

# **Standards of proficiency for nurse prescribers without a Specialist Practice Qualification to prescribe from the Community Practitioner Formulary**

## **Protecting the public through professional standards**

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### **Introduction**

The Nursing and Midwifery Council is required by the Nursing and Midwifery Order 2001 (The Order) *“to establish from time to time standards of education, training, conduct and performance for nurses and midwives and to ensure the maintenance of those standards”* [Article 3 (2)].

The Order also states *“the Council may make rules requiring registrants to undertake such continuing professional development as it shall specify in standards”* [Article 19 (1)], and *“in respect of additional qualifications which may be recorded on the register the Council may establish standards of education and training...”* [Article 19(6)].

This gives the Council the authority to establish standards to prepare nurses and midwives to prescribe.

This booklet provides the standards and proficiencies for the programme of preparation for nurses who do not hold a specialist practice qualification to prescribe as a community practitioner nurse prescriber.

### **Legislation and terminology**

The primary legislation that enables nurses and midwives to prescribe is the *Medicinal Products: Prescription by Nurses and Others Act 1992*. Chapter 28, Article 1(d) of this act defines a nurse prescriber as *“any registered nurse, midwife or health visitor”*. Nurses and Midwives (Parts of and Entries in the Register) Order SI 2004/1765 article 7 (2a) replaces any previous reference to ‘health visitor’ with ‘specialist community public health nurse’.

Amendments to medicines legislation (SI 2006/1015) have resulted in changes to the titles of nurse prescribers the changes, took effect on 1 May 2006.

Any nurse undertaking a V100 prescribing programme as part of a Specialist Practitioner qualification should be known as a community practitioner nurse prescriber (V100) and any nurse undertaking a new programme to be known as a V150 would also be known as a community practitioner nurse prescribers and will only be entitled to prescribe from the Community Practitioner Formulary

## **Standards of proficiency for nurses to prescribe from the community practitioner nurse formulary nurse**

Prescribers must have sufficient knowledge and competence to:

Assess a patient/client's clinical condition, Undertake a thorough history, including medical history and medication history, and diagnose where necessary, including over-the-counter medicines and complementary therapies.

Decide on management of presenting condition and whether or not to prescribe, Identify appropriate products if medication is required, Advise the patient/client/client on effects and risks and prescribe if the patient/client agrees. Monitor response to medication and lifestyle advice.

The standards for registered nurses to prescribe from the community practitioner formulary are grouped into the following domains:

- Clinical pharmacology, including the effects of co-morbidity
- Consultation, history-taking, diagnosis, decision-making and therapy, including referral
- Influences on, and psychology of, prescribing
- Prescribing in a team context and sharing information
- Evidence-based practice and clinical governance in relation to nurse/midwife prescribing
- Legal, policy and ethical aspects of prescribing
- Professional accountability and responsibility
- Prescribing in the public health context

### **Specialist areas of practice**

Medicines are potent treatments and prescribing them can present significant risk to patient/clients. This is especially so for children and older people whose responses may differ from adults. It is essential that registrants recognise the unique implications and developmental context of the anatomical and physiological differences between neonates, infants, children and young people. Caution should also be taken when prescribing for pregnant and lactating women.

The programme of preparation (education and training) for registered nurses to prescribe from the community practitioner formulary equips nurses with the principles of prescribing to enable them to be safe, effective and cost-effective prescribers. When an employer considers the suitability of a registrant to develop skills in prescribing, it is their responsibility to ensure that the registrant is able to apply the prescribing principles to their own area of practice.

## **Prescribing for children**

Only nurses with relevant knowledge, competence, skills and experience in nursing children should prescribe for children. This is particularly important in primary care, eg. out-of-hours services, walk-in-clinics and general practice settings. Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence.

### **Section 1 – Education and training provision to prepare registered nurses to prescribe from the Community Practitioner Formulary**

This section identifies the provision for education and training to prepare registered nurses to prescribe from the Community Practitioner Formulary

There are currently two approved education programmes, which lead to annotation on the NMC register as a nurse prescriber. These are Nurse Independent/supplementary Prescribing and Community Practitioner Nurse Prescribers with a Specialist Practitioner qualification. This programme is to prepare registered nurses without a specialist practitioner qualification to prescribe from the community practitioner formulary.

