

**NHS Education for Scotland**  
**A Guide to  
Good Prescribing Practice  
for Prescribing Pharmacists  
in NHSScotland**

July 2012

NATIONAL HEALTH SERVICE - SCOTLAND

FORM 1

Name: MITH  
Address: MARBLE ST  
BURGH  
City: 12 8TF  
GP No: 0505631412  
Prescriber: [ ]  
No. of Days: [ ]  
No. of Tablets: [ ]  
Quantity: [ ]  
Date: 15/08/12

LISINAPRIL  
7MBS 10mg  
ONE TAB IN  
THE MORNING  
(1X56)

Ylan D  
Signature of Pharmacist

ST011004  
F. Field  
Lead Clinical Pharmacist  
Edinburgh  
BH12 2DP  
05006642235

02120212



## Introduction

**The first pharmacist prescribing course in the United Kingdom for supplementary prescribing (SP) was held in 2003 at the Robert Gordon University in Aberdeen with pharmacists able to practice as SP from 2004 onwards. Independent prescribing (IP) courses together with legislative changes to allow practice as IP's by pharmacists were introduced in NHS Scotland in 2007/08. Since 2003 around 900 pharmacists within Scotland have undertaken a prescribing course with many utilising their qualification in their clinical practice in collaboration with the multi-disciplinary team.**

NHS Education for Scotland (NES) have been at the forefront of supporting pharmacists in Scotland undertaking the additional training to become pharmacist prescribers, to ultimately improve patient care. A working subgroup for Pharmacist Prescribing of the NES Pharmacy Professional Advisory Group initiated this document, at the request of prescribers, as there were no current guidance documents to support pharmacist prescribers in their practice nor are there any standards for practice currently for pharmacist prescribers published by the regulator, the General Pharmaceutical Council (GPhC).

This document, *A Guide to Good Prescribing Practice for Prescribing Pharmacists in NHSScotland*, has been developed by NHS Education for Scotland in conjunction with a range of experienced pharmacist prescribers from across the sectors of pharmacy practice and a geographical spread across the Health Boards.

## Acknowledgements

NHS Education for Scotland (NES) would particularly like to acknowledge the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC), as the majority of the guidance is based on appropriate guidance from their relevant guidance documents – GMC *Good Practice in Prescribing Medicines* (2008) and the NMC *Standards of Proficiency for nurse and midwife prescribers* (2006)

NES would particularly like to thank the following pharmacist prescribers who contributed to the development of this guidance:

**Fiona Reid**, NES (Lead)

**Fiona Stewart**, NHS Forth Valley

**Carole Callaghan**, NHS Lothian

**Deborah Paton**, NHS Fife

**Valerie Sillito**, NHS Grampian

**Fiona MacLean**, NHS Greater Glasgow & Clyde

**Ruth Forrest**, NHS Greater Glasgow & Clyde

**Steve McGlynn**, NHS Greater Glasgow & Clyde

## 1 Registration as a prescriber

You may only practice as a pharmacist prescriber when you have successfully completed a GPhC approved university course and have registered with the GPhC. Pharmacists may prescribe as supplementary prescribers, independent prescribers or a combination of both.

### **Supplementary prescribing is defined as:**

A voluntary prescribing partnership between a supplementary prescriber, an independent medical prescriber (who is a doctor or a dentist) and the patient. The supplementary prescriber works within an agreed patient-specific clinical management plan.

All pharmacists can prescribe unlicensed medicines, controlled drugs and 'off-label' medicines as supplementary prescribers provided they are included in the clinical management plan.

### **Independent prescribing is defined as:**

A practitioner who is responsible and accountable for the assessment of patients with diagnosed or undiagnosed conditions and for decisions about the clinical management required, including prescribing.

Pharmacist independent prescribers employed as hospital or primary care pharmacists can prescribe any medicine within their competency and for which they are prepared to accept legal responsibility, including 'off-label' medicines, unlicensed medicines and controlled drugs.

Community pharmacist independent prescribers can prescribe any medicine within their competency and for which they are prepared to accept legal responsibility, including 'off-label' medicines and unlicensed medicines but **currently excluding controlled drugs**. Community pharmacists will be unable to prescribe controlled drugs until the Health Board Pharmacist Independent Prescribing Service (Scotland) Directions 2007 have been amended.

Pharmacist prescribers should ensure that they have Professional Indemnity Insurance in place which covers their prescribing activities.

