

NMC circular	16/2008
Issue date	16 December 2008
Review date	16 December 2010
Replaces circular	none
Category	Midwifery/nursing/general public health/standards
Status	Action/information

## Remote assessment and prescribing

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### Summary

This circular takes place with immediate effect. It sets out the NMC's position on remote assessment and prescribing. This supports and adds clarification to the information contained within the *Standards for medicines management (2008)* and the NMC advice sheet on *Administration of Botulinum Toxin (2008)*, and applies to all nurses and midwives.

This should be read in conjunction with the *Standards for medicines management, the Code (2008)*, *Standards for proficiency for nurse/midwife prescribers (2006)* and the NMC advice sheet on *Administration of Botulinum Toxin*.

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### Background

- 1 The *Standards for proficiency for nurse/midwife prescribers* were published in March 2006. These provide the benchmark by which practice should be conducted and will be measured.
- 2 Since the time of publication, new technologies have opened up opportunities for remote assessment and prescribing and for prescriptions to be issued online.
- 3 It is anticipated that the use of electronic communications will increase the number of services that can be delivered remotely and will cover a wide range of conditions including diabetes, obesity, respiratory and dermatological conditions and long term medical conditions.
- 4 Recent changes to legislation, allow electronic signatures to be used in the prescribing of medication.
- 5 This circular sets out the NMC's expectations for nurses and midwives in relation to remote assessment and prescribing.

### Position Statement

- 6 Nursing and Midwifery Council Position Statement:
  - 6.1 The Nursing and Midwifery Council supports the use of remote online prescribing to improve access to medicines and enable choice in the delivery of health care.

6.2 In order to assess remotely and prescribe online, the following criteria must be met:

6.2.1 A nurse or midwife managing people in their care remotely must adhere to the same high standards of clinical care and transparency that would be required if the nurse or midwife were managing a person in their care face to face

6.2.2 A nurse or midwife prescriber must be appropriately trained and qualified in the relevant clinical areas to manage a person in their care remotely and must only work within his/her level of competence and expertise

6.2.3 At all times, they must act within *The Code*

## **Assessment**

7 A nurse or midwife must ensure that the person in their care gives their informed consent to treatment. To give informed consent, a person in their care must have sufficient information on alternative treatment options, possible side-effects and efficacy of treatment.

7.1 An online assessment must be completed with the person in the care of a nurse or midwife using an appropriate assessment tool. From this assessment the nurse or midwife must be able to

7.1.1 Identify the likely cause of the person's medical condition

7.1.2 Establish current medical conditions and history and concurrent or recent use of other medications including non-prescription medicines

7.1.3 Ensure that there is sufficient justification to prescribe the medicines/treatment proposed. Where appropriate the nurse or midwife should discuss other treatment options with the person in their care and /or medical practitioner

7.1.4 Ensure that the treatment and medicines are not contra-indicated for the person in their care

7.1.5 Make a clear, accurate and legible record of all medicines prescribed

7.1.6 The computer systems used must be able to refer back to the medical practitioner at any point in the consultation and prescribing process.

## Explaining the nature of remote management and providing aftercare

- 8 If a nurse or midwife is not providing continuing care or does not have access to the person's medical records, a nurse or midwife must:
  - 8.1 Give an explanation to the person in their care of the processes involved in remote consultations
  - 8.2 Establish a dialogue with the person in their care, using an appropriate tool, to ensure they have sufficient information about the person in their care to ensure safe prescribing
  - 8.3 Make appropriate arrangements to follow the progress of the person in their care
  - 8.4 Monitor the effectiveness of the treatment and/or review the diagnosis
  - 8.5 Encourage the person in their care to allow the nurse or midwife to inform their GP of any treatment provided. If the person in their care does not want the nurse or midwife to inform the GP, the nurse or midwife must provide the person in their care with an adequate record of any treatment prescribed.

## Clinical Governance

- 9 To safeguard the public a number of clinical governance structures need to be in place. Any independent organisation using online prescribing must be registered with one of the following
  - 9.1 In England, private medical services that operate solely in the independent sector must be registered with the [Healthcare Commission](#). (note: *the Healthcare Commission will be changing to the Care Quality Commission on 1 April 2009*)
  - 9.2 The [Regulation and Quality Improvement Authority](#) is responsible for registering and inspecting independent hospitals, clinics and other care services in Northern Ireland
  - 9.3 The [Scottish Commission for the Regulation of Care](#) (also known as the Care Commission) regulates independent healthcare services in Scotland
  - 9.4 The [Health Care Standards Inspectorate for Wales](#) is the regulator of independent health and social care in Wales
  - 9.5 The [Care and Social Inspectorate Wales](#) is the regulator for the care sector.
  - 9.6 Failure to register is a criminal offence.
  - 9.7 In all practice settings, there should be robust risk assessments, policies and guidance, and an audit trail to cover all areas of practice.
  - 9.8 Any nurse or midwife prescribing remotely online must ensure that the service complies with relevant UK legislation and professional guidelines.
  - 9.9 Nurses and midwives must be able to demonstrate that they audit their practice, keep up-to-date with current guidance and show how they safeguard the people in their care.

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This circular has been issued by

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Chief Executive and Registrar