#### **1.1 Standards for admission to programme to be awarded a ‘qualification to prescribe’**

##### **Standard 1**

***Requirements for admission to approved education programme leading to a recordable qualification for registered nurses to prescribe from the community practitioner formulary.***

The criteria are:

- You must be a registered nurse and  
You intend to practise in an area of clinical need for which prescribing from the Community Practitioner Formulary will improve patient/client care and service delivery.
- You must have practiced for a sufficient period to be deemed competent by your employer in the area you intend to practice to undertake the programme. This would normally be a minimum of two years
- You must provide evidence via the Accreditation of Prior and Experiential Learning (APEL) process of your ability to study at minimum academic level three (degree).

In addition, you will need to have written confirmation from:

- Your employer of their support for you to undertake the preparation programme
- The programme lead about your selection onto the preparation of prescribers education programme. This should also be given to you and your employer.
- A mentor who is a practising community practitioner nurse prescriber who has agreed to provide supervision for the duration of the programme.

### **Guidance**

The NMC requires employers to undertake an appraisal of a registrant's suitability to prescribe *before* they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including a Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so. Where the registrant is not undertaking a module to prepare them in diagnosis and physical assessment alongside the nurse/midwife independent/supplementary prescribing programme, then the employer is responsible for confirming that:

- The applicant has been assessed as competent to take a history, undertake a clinical assessment, and diagnose, before being put forward.
- There is clinical need within the registrant's role to justify prescribing.
- The applicant has sufficient knowledge to apply prescribing principles taught on the programme of preparation *to their own area and field of practice*.
- The applicant must be able to demonstrate appropriate numeracy skills (to be further developed within the context of prescribing and assessed on the course).

Employers should *not* put registrants forward if they haven't demonstrated the ability to diagnose in their area of speciality. It should be possible to identify whether a registrant has these skills through Continuing Professional Development (CPD) reviews within the work place setting.

Registrants must remember they work as part of a team of prescribers.

The HEI must be satisfied that any registrant undertaking a programme of preparation has the ability to study at Level 3.

Applying to undertake the programme should be a collaborative arrangement between the employer, the HEI and the registrant, in order to confirm that the registrant is competent to undertake the course, is in a role that enables them to prescribe, and that the necessary infrastructure will be in place to allow them to do so.

The application form should identify if a registrant has applied and commenced a programme of preparation previously. If this is the case the reason for not completing must be identified and a decision made as to whether it is appropriate to re-apply.

## **Standard 2**

### ***Eligibility for a recorded qualification as a nurse prescriber (licence as a prescriber)***

#### **2.1 Initial record of qualification**

The Higher Education Institution (HEI) will inform the NMC of a registrants' successful completion of an approved programme of preparation.

Upon successful completion of a NMC approved programme of preparation, the registrant is eligible to be recorded as a community practitioner nurse prescriber (V150). It is only after the qualification has been recorded on the NMC register, that a registrant may prescribe.

#### **Guidance**

Notification of successful completion of an approved preparation programme will use the same process as for all other NMC approved programmes. The registrant will then be issued with the relevant documentation to record the qualification on the NMC register. The registrant's qualification to prescribe as a community practitioner nurse prescriber will be clearly identifiable by anyone seeking confirmation of qualification on the register. Registrants are eligible to prescribe from the Community Practitioner Formulary only. Submission of a declaration of good health and good character is not required when recording a prescribing qualification, as the registrant is *not* entering a new part of the register.

#### **2.2 Subsequent prescribing qualification**

If a registrant undertakes an educational preparation for prescribing programme as a community practitioner prescriber it will be recorded on the register that they are qualified to prescribe within the boundaries of the Community Practitioner Formulary. 9 However the registrant may APEL this educational preparation if they choose to undertake further study as a nurse independent/supplementary prescriber. A further entry must subsequently be recorded on the register. This will enable verification of the registrant's prescribing responsibilities should this be required. All registrants must record their prescribing qualification within twelve months of successfully completing the approved preparation programme.