## Accountability and Competence

- 2.1 You are professionally accountable for your prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.
- 2.2 You must only ever prescribe within your level of experience and competence.
- 2.3 If you move to another area of practice, you must consider the requirements of your new role and only ever prescribe within your level of experience and competence.
- 2.4 You must refer to an appropriate prescriber if you do not fully understand the implications of your prescribing even though you may be able to take a thorough and appropriate history which leads to a diagnosis.
- 2.5 Pharmacists' are legally entitled to prescribe from a wide range of medicines however you should only prescribe medicines for patients within your personal expertise and competence.



## Agreement, Assessment, Diagnosis and Clinical Need

### Agreement

- 3.1 Pharmacist prescribers must ensure that individual patient agreement has been obtained prior to assessment and patient management (which may include prescribing). In instances where patients' are unable to agree to management by the pharmacist, processes must be in place to ensure this is sought from relatives /carers.  
<http://scotland.gov.uk/Resource/Doc/216923/0058136.pdf>

### Assessment and Diagnosis

- 3.2 In order to prescribe for a patient you must satisfy yourself that you have undertaken a full assessment of the patient, including taking a thorough medical history and, where possible, accessing a full clinical record.
- 3.3 You must ensure a risk assessment has been undertaken in respect of the patient's current medication and any potential for confusion with other medicines i.e. any previous adverse reactions to medicines; current medical conditions and concurrent or recent use of medicines, including non-prescription medicines.
- 3.4 You must make it clear to the patient that your prescribing activity cannot be undertaken in isolation. You must inform, where relevant, anyone else who may be in a position to prescribe for that patient of your actions in order to avoid prescribing errors by documenting your actions in the patient's medical record **within 48 hours**. This is most likely to be the patient's general/medical practitioner, but may also include other non-medical prescribers.

### Clinical Need

- 3.5 You must only prescribe where there is a genuine clinical need for treatment. You should only prescribe medication to meet identified needs of patients and never for your own convenience or simply because patients demand them.

# Principles of Prescribing

## **Prescribing and Dispensing / Prescribing and Administering / Prescribing and Reviewing**

- 4.1 You must ensure separation of prescribing and dispensing whenever possible. In exceptional circumstances where you are required to prescribe and dispense you must annotate the prescription accordingly. In addition, a second suitably competent person (registered pharmacist, qualified checking technician or doctor) should be involved in checking the accuracy of the medication provided.
- 4.2 You must ensure separation of prescribing and administering activities whenever possible. In exceptional circumstances where you are involved in both prescribing and administering a patient's medication, a second suitably competent person (registered pharmacist, nurse or doctor) should be involved in checking the accuracy of the medication provided.
- 4.3 Within hospital practice, where a pharmacist prescribes, there is no requirement for a clinical check by a second pharmacist except when systemic anticancer therapy has been prescribed.

## **Evidence Based / Formulary**

- 4.4 You should be aware of, and apply, national prescribing guidelines and local formularies.
- 4.5 Prescribing practice should be evidence-based and respond to relevant national guidance. Where local policy / formulary is at variance with current national guidance, you should seek guidance through clinical governance structures, in respect of your vicarious liability, within your employing organisation.

# 4

## Keeping Up to Date

- 4.6 It is your responsibility to remain up-to-date with the knowledge and skills to enable you to prescribe competently and safely.
- 4.7 As a pharmacist who is recorded on the register as being a prescriber, you should ensure that your continuing professional development is in line with your role as a prescriber.

## Controlled Drugs

- 4.8 You must only prescribe controlled drugs to which you are legally entitled.
- 4.9 You must not prescribe a controlled drug for yourself or someone with whom you have a close personal relationship.
- 4.10 The quantity of any controlled drug prescribed (excluding those in schedule 5) should not exceed 28 days supply per prescription. Prescriptions should be written according to current legal requirements.

## Unlicensed /Off Label Medicines

- 4.11 You can prescribe unlicensed medicines, however in doing so you must:
  - (a) be satisfied that an alternative, licensed medicine would not meet the patient's needs.
  - (b) be satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy.
  - (c) take responsibility for prescribing the unlicensed medicine and for overseeing the patient's care, including monitoring and any follow up treatment.
  - (d) record the medicine prescribed and, where you are not following common practice, the reasons for choosing this medicine in the patient's notes.
  - (e) ensure that the patient is aware that you are prescribing an unlicensed medicine for them and the rationale for this.



