored in locked areas when not in use. You should not store prescription pads away from your place of work. In particular you should not store pads at home or in your vehicle except when travelling between places of work.

30. Ordering prescription pads

Prescription pads can only be ordered via NHS Lothian prescribing team and are delivered to a central store. It can take up to six weeks for the order to be processed and for the pads to be delivered.

31. Reporting missing/stolen pads

Missing or stolen pads should be reported immediately to your line manager and NHS Lothian's independent prescribing lead. The matter should also be recorded as a security incident on the NHS Lothian's incident reporting system and the security alert process initiated. (See Appendix A)

Any missing, lost or suspected theft report must include the following details: (See Appendix B)

- date and time of loss/theft
- date and time of reporting loss/threat
- place where loss/theft occurred
- type of prescription stationery
- serial numbers
- quantity
- details of the responsible officer to whom the incident has been reported.

32. Destroying prescription pads

Personalised prescription pads which are no longer in use should be securely destroyed (e.g. by shredding) before being put into confidential waste, with appropriate records kept. The person who destroys the pads should make a record of the serial number of the forms destroyed. The destruction of the forms should be witnessed by another member of staff. Records of pads destroyed should be recorded on the appropriate form and sent to the prescribing team.

All forms and templates for ordering, destroying and for change of personal details can be found on the NHS Lothian intranet site by following; Directory>Non-Medical Prescribing

33. Application process and organisational requirements to undertake prescribing modules

All Nursing Midwifery and Allied Health Professionals (NMAHP) NHS Lothian Employees who wish to apply for the prescribing module will need to follow a joint application process involving the organisation and their chosen HEI. All applicants will need to evidence the following:

- A designated supervisor willing to contribute to and supervise learning in practice*
- Support of their manager in undertaking the prescribing programme (study leave form for NHS employees)
- Prescribing should be identified as a requirement of the service.
- Financial support
- Access to a prescribing budget (e.g. if writing community prescriptions)
- Access to continuing professional development opportunities
- If no evidence of recent post graduate study, applicants will need to submit a short piece of academic writing as part of their application

*Legislative changes in 2018/2019 have enabled some independent prescribers to take on the designated supervisor role for those undertaking prescribing training. Any independent prescriber undertaking the Designated Prescribing Practitioner (DPP) role will need to meet agreed NHS Lothian criteria and have completed appropriate preparation relevant to this educational role, with this information being kept on a database held by the prescribing lead. Preparation and support for the DPP role will be guided by Royal Pharmaceutical Society DPP Competency Framework 2019. The link for this can be found below:

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160

All NMAHP prescribing applicants must:

- Have 1 year post registration experience.
- Provide evidence that they have been assessed to be a safe and effective practitioner and undertake patient assessment, diagnostics, planning and evaluation in the clinical area they will prescribe which has been verified by their line manager

- Have membership of the Protection of Vulnerable Groups Scheme (PVG). This is a requirement of professional bodies in order to undertake a prescribing module.
- Letter of support from organisational Prescribing Lead

Pharmacists
Pharmacists must be registered with the General Pharmaceutical Council (GPhC) and have a minimum of 2 years patient orientated experience following their pre registration year; Pharmacists apply via their service and NES

Optometrists
Optometrist must be registered with the General Optical Council (GOC) and have been practicing for two full years in the UK.

Preparation and support for the DPP role will be guided by Royal Pharmaceutical Society DPP Competency Framework 2019 .The link for this can be found below:

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160

Some educational pathways such as Advanced Clinical Practice and District Nursing have prescribing as part of the pathway and as such have implicit support to undertake a prescribing module. However, there is still a requirement for all applicants on such pathways to contact the prescribing lead prior to commencing the prescribing module, in order to provide assurance that the minimum requirements as described are in place.

If applicants change clinical post or employer during their prescribing module they must inform NHSL prescribing lead. This is to ensure that the appropriate supervisor support is in place as well as have assurance that prescribing is still required.