#### **Guidance**

The Prescription Pricing Authorities in the UK require confirmation from the NMC of a registrant's qualification to prescribe and the scope of their prescribing qualification. The prescribers information is printed on handwritten prescriptions and *must* be used to authorise computer-generated prescriptions.

Employers may access confirmation of a nurse's prescribing status by calling the confirmation service line on 020 7631 3200 or via the website at [www.nmc-uk.org](http://www.nmc-uk.org). The confirmation service requires both the PIN number and date of birth of the registrant, along with a caller code and password (which employers can obtain from the NMC confirmation team by ringing the number above).

Pharmacists and members of the public can confirm that a registrant's qualification is recorded with the NMC online at [www.nmc-uk.org](http://www.nmc-uk.org)  
Acute Trusts and independent sector providers must ensure that there is a unique identifier on *all* prescriptions regardless of the format used in their working environment. They must verify a prescribers recorded qualification *before* authorising her to prescribe.

### **Standard 3**

#### ***Interruption in the preparation of prescribers education programme***

Nurses undertaking preparation as a community practitioner nurse prescriber (V100/ V150) must complete the programme within one year from the identified start of the programme. Programme providers must ensure that the student's acquired knowledge and skills remain valid to enable them to achieve the proficiencies set by the NMC.

If a registrant has not completed all assessments within the allocated time, they must undertake the whole programme again, including all assessments, to ensure that competence has been maintained.

For the purpose of this standard, interruption means any absence from a programme of education other than annual leave, statutory and public holidays.

### **1.2 Standards for the structure and nature of the preparation of nurse prescribers education programme**

This section provides the standards for the educational preparation for prescribing programme, as a community practitioner nurse prescriber in accordance with the Nursing and Midwifery Order 2001 [Article 19(6)]. The educational preparation for prescribing programme may be delivered as an integrated programme of preparation with other non-medical prescribers, providing the requirements and criteria determined by the NMC are met for registrants. Programme for preparation of a nurse as a community practitioner nurse prescriber may NOT be delivered using distance learning.

### **Standard 4**

#### ***The education provider***

The programme for the preparation of nurse/midwife prescribers will be delivered in Higher Educational Institutions (HEIs) and will have been approved by NMC quality assurance processes.

Programme planning teams must include some representation from key stakeholders.

#### **Guidance**

To ensure the programme meets the needs of the local area, key stakeholders must be involved in programme planning. Key stakeholders include: employers (including Trusts, general practitioners and independent sector), representatives from the NHS, service providers, prescribing leads, and voluntary provision - eg. hospice care, education, Lead Midwife for Education, independent sector, (where appropriate), experienced nurse prescribers, medical supervisors and service users.

## **Standard 5**

### ***Academic standard of programme***

The minimum academic level should be no less than first degree (academic level three).

#### **Guidance**

The academic standard of the nurse prescribers education programme will be at least first degree level. Higher Education Institutions (HEIs) may offer the programme at Masters degree level if they wish.

## **Standard 6**

### ***Length of programme***

#### **For nurses to prescribe from the community practitioner nurse formulary who do not hold a Specialist Practice Qualification (SPQ)**

Registrants who undertake community practitioner nurse prescribing (V150) preparation should undertake ten days study alongside nurses, midwives and specialist community public health nurses undertaking the Nurse/Midwife Independent Prescribing Programme of preparation (26 taught days). In addition they must undertake a minimum of ten days supervised practice. The Community Practitioner prescribing preparation element of the programme should be clearly identified and approved separately as part of the Nurse/Midwife Independent Prescribing programme.

Educational preparation for prescribing must be completed in no longer than one academic year.

Consideration may be given to a registrants prior experience and learning, however all students must successfully complete *all* assessment criteria.

#### **Guidance**

10 days supervised learning in practice equates to 10 x 7.5 hours (6.5 hours excluding breaks) days.

If a registrant does not complete all assessments within one year they must undertake the whole programme and all assessments again.

