



Good Practice in Supplementary Prescribing and Medicines Management by Radiographers

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Summary

This medicines practice guidance provides good practice information. This should underpin the decision-making and actions of radiographers who are annotated with the Health Professions Council (HPC) as supplementary prescribers.

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Introduction

This medicines practice guidance provides good practice information. This should underpin the decision-making and actions of radiographers who are annotated with the Health Professions Council (HPC) as supplementary prescribers.

This document is guidance. Guidance is information which a radiographer has a duty to consider and is expected to take into account as part of their decision making process. This document provides advice on the behaviours and conduct expected of radiographers who are annotated on the HPC register as a supplementary prescriber. Throughout this document, the use of the word 'must' indicates a legal and/or regulatory requirement and describes a mandatory action and/or behaviour. The use of the word 'should' indicates behaviours and/or actions that would be expected to occur in all normal circumstances.

If a radiographer supplementary prescriber deviates from the guidance in this document, the clinical judgement for so doing should be carefully recorded. You should comply with this and all other guidance issued by the Society and College of Radiographers (SCoR), and with any statutory requirements applicable to your prescribing practice. Failure to do so may put your HPC registration at risk if concerns are raised about your fitness to practise. A radiographer supplementary prescriber

will be expected to justify any decision to act outside the terms of this guidance, and in particular if they undertake a course of action not recommended by this guidance there must be robust reasons for doing so.

The Department of Health provides guidance on supplementary prescribing which applies to England only. Although the legislation that permits the extension of prescribing responsibilities applies across the UK, it is for the devolved administrations in Scotland, Wales and Northern Ireland to decide whether and how it is implemented for the NHS in their countries.

For further information on the position in Scotland, Wales and Northern Ireland please refer to the following websites:

<http://home.scotland.gov.uk/home>

<http://wales.gov.uk/?skip=1&lang=en>

<http://www.dhsspsni.gov.uk/>

At the current time, prescribing is not permitted by radiographers outside of the UK and therefore a radiographer permitted to supplementary prescribe in the UK cannot perform this activity outside of UK jurisdiction.

Supplementary prescribing is defined as a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber in order to implement an agreed patient-specific clinical management plan (CMP) with the patient's agreement.

Radiographers who are registered with the Health Professions Council (HPC) and have undergone and passed a validated course of education and training in prescribing are eligible to have their HPC entry annotated to describe their status as a supplementary prescriber.

This guidance document should be read in conjunction with:

- Standards of Proficiency for Radiographers (HPC 2009) http://www.hpc-uk.org/assets/documents/10000DBDStandards_of_Proficiency_...
- Standards of Conduct, Performance and Ethics (HPC 2008) <http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf>
- Code of Conduct and Ethics (SoR 2008) <http://doc-lib.sor.org/code-conduct-and-ethics>

plus any other pertinent documentation which may be subsequently published by the HPC or the SoR in relationship to supplementary prescribing by radiographers.

The HPC have indicated that they will be developing Standards for Prescribing for HPC registrants in the very near future.

Each section of this guidance carries equal weight and the document is not in any order of priority.

Legal Mechanisms of Medicine Use

Use The use of medicines in the UK is controlled by a very clear framework governed by the terms of the Medicines Act (1968). Radiographer supplementary prescribers must be absolutely clear that they understand this framework and the distinctions between the five core frameworks for medicines' use which are as follows:

Supply and Administration Frameworks:

1. Patient Specific Direction (PSD)

2. Patient Group Directive (PGD)
3. Exemptions

Prescribing Frameworks:

4. Supplementary Prescribing
5. Independent Prescribing

1. Patient Specific Direction (PSD)

This relates to the supply and administration of medicines and is not a prescribing tool for the radiographer. A PSD is a written instruction from a prescriber for a medicine to be **supplied** and/or **administered to a named patient** or, **to several named patients** (e.g. patients on a clinic list).

