Prescribing Process Guidance for Non-Prescribing Clinicians in General Practice

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1. INTRODUCTION

1.1. BACKGROUND

This guidance was developed following a learning event promoting the exploration of processes for medicine(s) prescribing and the role of non-prescribing clinicians within these.

Practices are ultimately responsible for determining the processes they implement for prescribing medicines, and adoption of this guidance is optional. However, it is suggested that any processes used establish a clear audit trail and align with the code of conduct for non-prescribing clinicians.

This guidance has been developed in conjunction with key local stakeholders.

1.2. WHO THIS APPLIES TO

This document applies to all clinicians who are not qualified non-medical prescribers (NMPs) working in general practice settings in BNSSG and other individuals performing functions related to the organisation, such as agency workers, locums, and contractors. This includes those who may or may not be employed by the organisation but are working under the Additional Roles Reimbursement Scheme (ARRS).

1.3. CQC

The Care Quality Commission (CQC) expects any general practice organisation to have processes in place to demonstrate compliance with the CQC's Single Assessment Framework, which includes:

> **S4.2** Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?
>
> **S.4.6** Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?

2. PRINCIPLES/REGULATION

2.1. PRINCIPLES

- All recommendations, initiation, amendments, additions, and authorisations of prescriptions should be made within the capabilities and competence of clinical staff. This is relevant for prescribers as well as non-prescribers
- Prescribers authorising any additions or changes to medication have the medico-legal responsibility for the treatment.
- Practices should ensure a robust audit and review process for clinicians who are not prescribers.
- Considering the principles above, practices should consider maximising the safety netting tools embedded in the EMIS digital system to ensure an effective prescribing system.

2.2. ACCOUNTABILITY

Prescribing errors are relatively common but preventable events.

All patient safety incidents (clinical and non-clinical) should be recorded internally. If further system action or shared learning is needed to identify themes affecting the quality or safety of patient care, this can also be reported to the ICB using the BNSSG Datix Portal. You can find further information on Datix reporting on Remedy.

2.3. PROFESSIONAL CODES OF CONDUCT

Registered non-medical professionals are regulated by professional codes of conduct outlining the professional standards they must uphold to be registered to practise in the UK. Regulatory bodies set standards concerning medicines & prescribing. You can find further information in the links below:

- Nursing
- Allied Health Professionals
- Pharmacy Professionals
- Physician Associates are not regulated; however, the Faculty of Physician Associates recently updated their code of conduct.

3. PRESCRIBING PROCESSES

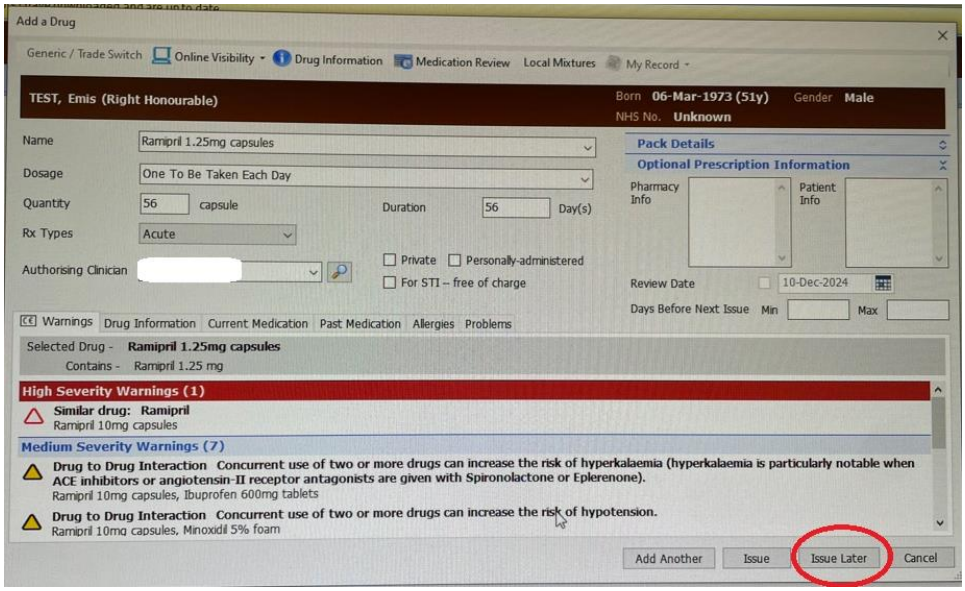
3.1. INITIATING PRESCRIPTION ONLY MEDICATION

Non-prescribing clinicians should avoid adding medications to the EMIS medication section and then requesting them through the medicines workflow for signing to avoid the lack of scrutiny involved with this automatic process.