## **Standard 7**

### ***Student support***

The designated leader for all programmes of preparation for prescribers must hold a NMC recorded teaching qualification. The pharmaco-therapeutic element of the programme must be taught by a pharmacist, healthcare professional or scientist with an appropriate qualification in pharmacology. Members of the wider prescribing teaching team should include non-medical prescribers who hold a recorded prescribing qualification and have relevant experience, including in specialist fields of practice. The Lead Midwife for Education is expected to work with the programme lead for prescribing to ensure adequate support for student midwives.

The practice assessor for those undertaking a programme of preparation as a Community Practitioner Nurse Prescriber should be a practising prescriber.



**Guidance**

Students on the preparation programme should be supported in both academic and work-based learning environments. Programme teachers and mentors must have the knowledge, skills and expertise to provide appropriate support to students in their field of practice. Where specialist knowledge is required, eg. prescribing for children, or in mental health, this must be provided both in academic and practice settings. They should also identify learning opportunities with the student, and offer support and guidance to enable the student in her prescribing role.

In the case of midwives this may include the Lead Midwife for Education.

**Standard 8*****Balance between practice-based learning and theory***

Throughout the duration of the programme students are expected to apply principles of prescribing to their practice and reflect on this through a learning log or portfolio to ensure integration of theory and practice. However, they may *not* prescribe until they have successfully completed the programme and have recorded the relevant qualification with the NMC.

**Guidance**

It is important that practice-based learning is integral to the programme so that the student is provided with the opportunity to observe prescribing-in-action. This should include all aspects of medicines management, and time should be spent with a range of non-medical prescribers, dispensing pharmacists, pharmacy technicians, as well as medical prescribers where possible.

**Content of programme of education to achieve NMC proficiencies as a nurse prescriber**

The content of the programme must be founded on the principle that prescribing is a competence-based professional activity. In addition to the requirements specified in this standard, the content should reflect the requirements of local employers, including the independent sector, across the four countries of the United Kingdom.

## **Standard 9**

### ***Aim and learning outcomes***

The aim and learning outcomes for the preparation of nurses to prescribe from the community practitioner nurse formulary are set out below:-

#### **Aim**

The education programme aims to prepare nurses to prescribe safely, appropriately and cost-effectively from the community practitioner formulary for nurse prescribers.

#### **Learning outcomes**

The learning outcomes of the programme are set at *minimum* degree level and enable the practitioner to:

- assess and consult with patient/clients, clients, parents and carers
- undertake a thorough history, including medication history and current medication (including over-the-counter, alternative and complementary health therapies) to inform diagnosis
- understand and apply the relevant legislation to the practice of nurse/midwife prescribing
- critically appraise, use sources of information/advice and decision support systems in prescribing practice
- understand the influences that can affect prescribing practice, and demonstrate your understanding by managing your prescribing practice in an ethical way
- understand and apply knowledge of drug actions in prescribing practice
- demonstrate an understanding of the roles and relationships of others involved in prescribing, supplying and administering medicines
- prescribe safely, appropriately and cost effectively
- practise within a framework of professional accountability and responsibility

#### **Programme content**

The programme content for the educational programme to enable nurses to prescribe from the community practitioner nurse formulary who do not hold a SPQ should reflect the level of study required to prescribe from the community practitioner formulary. In order to meet learning outcomes, the following areas of study must be incorporated into a detailed curriculum, which will enable registrants to develop knowledge and competence as prescribers appropriate to their level of responsibility.