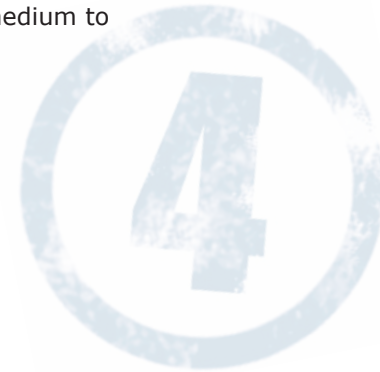
- 4.12 You may prescribe medicines for purposes for which they are not licensed. When prescribing a medicine for use outside the terms of its license you must:
- (a) be satisfied that it would better serve the patient's needs than an appropriately licensed alternative.
  - (b) be satisfied that there is a sufficient evidence base or experience of using the medicine to demonstrate its safety and efficacy.
  - (c) take responsibility for prescribing the medicine and for overseeing the patient's care, monitoring and any follow up treatment, or arrange for another prescriber to do so.

### **Prescribing for family and others**

- 4.13 Objectivity is essential in providing good care; independent medical care should be sought whenever you or someone with whom you have a close personal relationship requires prescription medicines. You must not prescribe for yourself or for anyone with whom you have a close personal or emotional relationship.

### **Remote Prescribing via telephone, email, fax, videolink or website**

- 4.14 In exceptional circumstances it may be appropriate to use a telephone or other non face-to-face medium to prescribe medicines and treatment for patients. Such situations may occur where:
- (a) you have responsibility for the care of the patient.
  - (b) you are working in remote and rural areas.
  - (c) you have prior knowledge and understanding of the patient's condition and medical history.
  - (d) you have authority to access the patient's records.



4.15 In all circumstances, you must ensure that you:

- (a) establish the patient's current medical conditions, history and concurrent or recent use of other medications including non-prescription medicines.
- (b) carry out an adequate assessment of the patient's condition.
- (c) identify the likely cause of the patient's condition.
- (d) ensure that there is sufficient justification to prescribe the medicines or treatment proposed. Where appropriate you should discuss other treatment options with the patient.
- (e) ensure that the treatment and/or medicine is not contra-indicated for the patient.
- (f) make a clear, accurate, legible and contemporaneous record of all medicines prescribed.
- (g) are competent to make a prescribing decision.

4.16 Where you cannot meet all of these requirements you must not use remote means to prescribe medicine(s) for a patient.





## Communication, Record Keeping and Monitoring

### Communication with patient and monitoring

- 5.1 You should establish the patient's priorities, preferences and concerns and encourage the patient to ask questions about medicine taking and the proposed treatment.
- 5.2 You must give patients, or those authorising treatment on their behalf, sufficient information about the proposed course of treatment, including any known serious or common side effects or adverse reactions. This is to enable them to make an informed decision.
- 5.3 You should reach agreement with the patient on the use of any proposed medication, and the management of the condition by exchanging information and clarifying any concerns. The amount of information you should give each patient will vary according to factors such as the nature of the patient's condition, risks and side effects of the medicine, and the patient's wishes.
- 5.4 You must agree with the patient arrangements for appropriate follow-up and monitoring where relevant. This may include: further consultations; blood tests or other investigations; processes for adjusting the dosage of medicines, changing medicines and issuing repeat prescriptions.



## Communication with others

- 5.5 You have a responsibility to communicate effectively with other practitioners involved in the care of the patient. You must refer the patient to another prescriber when it is necessary to do so.
- 5.6 You must inform the Medicines and Healthcare products Regulatory Agency of adverse reactions to medicines reported by your patients in accordance with the Yellow Card Scheme. You should provide patients with information about how to report suspected adverse reactions through the patient Yellow Card Scheme.

## Record Keeping

- 5.7 You should ensure records are accurate, comprehensive, contemporaneous and accessible by all members of a prescribing team. Records should include the prescription details, together with relevant details of the consultation with the patient. The maximum time allowed between writing the prescription and entering the details into the medical record **should only exceed 48 hours** under exceptional circumstances.
- 5.8 In supplementary prescribing, the doctor and pharmacist must share access to, consult and, wherever possible, use the same common patient record.

## Repeat Prescribing

- 6.1 You may issue a repeat prescription, but you do so in the knowledge that you are responsible as the signatory of the prescription and are accountable for your practice.
- 6.2 Before signing a repeat prescription you must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:
  - (a) the patient is issued with the correct prescription.
  - (b) each prescription is regularly reviewed and is only re-issued to meet clinical need.
  - (c) a review must take place following a maximum of six prescriptions or six months elapsing.
  - (d) the correct dose is prescribed.
  - (e) suitable provision for monitoring each patient's condition is in place and for ensuring that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by an appropriate prescriber.

## Commercial / Financial Interest

- 7.1 You must not allow your own or your employers' financial or commercial interests in a pharmacy to influence the way you prescribe for patients. You should not accept any inducement which may affect or be seen to affect the advice you give patients. You must not pressurise patients to use a particular pharmacy.

**All good practice statements in relation to NHS prescribing are applicable to private prescribing practices.**