They should only make medication recommendations if the practice has assessed them as having the required competencies.

Here are some processes which you may wish to adopt:

1. Due to the risk of a prescriber transcribing medication incorrectly, non-prescribing clinicians could add medication to the EMIS medication screen as an “issue later” as shown below. Non-prescribing clinicians can then send a task to the prescriber with the request, ensuring all relevant information is documented within the consultation. The prescriber can then review and prescribe the medication if deemed clinically appropriate.



2. Non-prescribing clinicians may send a task to the prescriber with the request, ensuring all relevant information is documented within the consultation. The prescriber can then add the medication to EMIS and issue it.

3. Other internal processes, such as access to clinical supervision, appropriate oversight, and the signing/ authorisation of the prescription by a suitably qualified prescriber.

3.2. AMENDING MEDICATION

Practices are responsible for ensuring that non-prescribing clinicians have the knowledge and capabilities to make recommendations regarding medication changes. When changes are required to prescribed medications, practices may or may not wish to adopt the same approach for medication initiation. This would include ensuring that the rationale for any amendment is documented.

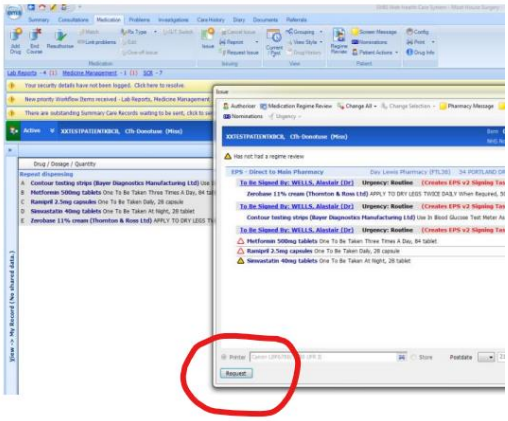
NB: Medication is often amended for multiple patients in relation to cost-efficiency and safety projects (mainly led by the ICB Medicine Optimisation team in agreement with the practice). In this case, it is permissible for a prescriber to give authority to a non-prescribing clinician to implement this; however, a robust process should be in place.

When medication is prescribed within a dosage range, e.g., insulin/salbutamol, it is acceptable for non-prescribing clinicians to advise increases/decreases within the dose range if clinically appropriate and within the individual's capability and scope of practice.

3.3. REQUESTING REPEAT PRESCRIPTIONS

If a patient requests medication during an appointment, non-prescribing clinicians should follow the practice process for repeat prescription requests.

E.g. Sending as a **request to issue** to the prescriber: By clicking the request button, you will send a request to the prescriber.



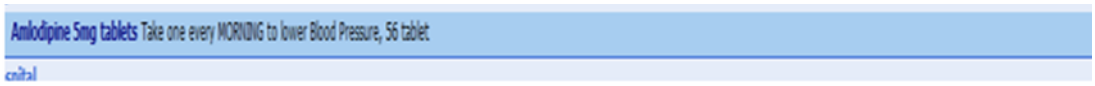
3.4. REAUTHORISING MEDICATION

A practice process should be in place when reauthorising medication, which includes training on reviewing the suitability of repeat medicines to make a reauthorisation request. An example of this scenario may be the reauthorisation of inhalers following an asthma review.

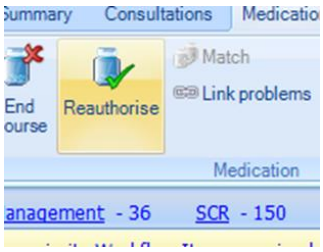
Example of an individual practice process

Following a review of the suitability of repeat medicine(s), clinicians who are not prescribers may make a reauthorisation request for medication(s) via the medication screen using the following process.