The radiographer must only supply and/or administer the medicine in accordance with the instructions that are written by the prescriber; it does not require an assessment of the patient by the radiographer. It is not good practice for oral instructions to be acted upon except in emergencies.

For example, if a radiologist or oncologist writes the type, strength and amount of contrast agent to be given to a named patient then that is a PSD. A written record of instructions given under a PSD must be maintained.

The radiographer administering the medication is accountable for their actions and should be aware of the professional standards for administration of medicines.

2. Patient Group Direction (PGD)

This relates to the supply and administration of medicines and is not a prescribing tool for the radiographer.

A PGD is defined as

- ' the supply and/or administration of a specified medicine or medicines, by named authorised health professionals, to a well-defined group of patients requiring treatment for the condition described in the PGD. The health professional must be registered. It applies to groups of patients who may not be individually identified before presenting for treatment.'²

PGDs may be used by a range of registered health care professionals (HCPs) acting as named individuals and having signed the PGD documentation. Assistant practitioners are not HPC registered and are not permitted by law to use PGDs.

A PGD provides a legal mechanism by which medicines can be supplied and/or administered to patients by a radiographer without first seeing a doctor or dentist. The radiographer thus:

- accepts personal responsibility for working within PGDs
- understands the legal implications of doing so
- keeps up to date with any emerging safety concerns related to the medicines in the PGD

A radiographer can obtain a stock of medicine ahead of administration of the medicine to a patient when the radiographer is using a PGD as the legal framework of medicines use and the named medicine is listed within the PGD.

Medicines included under the scope of PGDs are most licensed medicines and prescription only medicines (POMs). Unlicensed medicines cannot be supplied and/or administered under a PGD.

The administration of radiopharmaceuticals continues to be regulated by the Medicines (Administration of Radioactive Substances) Regulations 1978 and should not be included in PGDs.

Radiographer Responsibilities regarding PGDs²

- The radiographer must supply and administer the medicine in accordance with the instructions that are written within the PGD.
- The radiographer must satisfy specific educational and other criteria laid down within the protocol and which are approved by a senior physician and a pharmacist
- The radiographer working to a PGD is responsible for assessing that the patient fits the criteria in the PGD.
- A PGD enables a radiographer to supply and / or administer prescription-only medicines to patients using his / her own assessment of patient need, in accordance with the criteria set out in Schedule 7, Part I of Statutory Instrument 2000 No. 1917 - The Prescription Only Medicines (Human Use) Amendment Order 2000⁵

PGDs are not valid in all healthcare delivery settings. The application of PGDs in clinical practice varies between the separate UK countries.

3. Statutory Exemptions

This is NOT a prescribing tool; it is a supply and administration framework.

Legislation has provided a number of exemptions to the POM order for named groups of healthcare professionals in order that they can sell, supply or administer to patients named medicinal products within the scope of their clinical practice. When a medicine is covered in the legislation by an exemption then the health professional does not need a Patient Group Direction (PGD), Patient Specific Direction (PSD) nor a prescription from an authorised prescriber. There are no exemptions that apply to radiographers at the present time.

4. Supplementary Prescribing

Supplementary prescribing allows a radiographer to prescribe prescription only medicines (POMs), pharmacy (P) medicines and general sale list (GSL) medicines as part of a clinical management plan (CMP) agreed with the independent prescriber relating to a named patient and to that patient's specific condition.

The terms of use and definition of a CMP are defined in law and for a CMP to be legally valid, the independent prescriber must be a doctor or a dentist only.

5. Independent Prescribing

Currently this is not an option for radiographers- but it may change in the future. There is a strong case for progression to Independent Prescribing for physiotherapists and podiatrists. There is some evidence supporting a progression to Independent Prescribing for radiographers but less than that which exists for physiotherapists and podiatrists. ⁵

Categories of Medicine

There are three legal categories of medicines, identified according to their potency and risk of adverse side effects and the need for the supply to be professionally supervised.