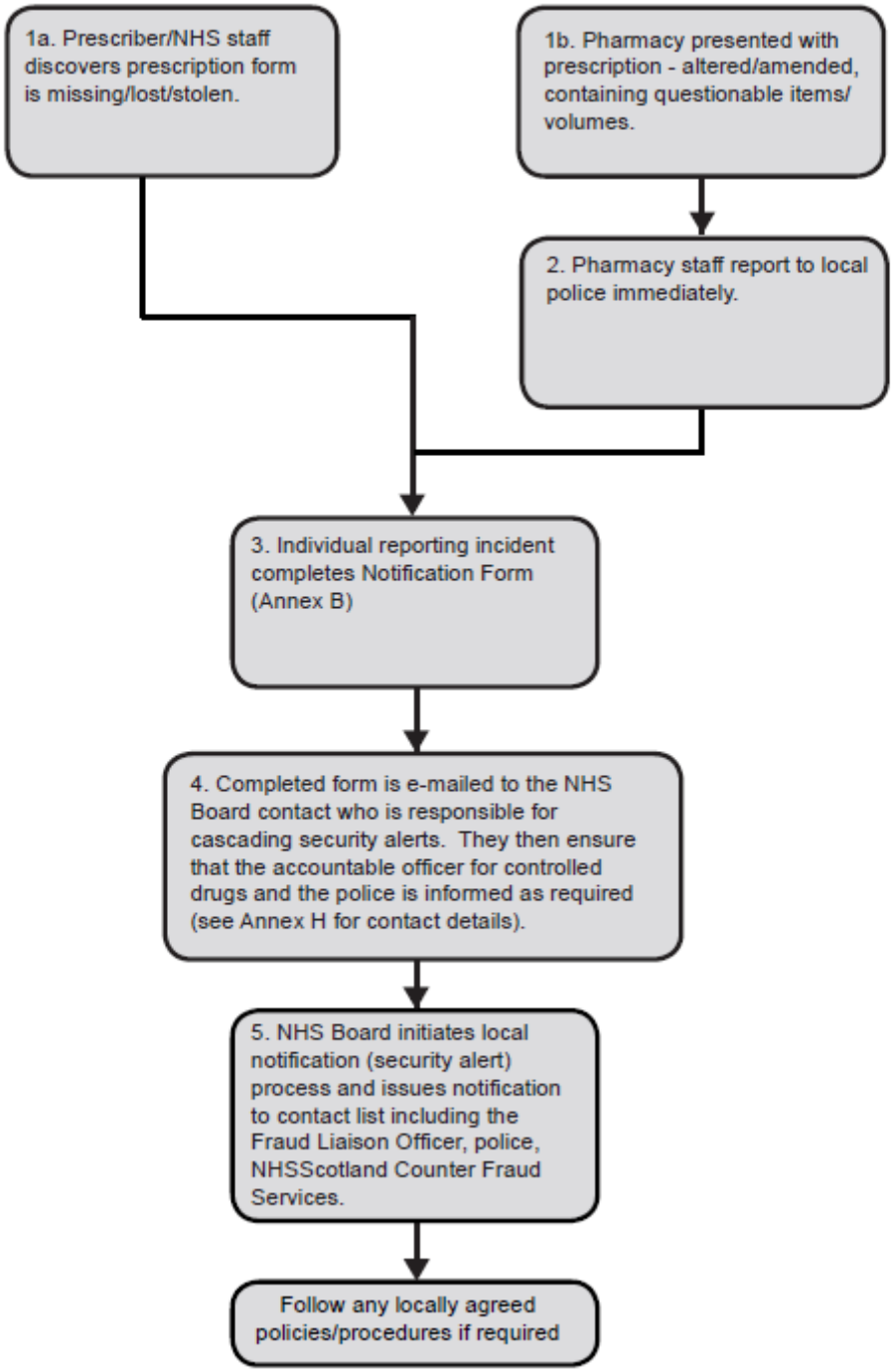
List of abbreviations

ADR	Adverse Drug Reaction
AHP	Allied Health Professional
BNF	British National Formulary
BTS	British Thoracic Society
CD	Controlled Drug
CDAO	Controlled Drug Accountable Officer
CHI	Community Health Index
CMP	Clinical Management Plan
CPD	Continuing Professional Development
CPD	Continuing Professional Development
CT	Clinical Trial
DPP	Designated Prescribing Practitioner
GCP	Good Clinical Practice
GOC	General Optical Council
GP	General Practitioner
GPhC	General Pharmaceutical Council
GSL	General Sales List
HEI	Higher Education Institute
LJF	Lothian Joint Formulary
MHRA	Medicines and Healthcare products Regulatory Agency
NES	National Education Scotland
NHS	National Health Service

NICE	National Institute of Clinical Excellence
NIP	Nurse Independent Prescriber
NMAHP	Nursing Midwifery and Allied Health Professionals
NMC	Nursing and Midwifery Council
NMP	Non Medical Prescribing
NPF	Nurse Prescribing Formulary
PGD	Patient Group Direction
PIP	Pharmacist Independent Prescriber
POM	Prescription Only Medicine
PRISMS	Prescribing Information System for Scotland
PVG	Protection of Vulnerable Groups
RPS	Royal Pharmaceutical Society
SIGN	Scottish Intercollegiate Guidelines Network

Appendix A

Missing/Lost/Stolen NHS prescription form flowchart



Appendix B

Missing/lost/stolen NHS prescription form(s) notification form

NHS Board:		Date reported:	
Contact name:		Contact telephone no:	
Contact address:			

The following numbered NHS prescription forms have been identified to us as lost or stolen:	
Date of theft/loss:	
Name of person reporting: (GP, practice manager, nurse, dentist, pharmacist and so on)	
Telephone no:	
Full details of theft/loss (please fill in details below and include the following information:	
Date and time of loss/theft:	
Date and time of reporting loss/theft:	
Place where loss/theft occurred	
Type of prescription stationery	
Serial numbers:	
Quantity:	
Details of whom the incident has been reported to:	

Details of GP/department/dentist/nurse/pharmacist and so on from whom the prescription form(s) have been lost or stolen:	
Name:	
Prescriber code:	
Address:	

Serial number(s) lost or stolen:	
From:	To:

Details of NHS prescription form type lost or stolen (tick appropriate box):			
Issue	**Colour**	**Please indicate whether lost/stolen**	
GP10/GP10(SS)	Peach		
GP10N/GP10N(SS)	Lilac		
GP10P	Yellow		
GP10NMP	Yellow		
GP14	Yellow		
HBP/HBP(SS)	Blue		
HBPA/HBPA(SS)	Pink		
GP10A	Pink		
CP2/3	Pink		
CPUS	Buff		
PPCD	Buff		
CDRF	Buff		
Has this incident been reported to the police? (please tick box)		**YES**	**NO**
Name and police station of investigating police officer			
Incident number			
Has a security alert been issued to all pharmacies and GP surgeries within the NHS Board and adjacent NHS Boards? (please tick box)		**YES**	**NO**
Please give details of any ink changes or security measures and the effective dates of these measures			

Name:		Position:	
Signed:		Date:	

Appendix C

PRESCRIBING COMPETENCY FRAMEWORK

THE CONSULTATION (COMPETENCIES 1-6)

Competency 1: ASSESS THE PATIENT

Indicator	Notes
1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.	
1.2 Undertakes an appropriate clinical assessment.	
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.	
1.4 Requests and interprets relevant investigations necessary to inform treatment options.	
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities	
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.	
1.7 Reviews adherence to and effectiveness of current medicines.	
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	

Competency 2: CONSIDER THE OPTIONS

Indicator	Notes
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.	
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).	
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.	
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).	
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.	
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.	
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.	
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.	
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.	
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.	

Competency 3: REACH A SHARED DECISION

Indicator	Notes
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.	
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.	
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.	

3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	

Competency 4: PRESCRIBE

Indicator	Notes
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.	
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.	
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.	
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.	
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.	
4.7 Considers the potential for misuse of medicines.	
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).	
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.	
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.	
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	

Competency 5: PROVIDE INFORMATION

Indicator	Notes
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.	
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).	

5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.	
5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.	
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	

Competency 6: MONITOR AND REVIEW

Indicator	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.	
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	

PRESCRIBING GOVERNANCE

Competency 7: PRESCRIBE SAFELY

Indicator	Notes
7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.	
7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.	
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.	

Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.	
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	

Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Notes
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.	
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	

Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Notes
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.	
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.	
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	

Appendix D

Prescription Audit

A clinical audit is a quality improvement process that measures current patient care and outcomes against agreed standards of best practice. Auditing prescribing practice is part of Royal Pharmaceutical Society prescribing standards. Audit can be undertaken individually or as part of a team and can be peer or self reviewed.

Name of prescriber **Date of audit**	
Name of reviewer/s	
Brief details of case	
Measurement standards for audit (e.g. British National Formulary, Lothian Joint Formulary, national/local clinical or documentation guidelines)	

Does the prescription contain the following information?	Y	N
Prescription legible		
In permanent black ink		
Any corrections/crossing out		
Any abbreviations		
Dated		
Timed (24hr clock)		
Signed		

NMP name printed		
NHS Lothian prescriber number identified on prescription		
Allergies noted		
Medication indicated		
Correct/suitable dose		
Correct/suitable route		
Duration of therapy acceptable		
Prescription in line with local formulary recommendations for first line use, unless clinically contraindicated		

Reviewer comments and feedback

References

Hanlon et al (1992). A method for assessing drug therapy appropriateness. *Journal of Clinical Epidemiology, 45(10)*, 1045-1051

NHS Lothian Documentation Standards
http://intranet.lothian.scot.nhs.uk/Directory/PolicyHub/ClinicalDocumentation/Pages/default.aspx

NICE 2019 https://bnf.nice.org.uk/guidance/prescription-writing.html

Royal Pharmaceutical Society Framework for Prescribers 2016
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf

References

Scottish Government (2018) General Medical Services in Scotland Contract

Royal Pharmaceutical Society Medicines, Ethics and Practice. 43rd Ed. (2019)

Misuse of Drugs Act (1971) and associated regulations.

NHS HDL (2001)7 'Patient Group Directions', Scottish Executive Health Department.

NHS National Services for Scotland (2014) Security of Prescriptions forms Guidance

Scottish Executive (2006). Non-medical prescribing in Scotland

Nursing and Midwifery Council (2015) the code. Professional standards of practice and behaviour or nurses and midwives NMC London

Nursing and Midwifery Council (2018) Realising professionalism: Standards for education and training. Part 3: Standards for prescribing programmes

College of Paramedics (2018). Practice Guidance for Paramedic Independent and Supplementary Prescribers

Royal Pharmaceutical Society (2016) A Competency Framework for All Prescribers

Royal Pharmaceutical Society (2019) A Competency Framework for Designated Prescribing Practitioners

Royal Pharmaceutical Society (2005). Safe and Secure Handling of Medicines, a Team Approach.

Scottish Executive (2000). The Adults with Incapacity (Scotland) Act 2000 Scottish Executive Edinburgh

General Pharmaceutical Council (2019). Standards for the education and training of pharmacist independent prescribers

General Pharmaceutical Council (2019). In practice: Guidance for pharmacist prescribers