## **Programme content for nurses to prescribe from the community practitioner nurse formulary**

### **Consultation, decision-making and therapy, including referral**

- accurate assessment, history taking, communication and consultation with patients/clients and their parents/carers
- development of a management plan
- diagnosis
- prescribe, not to prescribe, non-drug treatment or referral for treatment
- numeracy and drug calculations

### **Influences on, and psychology of, prescribing**

- patient/client demand, and preference vs patient/client need - knowing when to say 'no'
- external influences, eg. companies or colleagues
- patient/client partnership in medicine-taking, including awareness of cultural and ethnic needs
- concordance as opposed to compliance

### **Prescribing in a team context**

- rationale, adherence to, and deviation from national and local guidelines, local formularies, protocols, policies, decision support systems and formulae
- understanding the role and functions of other team members
- documentation, with particular reference to communication between team members, including electronic prescribing
- auditing, monitoring and evaluating prescribing practice
- interface between multiple prescribers and management of potential conflict
- budgets and cost effectiveness
- dispensing practice issues

### **Clinical pharmacology, including the effects of co-morbidity**

- anatomy and physiology as applied to prescribing practice and community practitioner formulary
- basic principles of drugs to be prescribed - absorption, distribution, metabolism and excretion, including adverse drug reactions (ADR)
- interactions and reactions
- patient/client compliance, concordance and drug response
- impact of physiological state on drug responses and safety, eg. in elderly people, neonates, children and young people, pregnant or breast feeding women

## **Evidence-based practice and clinical governance in relation to nurse prescribing**

- rationale, adherence to and deviation from national and local guidelines, protocols, policies, decision support systems and formulae
- continuing professional development - role of self and role of the organisation
- management of change
- risk assessment and management, including safe storage, handling and disposal
- clinical supervision
- reflective practice/peer review
- critical appraisal skills
- auditing practice and scrutinising data, systems monitoring
- identify and report adverse drug reactions and near misses and learn from mistakes

## **Legal, policy and ethical aspects**

- sound understanding of legislation that impacts on prescribing practice
- legal basis for practice, liability and indemnity
- legal implications of advice to self-medicate including the use of alternative therapies, complementary therapy and over the counter (OTC) medicines
- safe-keeping of prescription pads, action if lost, writing prescriptions and record keeping
- awareness and reporting of fraud (recommendations from the Shipman Inquiry, Fourth Report)
- drug licensing
- Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/client safety incidents to the National Patient Safety Agency (NPSA)
- prescribing in the policy context
- manufacturer's guidance relating to literature, licensing and off-label
- ethical basis of intervention
- informed consent, with particular reference to client groups in learning disability, mental health, children, critically ill people and emergency situations

## **Professional accountability and responsibility**

- *The Code*
- *NMC Standards for prescribing practice*
- ethical recommendations from the Shipman Inquiry, Fourth Report
- accountability and responsibility for assessment, diagnosis and prescribing
- maintaining professional knowledge and competence in relation to prescribing
- accountability and responsibility to the employer

## **Prescribing in the public health context**

- duty to patient/clients and society
- inappropriate use of medication, including misuse, under-use and over-use
- inappropriate prescribing, over-prescribing and under-prescribing
- access to health care provisions and medicines

The principle areas, knowledge, skills and competencies required to underpin prescribing practice are outlined in Annexe 1.

**Guidance**

The level at which the indicative content is met within the programme will be at least degree level (three). The learning outcomes must be achieved by all prescribers and applied to the level of prescribing as a community practitioner prescriber.

1.4 Standard for assessment

**Standard 10**

**Assessment of nurses to prescribe from the community practitioner nurse formulary who do not hold a SPQ qualification**

Registrants without a SPQ qualification undertaking educational preparation programme to prescribe from the Community Practitioner Formulary, and subsequent recording of this qualification, must meet the assessment requirements for the SPQ/SCPHN educational preparation of prescribing programme and must successfully complete a written examination to demonstrate that they have met the required learning outcomes relevant to the scope of their prescribing responsibilities..

The written examination should consist of a total of twenty, short answer and multi-choice questions (MCQ) to test pharmacological knowledge and its application to practice.

In addition they must undertake an additional assignment in the form of an essay/portfolio that demonstrates an understanding of ethical issues, legal issues, team working, record keeping, writing a prescription and numeracy - and how these apply to prescribing practice.

All Higher Education Institutions (HEIs) must map the registrant's achievement of competencies throughout the assessment process and clearly indicate criteria for referral. If a registrant fails to correctly answer any question that may result in direct harm to a patient/client they *must* be referred, eg. failure to ask about medication history, allergies, any over the counter medication, or incorrect dosage/prescribing of an unlicensed product.