1. Prescription Only Medicines (POM)

These medicines may normally only be sold or supplied against the signed prescription of an 'appropriate prescriber' i.e. a doctor, dentist, nurse prescriber, optometrist prescriber, pharmacist prescriber, radiographer prescriber (supplementary only), physiotherapist prescriber or podiatrist prescriber. A radiographer who is annotated on the HPC register as a supplementary prescriber may prescribe POMs under a written CMP. POMs are restricted to those patients that a health professional has identified as an appropriate recipient.

Some POMs are classed as controlled drugs (CD), such as morphine, pethidine and methadone and are restricted under the Misuse of Drugs Act (1971) and the classes of persons who are authorised to supply such medicines are defined under the Misuse of Drugs Regulations (2001). A radiographer who is annotated on the HPC register as a Supplementary Prescriber may prescribe controlled drugs under a written CMP.

2. Pharmacy Medicines (P)

These must be supplied or sold by a pharmacist or under the supervision of a pharmacist in registered pharmacy premises (unless specified otherwise in a statutory exemption).

These products can be sold with reasonable safety from premises that are under the supervision of a pharmacist but without the need for a written prescription. The products may be available for self-selection by the general public but a pharmacist is aware of the purchase at the point of sale.

3. General Sales List Medicines (GSL)

These products can be sold with reasonable safety without the supervision or advice of a doctor or pharmacist and may be obtained through a variety of outlets. All GSL medicines must hold a valid UK product licence and all the active ingredients must be listed in the product. Regulations restrict the pack sizes and quantities of the medicine that may be sold without supervision. Larger volumes may only be sold under supervision (P class) or prescription (POM class). An example of this would be paracetamol that is limited to 16 tablets under GSL terms, but may be supplied in larger quantities under P or POM terms.

Radiographer Supplementary Prescribing

Radiographer Supplementary Prescribing 6 Supplementary prescribing by radiographers comes under the Medicines for Human Use (Prescribing Order) 2005, SI2005, No 765. Its purpose is to support and enhance the delivery of imaging and/or radiation therapy services to patients.

A supplementary prescriber can prescribe any medicine, including controlled drugs, for any condition within their competence. The scope of supplementary prescribing is an issue to be agreed in a patient's Clinical Management Plan (CMP) and will be for the medical judgment of the independent prescriber (doctor or dentist only).

Scope of Practice

Radiographer prescribers must only prescribe within their scope of practice and understand that if

they change clinical areas they will require a period of training before they are competent to prescribe in a new area of practice.

The radiographer supplementary prescriber is responsible for the continuing care of patients who have been clinically assessed by the independent prescriber.

The education and training programme in supplementary prescribing ensures radiographers are equipped with the principles of prescribing to enable them to be safe, effective and cost-effective prescribers.

An individual's scope of practice must fall within the overall scope of the profession, therefore an individual's prescribing practice must fall within the overall prescribing scope of the profession.

The Allied Health Professions Competency Framework published in 2004 by the National Prescribing Centre provides useful prescribing information:

http://www.npc.nhs.uk/non_medical/resources/maintain_comp_prescribing.pdf

Radiographer prescribers should not be asked to prescribe for patients to make up for short-falls in other professional prescribing groups.

Radiographers are not permitted to prescribe medicines for animals.

Registration and Professional Indemnity Insurance

Radiographer supplementary prescribers are professionally accountable for their own actions, including prescribing decisions. Where a radiographer is appropriately trained and qualified as a supplementary prescriber, and prescribes as part of his or her duties with the consent of their employer, the employer may also be vicariously liable for the actions and decisions of their staff.

Many employers now expect individual health professionals to hold their own personal insurance in addition to any employer vicarious liability insurance that may be in force.

The Department of Health's guide to implementation of supplementary prescribing, advises all supplementary prescribers to ensure that they have professional indemnity or insurance.

Radiographers who are members of the Society of Radiographers (SoR) benefit from personal Professional Indemnity Insurance as part of their membership.