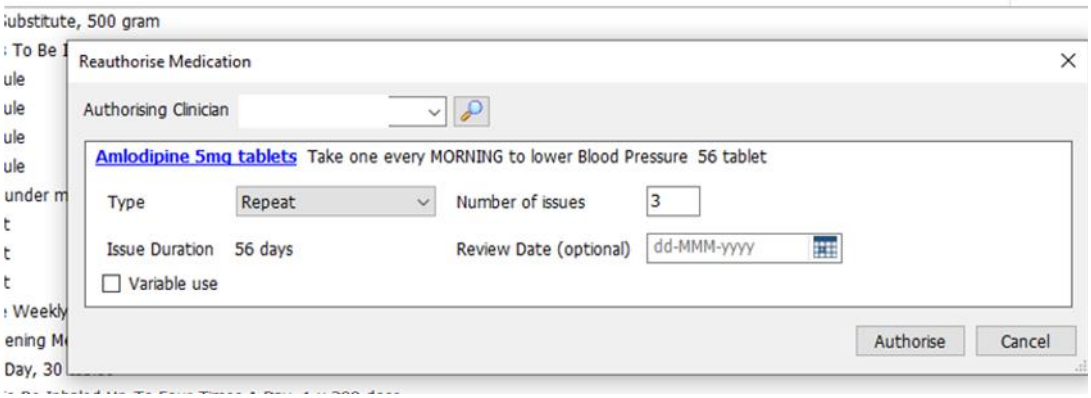
1. Only highlight medications that are relevant to the review



2. Click on the Reauthorise button



3. Select the number of issues, noting that the authorising clinician's name is the patient's named GP. Click the Authorise button.



4. The medication requests process for repeat prescribing would then follow normal processes as outlined in 3.3.

3.5. RESTARTING MEDICATION

When a medicine has reached the maximum number of issues or the expiry date, it will appear as past drugs in the patient's notes; this means that the medication no longer has an active prescription and should not be used to administer medications.

An example of this may be a patient attending for a B12 injection. Before administration by a non-prescribing clinician, an active prescription/legal authorisation must be in place. In this situation, the practice should determine the best way to prescribe this medication before the medicine is administered.

If the medication is not required immediately, you should follow the process for reauthorising medication as outlined in section 3.4.

3.6. ADMINISTERING MEDICATION

Medication administered by a non-prescribing clinician must be authorised through a prescription or legal mechanism, e.g., Patient Specific Direction (PSD), Patient Group Direction (PGD), or National Protocol. If a prescriber adds the entry on the EMIS medication screen that meets the requirements to be a legal PSD, then clinicians who are not prescribers can use this it to administer medication.

Unfortunately, most medicines, such as Depo Provera or B12 injection, are often not recorded in a way that meets PSD requirements on EMIS; therefore, many practices use PSDs using the EMIS templates; instructions can be found here.

You can find further information about legal mechanisms to supply and administer medicines to individuals here.

3.7. TRANSCRIBING

If a patient's record needs to be updated with a current list of prescribed medications, for example, when vaccination has been administered under a PGD, non-prescribing

clinicians may update the EMIS medication records if they have the necessary capabilities.

Transcribing is not without risk. Caution should be taken when transcribing medications initiated outside of the practice to ensure that medications have already been prescribed and patients have received appropriate counselling. A transcribing practice policy should be in place to determine how this process should happen, with an authorised signatory at the end.

You can find further information regarding transcribing on the SPS Website.

4. BECOMING A PRESCRIBER

The preparation for and acquisition of prescribing skills is achieved by eligible practitioners undertaking an accredited programme delivered by a Higher Education Institution (HEI). Independent Prescribing (IP) /Non-medical Prescribing (NMP) programmes provide the knowledge, skills and training to prescribe safely and competently.

You can find more information about independent/non-medical prescribing here.

The Royal Pharmaceutical Society has created a Prescribing Competency Framework for all prescribers. This framework has been designed to help maintain prescribing standards, inform education curricula, and provide a source of recognised guidance for those involved in IP/NMP.