## **Section 3 – Further information**

### **Glossary**

#### **Approved Education Institution (AEI)**

An education institution that has been approved to deliver a NMC approved programme.

#### **Clinical governance**

Quality assurance activities which ensure that pre-determined clinical standards that have been set, are seen to be maintained by practitioners, and are evident within health care settings.

The CMP is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient/client and to that patient/client's specific condition(s) to be managed by the supplementary prescriber. The CMP is required to include details of the illness or conditions that may be treated, the class or description of medical products that can be prescribed or administered, and the circumstances in which the supplementary prescriber should refer to, or seek advice from, the doctor/dentist. Supplementary prescribers must have access to the same patient/client health records as the doctor/dentist. Since April 2005, nurse supplementary prescribers can prescribe controlled drugs, provided the doctor/dentist has agreed to this within the clinical management plan.

#### **Commissioners**

Those funding the programme, such as: Strategic Health Authority (England); Local Health Board (Wales); Scottish Executive Health Department; and Department of Health and Social Services and Public Safety (DHSSPS Northern Ireland).

#### **Competence**

Relates to the need for the student to demonstrate their 'capability' in certain skill areas to a required standard at a point in time.

#### **Competencies**

Component skills which contribute to being competent and achieving the standards of proficiency for registration. Competencies might include skills arising from learning outcomes or other requirements.

#### **Independent prescribing**

A prescriber who is legally permitted and qualified to prescribe and takes the responsibility for the clinical assessment of the patient/client, establishing a diagnosis and the clinical management required, as well as the responsibility for prescribing, and the appropriateness of any prescribing.

## **Lead Midwife for Education**

Named person within an approved educational institution responsible for leading midwifery education and involved in all processes relating to the approval and monitoring of NMC approved midwifery programmes.

## **Learning outcomes**

Developed by programme providers (AEIs and their service partners), and which contribute towards and demonstrate the meeting of all NMC standards of proficiency by the end of the programme. Learning outcomes can be grouped together to form module outcomes and each module can then be assessed individually. Each module builds on the next towards meeting overall professional programme requirements.

## **Licensed Medication**

The Medicines and Healthcare products Regulatory Agency (MHRA) operates a system of licensing before medicines are marketed (see **Marketing authorisation**). However, the Medicines Act allows certain exemptions from licensing which include:

- The manufacture and supply of unlicensed relevant medicinal products for individual patient/clients (commonly known as 'specials')
- The importation and supply of unlicensed relevant medicinal products for individual patient/clients
- Herbal remedies exemption

## **Marketing authorization**

Previously known as a 'product licence'. This normally has to be granted by the MHRA before a medicine can be prescribed or sold. This authorisation, which confirms that medicines have met standards for safety, quality and efficacy, considers all of the activities associated with marketing medicinal products,

## **Medicines Act Exemptions**

Allow certain groups of healthcare professionals including occupational health schemes and midwives to sell, supply and administer particular medicines directly to patient/clients. Provided the requirements of any conditions attached to those exemptions are met, a Patient Group Direction is *not* required.

Initial independent prescriber preparation programme for district nurses and health visitors, the programme was delivered over three days with registrants expected to undertake study via the approved distance learning pack.

**Mode 1**  
**Mode 2**

Integration of the preparation for prescribing from the nurse prescribers formulary for community practitioners into the education and training programme leading to the Specialist Practitioner Award for District Nurses and Health Visitors. This has recently been extended to all SPQ (Community Pathway) where there is an identified clinical need.

**Nurse independent prescribers**

Nurses and midwives who are on the relevant parts of the Nursing and Midwifery Council (NMC) register may train to prescribe any medicine for any medical condition within their competence with the exception of controlled drugs.

**Nurse Prescribers Formulary for Community Practitioners (CPF)**

The formulary from which nurses who have successfully completed the community practitioner prescribing programme may prescribe independently.