In order for their Professional Indemnity Insurance to be in force (subject to the terms of the policy), the SoR member must:

- Hold current registration with the HPC
- Be practising lawfully

Supplementary prescribing is accepted as within the overall scope of the radiography profession and due to the requirement for a radiographer to be practicing lawfully for Professional Indemnity Insurance to be in force, in order that prescribing is covered as part of an individual's Professional Indemnity Insurance the member must have an HPC annotation showing their prescribing status as a supplementary prescriber.

SoR members do not need to inform the SoR of their prescribing status, but they must not prescribe until they are satisfied that their HPC entry has been updated.

Radiographers who are not members of the SoR will need to ensure they have adequate insurance in place for their practice. They may be personally liable for any costs if they are not adequately or appropriately insured.

All radiographers who are employed should be covered by their employer under vicarious liability for civil wrongs committed by the employee in the course of their employment. All radiographers who are employed should also be covered by Employers' Liability if they injure a colleague at work. Employers should have insurance in place to cover their 'vicarious' and 'employer' liabilities.

Employers may expect individual health professionals to hold their own personal insurance in addition to any employer vicarious liability insurance that may be in force. Radiographers who wish to join the SoR in order to gain PLI and a variety of other benefits and professional support are very welcome and should contact www.sor.org

Standards for Prescribing

The HPC is in the process of developing and compiling the standards of proficiency that will be required by all HPC registrants who wish to use supplementary and/or independent prescribing.

The standards will include the proficiencies required to prescribe safely and effectively. These proficiencies will be in addition to the proficiencies that apply to non-prescribing radiographer practice.

Section 1 - Principles of Good Prescribing Practice

This section provides advice and guidance on prescribing practice. Having achieved the competencies for supplementary prescribing, radiographers are expected to follow this advice in their practice.

As a radiographer supplementary prescriber you should comply with this practice guidance and other guidance issued by the SCoR together with any statutory requirements applicable to your prescribing practice. Failure to do so may put your HPC registration at risk if concerns are raised about your fitness to practice.

The SCoR considers it good practice, that where radiographers are employed, that the employing organisation signs off all protocols and procedures. Where possible radiographer supplementary prescribers should follow organisational level policies and procedures and should only create local department level procedure where no organisational policy or procedure is in existence.

Practice Guidance 1: Licence to Prescribe

1.1 You must only prescribe once you have successfully completed an HPC approved prescribing programme and had your entry on the register of the HPC annotated to show your prescribing status as a supplementary prescriber.

1.2 You should comply with this Practice Guidance, other guidance issued by the SCoR, and with any statutory requirements applicable to your prescribing practice. Failure to do so may put your HPC registration at risk if concerns are raised about your fitness to practise.

1.3 You must only prescribe within your own defined scope of practice and clinical specialty.

1.4 You may prescribe any licensed medicine. You may prescribe controlled drugs as a Supplementary Prescriber if the drugs are listed within a written Clinical Management Plan. You may prescribe unlicensed medicines only when acting as a Supplementary Prescriber acting within a written Clinical Management Plan.

1.5 You must understand which legal framework you are using to supply and administer and/or prescribe medicines, and ensure that those to whom you delegate aspects of supply/administration

are aware of under which framework your instruction is given.

Practice Guidance 2: Accountability

2.1 You are professionally accountable for your own prescribing decisions, including actions and omissions. You cannot delegate this accountability to any other person nor can any other person accept accountability on your behalf for your actions. As a supplementary prescriber you are wholly responsible for your decision to prescribe or use the medicines listed within the written CMP. The decision to include medicines in a CMP may be shared between you and the medical prescriber.

2.2 You must only ever prescribe within your level of education, training and competence as a supplementary prescriber, acting in accordance with the HPC Standards of Proficiency and the SoR Code of Conduct and Ethics.

2.3 If you move to another area of practice you must consider the requirements of your new role and only prescribe within your level of education, training and competence for that new speciality. You may need to undertake further training in order to establish your competency to prescribe in your new clinical speciality

2.4 You must inform anyone who needs to know about any limitations to your prescribing practice. In particular, other practitioners with dispensing responsibilities need to know about this. For example, your employer may operate a specific prescribing formulary and may not allow you to prescribe outside of this formulary. This restricted formulary would only apply to your NHS practice for that employer.

2.5 You must inform the relevant authorities if you have any formal regulatory restrictions placed on your prescribing activity, for example, if the HPC forbids you to prescribe controlled drugs or other named drugs.

Practice Guidance 3: Assessment

3.1 As you are accountable for prescribing for the patient you must prescribe only where you have relevant knowledge of the patient's health and medical history, including their medication history.

3.2 You must know what medication the patient is currently taking (including over the counter [OTC] and herbal preparations) before prescribing medications referred to in the CMP.

3.3 You should take steps to ensure that the patient is not suffering from any medical condition, or receiving any other treatment, that would make the prescription of any medicine unsuitable or dangerous.

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

- the effects of smoking/caffeine/alcohol
- the effects of 'recreational' or 'street' drugs or those used to enhance physical or sporting performance
- the effects of OTC medicines including herbal preparations.

3.5 Where necessary you should request additional appropriate tests or have access to the results of those tests which are relevant to the presenting condition and/or appropriate to the prescribing decisions to be made in order to assist your prescribing decisions. These may include:

- blood haematology
- blood biochemistry tests e.g. liver, thyroid and/or kidney function
- radiological investigations

3.6 You should regularly monitor and assess the patient's progress as appropriate to the patient's condition and the medicines prescribed.

Practice Guidance 4: Clinical Need

4.1 You must only prescribe where you have assessed the patient and there is a genuine clinical need for treatment.

4.2 You may alter the medicine prescribed within the limits set by the CMP if monitoring of the patient's progress indicates that this is clinically appropriate.

4.3 Within the CMP you must also consider the circumstances in which you may decide to withdraw medication, cease to continue prescribing a named medication or alter the prescribed dose of a medication. Patients may also wish to discuss with you withdrawal from medication at their choice. Any withdrawal from medicines needs to be planned in partnership with the patient and take place over an agreed time period.

4.4 You should prescribe in the patient's best interests and achieve this by reaching agreement with the patient on the use of any proposed medicine within the CMP. The amount of information you discuss with the patient will vary according to the nature of the patient's condition, the risks and benefits of the medicine and any alternatives, and the patient's wishes, but in all circumstances will include the provision of 'sufficient information' to allow the patient to make an informed choice i.e. to give their informed consent. You should aim to:

- establish the patient's priorities, preferences and concerns
- discuss alternative treatment options available to the patient
- satisfy yourself that you have enough relevant information to make a prescribing decision
- satisfy yourself that the patient understands how to take the medicine as prescribed

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

Practice Guidance 5: Consent

5.1 You must explain your role as a non-medical prescriber to the patient or their representative. You must provide your patient with 'sufficient information' relating to the risks, benefits and significant and material outcomes of the medicines management you are considering as well as the comparative risks of alternative treatment options to medication that may be considered. The provision of 'sufficient information' is required to ensure the patient is able to make a decision appropriate for them and thus give 'informed consent' to treatment.

5.2 You must be aware of social, cultural and religious differences insofar as they apply to prescribing.

5.3 You must act in accordance with the Department of Health, SCoR and employer guidance on the obtaining and documentation of consent.

5.4 The patient should be provided, if appropriate, with any relevant Patient Information Leaflet (PIL) about the medicine you propose to prescribe in order to assist them in making an appropriate decision.

5.5 You must make it clear to the patient that prescribing activity cannot be undertaken in isolation. You should inform anyone else who may be in a position to prescribe for that patient of your actions to avoid prescribing errors. This is most likely to be the patient's general medical practitioner, but may also include other health and social care professionals. If the patient refuses to consent to you sharing such information you must offer an explanation of the risks of not doing so. If the patient continues to refuse to give consent, you must consider which course of action, including to not

prescribe, would be in the best interests of the patient. This must be documented in their records.