**Parts of the register**

The NMC register, which opened on 1 August 2004, has three parts: nurses, midwives and specialist community public health nurses. A record of prescribing qualifications on the register identifies the registrant as competent to prescribe as community practitioner nurse prescriber or a nurse independent/supplementary prescriber.

**Patient Group Direction (PGD)**

Are written instructions for the supply or administration of named medicines to specific groups of patients who may not be individually identified before presenting for treatment. Guidance on the use of PGDs is contained within *Health Service Circular (HSC) 2000/026*. The circular also identifies the legal standing of PGDs plus additional guidance on drawing them up and operating within them. It is vital that anyone involved in the delivery of care within a PGD is aware of the legal requirements. It is not a form of prescribing. See also guidance at [www.npc.co.uk](http://www.npc.co.uk)

**Patient Specific Direction**

Are written instructions from a doctor, dentist or nurse prescriber for a medicine to be supplied and/or administered to a named person. This could be demonstrated by a simple request in the patient/clients notes or an entry on the patient/client's drug chart. Prescribers are required to keep a 'register of interests' that could impact on their prescribing practice, such as links with pharmaceutical companies, use of pharmaceutical companies to sponsor events, any gifts received, etc.

**Register of interests**

NMC QA activity includes programme approval and monitoring. It is currently undertaken by the NMC in England and by agents in Scotland, Wales and Northern Ireland.



## **Quality Assurance (QA) Registrants**

Nurses, midwives and specialist community public health nurses currently entered in the NMC register.

### **Requirements**

These include the Rules, standards and principles relating to a programme.

### **Rules**

Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards, eg. Education, Registration and Registration Appeals Rules 2004 (SI 2004/1767). 'Standards' support the rules. Standards are mandatory and gain their authority from the legislation, in this case the Order and the Rules.

### **Stakeholders**

Those who have a major interest in ensuring an effective programme outcome, including programme providers, placement providers, students, mentors, practice teachers, external examiners, external agencies, service users and carers.

### **Specialist Practitioner Qualification**

The qualification awarded to registrants on successful completion of a programme of preparation leading to specialist practice. Specialist practice is the exercising of *higher levels* of judgement, discretion and decision-making in clinical care.

### **Standards**

The NMC is required by the Nursing and Midwifery Order 2001 to establish standards of proficiency to be met by applicants to different parts of the register. The standards are considered to be necessary for safe and effective practice [Article 5(2)(a)]. These are set out within the *Standards of proficiency* for each of the three parts of the register, and for the recorded qualification of nurse or midwife prescriber.

### **Specialist Community Public Health Nurse**

A nurse who aims to reduce health inequalities by working with individuals, families, and communities, promoting health, preventing ill health and in the protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations.

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

## **Unlicensed medicines**

This term refers to medicines that are not licensed for any indication or age group.

Reasons why a drug may not be licensed include:

- The drug is undergoing a clinical trial, has been imported, has been prepared extemporaneously or prepared under a special manufacturing licence
- The product is not a medicine but is being used to treat a rare condition.

## **V100, V150, V200, V300.**

Codes used by AEs to notify a registrant's successful completion of a programme to the NMC.

## **Yellow Card Scheme**

If a patient/client experiences an adverse drug reaction to a medication the nurse/midwife should record this in the patient/client's notes, notify the prescriber (if they did not prescribe the drug) and notify via the Yellow Card Scheme immediately. Yellow cards are found in the back of the British National Formulary and online on [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). For further information read the BNF or access the MHRA website [www.mhra.gov.uk](http://www.mhra.gov.uk)

## **Legal classification of licensed medicines**

### **Prescription Only Medicines (POM)**

POMs require a prescription to be written, usually by a doctor, dentist, nurse/midwife or other approved prescriber

### **Pharmacy medicine (P)**

P medicines can only be sold through a registered pharmacy under the personal supervision of a pharmacist, i.e. the pharmacist needs to be present before a P medicine can be sold.

### **General sales list medicine (GSL)**

GSL medicines are deemed even safer than P medicines and can be sold in general shops as well as through pharmacies, albeit often in small quantities. All of the products are sold in manufacturer's original packs.