5.6 The patient should be provided with any relevant Patient Information Leaflet (PIL) about the medicine you propose to prescribe, if appropriate, in order to assist them in making an appropriate decision. In in-patient settings where a PIL may not be routinely supplied, patients can request such information if they wish and should be supplied with the information they require.

5.7 The patient must be clearly informed if the medicine being prescribed is part of a properly conducted clinical research trial and to consider whether they wish to be part of that trial.

Practice Guidance 6: Communication

6.1 You must communicate, using the most appropriate media, effectively with other practitioners involved in the care of the patient. This includes communication across NHS-private practice boundaries where necessary. You must refer the patient to another prescriber when it is necessary to do so.

6.2 Prescribing decisions should be made in partnership with the patient, where practicable to do so. This will include taking into account the patient's personal views and beliefs and discussing prescribing and medication decisions in relation to these.

6.3 Prescribing is not an activity that occurs in isolation. Prescribing information must be shared with other health professionals who need to know the information for the benefit of the patient and this will include the patient's GP. You should decide the best methods of sharing this information. Where possible, you should have access to other professionals' prescribing decisions where they impact upon your own decisions. This will include communication across NHS-private practice boundaries where it is necessary to ensure that clinicians have appropriate information to inform their prescribing practice.

6.4 You must know what medication the patient is currently taking including Over-The-Counter and herbal preparations before prescribing new medications and you must take 12 steps to ensure you have access to the primary source of prescribing information, which is likely to be the GP record.

6.5 Documentation of your prescribing communications should be recorded as described in Practice Guidance 7.

Practice Guidance 7: Record-Keeping

7.1 This practice guidance relates specifically to the record keeping of your prescribing actions. You should refer to other standards and guidance for information relating to clinical record keeping in general.

7.2 Prescribing activity (e.g. writing an FP10, using a hospital based treatment/drug card or using an electronic prescribing application, or a private prescription) must occur at the time of contact with the patient in order to ensure contemporaneous activity is captured in the clinical record.

7.3 Documentation of the prescribing activity should be recorded in clinical records at the time of treatment of the patient. It is not good practice to document prescribing activity after the event e.g. at the end of the clinic session or the end of the day. Only in exceptional circumstances should documentation be delayed, but in any event the delay should not exceed 24 hours.

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

7.5 Records should include the prescription details, together with relevant details of the consultation with the patient.

7.6 Your records should show that you have communicated with the primary healthcare record

keeper (usually the GP) especially with regard to repeat, ongoing or withdrawn prescriptions. For hospital in-patients this may be in the form of the hospital discharge letter and/or clinic letter.

Practice Guidance 8: Evidence-Based Prescribing

8.1 You should ensure that your prescribing practice is appropriate, responsible and in the patient's best interests. Every medicine that is prescribable will have an evidence base recommending its use and you should be aware of the current evidence supporting the use of a given medicine.

8.2 You should use national sources of evidence as your primary source of evidence-based prescribing. Such sources include:

- NICE Guidelines for clinical conditions
- NICE Guidance for the use of treatments/interventions
- Clinical Knowledge Summaries
- Current edition of the BNF and BNF for Children

8.3 Where you can clearly demonstrate that a national source of evidence is not available, then locally agreed practice based evidence or protocols should be followed.

8.4 You may have a role in helping others to keep up to date and you should share your knowledge with others as appropriate. This will ensure that all prescribing is in accordance with the best available evidence and guidelines.

8.5 You must ensure your prescribing is appropriate and responsible by ensuring you:

- are familiar with the current national sources of evidence for the medicine
- are familiar with the current national sources of evidence for the condition you are treating which may also include current evidence for which medicine groups should be used, or not used, and a hierarchy of medicines use
- have taken an appropriate assessment of the patient
- have taken into account the patient's preferences and expressed wishes with regard to medicines use
- have prescribed the appropriate dose for your patient's age and weight

Practice Guidance 9: Delegation

9.1 You may delegate the administration of a medicine that you have prescribed to another healthcare worker or to the patient themselves. You remain accountable for your prescribing decision, and you are also accountable for your decision to delegate the task of administration to someone else including the patient. 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.