### **Over the counter medicine (OTC)**

Not a legal classification but a generic term that covers both GSL and P medicines.

## Resources

Department of Health website at [www.dh.gov.uk/nonmedicalprescribing](http://www.dh.gov.uk/nonmedicalprescribing)

Drug Information at [www.druginfozone.nhs.org.uk](http://www.druginfozone.nhs.org.uk)

Medicines and Healthcare Products Regulatory Agency website contains information about the legal framework governing the prescribing, supply and administration of medicines at [www.mhra.gov.uk](http://www.mhra.gov.uk)

Medicines Partnership Programme at [www.medicines-partnership.org](http://www.medicines-partnership.org)

National Prescribing Centre produce useful information including, competency frameworks, and guides to practice and resources to help healthcare professionals understand prescribing matters. They also provide study days and conferences to update practitioners. Their website is at [www.npc.co.uk](http://www.npc.co.uk)

Patient Group Directions is a webpage where a centrally maintained archive of approved PGDs can be found, visit [www.druginfozone.nhs.org.uk](http://www.druginfozone.nhs.org.uk)

PRODIGY is an electronic system that provides prescribing advice for GPs. It produces patient/client information leaflets and lists drugs recommended by PRODIGY and links them to the condition and situation in which they are recommended. The website can be found at [www.prodigy.nhs.uk](http://www.prodigy.nhs.uk)

European Council for Classical Homeopathy at [www.homeopathy-ecch.org](http://www.homeopathy-ecch.org)

Prince of Wales Foundation for Integrated Health at [www.fihealth.org.uk](http://www.fihealth.org.uk)

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## Annexe 1

### **Principle areas, knowledge, skills and competencies required to underpin prescribing practice**

#### **Principle areas, knowledge, competence**

Principles Practice

Legislation that underpins prescribing

Principles of prescribing

Team working principles and practice

Philosophy and psychology of prescribing

Up to date clinical and pharmaceutical knowledge

Principles of drug dosage, side effects, reactions and interactions

Works within the relevant legislative framework.

Understands the principles behind independent and supplementary prescribing and how they are applied to practice

Able to use the adverse reaction reporting mechanisms

Awareness of the impact of prescribing in the wider delivery of care.

Understands how medicines are licensed and monitored

Able to work and communicate as part of a multidisciplinary prescribing workforce

*Reviews diagnosis and generates treatment options within the clinical treatment management plan*

Understand the complexity of the external demands and influences on prescribing

Makes an accurate assessment and diagnosis and generates treatment options

*Relevant to own area of expertise*

Able to prescribe safely, appropriately and cost effectively

Accountability

Responsibility

Communication, consent and concordance

Relationship of public health requirements to prescribing

*The Code*

The lines of accountability at all levels for prescribing

Drug abuse and the potential for misuse

Requirements of record keeping

Lines of communication

Leadership skills

Able to work with patient/clients as partners in treatment

Proactively develops dynamic clinical management plans

Able to assess when to prescribe or make appropriate referral

*Able to refer back to a medical practitioner when appropriate*

Aware of policies that have an impact on public health and influence prescribing practice

Able to articulate the boundaries of prescribing practice in relation to the duty of care to patient/clients and society

Able to apply the principles of accountability to prescribing practice

Able to account for the cost and effects of prescribing practice

Regularly reviews evidence behind therapeutic strategies

Able to assess risk to the public of inappropriate use of prescribed substances

Understand where and how to access and use patient/client records

Able to write and maintain coherent records of prescribing practice

Able to communicate effectively with patient/clients and professional colleagues

Able to advise and guide peers in the practice of prescribing

Roles of other prescribers

Relationship of prescribers to pharmacists

Clinical governance requirements in prescribing practice

Audit trails to inform prescribing practice

Able to articulate and understand the roles of other key stakeholders in prescribing practice

Understand the requirements of pharmacists in the prescribing and supply process

Link prescribing practice with evidence base, employer requirements and local formularies

Demonstrate ability to audit practice, undertake reflective practice and identify continuing professional development needs

*National Prescribing Centre*