9.2 You may not delegate administration of a medicine that you supply or administer via a PGD. Medicines listed within a PGD can only be administered by the registered health professionals named on the PGD and should never be administered by assistant practitioners.

9.3 When delegating the administration of a medicine to someone else you should record in the appropriate record:

- the name and profession to whom you delegated the administration
- what you have asked them to administer
- how you have asked them to administer

9.4 Where this information is not clearly identifiable from your written prescription then the information should be separately recorded in the patient record.

9.5 You must provide direct supervision of any post-registration radiographer who is undergoing a period of training in the safe use of medicines or prescribing.

Practice Guidance 10: Information given to patients about their medicines

10.1 Patients, or those authorising treatment on behalf of the patient, should be given sufficient information as they require in order for them to make an informed choice with regard to prescribing decisions. You should include:

- diagnosis giving rise to prescribing need
- any known serious or common side effects of the proposed medicine
- how the medicine works
- how long to take the medicine for
- how to stop taking the medicine

10.2 Information provided must be appropriate to the patient's levels of understanding.

10.3 Where practicable you should support information given to your patients in writing.

10.4 You should tell the patient that their medicine will come supplied with a manufacturer Patient Information Leaflet (PIL) which will give them additional information. In in-patient settings where the PIL is not routinely supplied, patient's can request such information if they wish.

10.5 You must inform the patient if you propose to prescribe or use any medicine that is unlicensed (including the use of 'mixed' medicines), where there is little research or other evidence of current practice to support your proposed use of the medicine, or where the use of the medicine is innovative.

Practice Guidance 11: Clinical Management Plan

Crucial to supplementary prescribing is the Clinical Management Plan (CMP) whose term is defined in law by Section 1(2) of the Medicines (Exemptions and Miscellaneous Amendments) Order, 2009 (No 3062). Regulations provide that a CMP must be in place before supplementary prescribing can go ahead.³

11.1 You must prescribe in accordance with a patient's individual clinical management plan (CMP). The independent prescriber (doctor or dentist) is responsible for the initial diagnosis and for the setting up of the parameters of the CMP, although they need not have personally set it up.

11.2 The CMP must be agreed by both the independent prescriber and the supplementary prescriber, with the consent of the patient, before supplementary prescribing begins. Agreements must be recorded in the CMP and in the patient record. The CMP will remain in place for an agreed period of time, usually no longer than 12 months.

11.3 The CMP may include reference to clinical guidelines and guidance as an alternative to listing medicines individually. These referred-to guidelines must be readily accessible by you.

11.4 You have discretion in the choice of dosage, frequency, product and other variables in relation to medicines within the limits specified within the CMP.

11.5 You should, with the independent prescriber, jointly carry out formal clinical reviews at predetermined periods both within the lifespan of the CMP and at its culmination. The final review may be undertaken jointly by both prescribers reviewing the patient together; in the event of this not being possible, the independent prescriber should review the patient and then subsequently discuss

future patient management with you.

11.6 You must refer the patient back to the independent prescriber should the patient's circumstances change to the extent that they cannot be managed within the CMP.

11.7 You must never prescribe medication in the absence of a CMP. The independent prescriber may agree verbally to a CMP providing that it is confirmed by fax or secure email before prescribing occurs and formally agreed within two working days.

11.8 The prescribing of a POM by you in your role as a supplementary prescriber outside a CMP constitutes a criminal offence under the terms of the POM Order. Such action could mean that you would be subject to prosecution under the Medicines Act (1968), although it is more likely that action would be taken by the HPC under its Fitness to Practice procedures.

Practice Guidance 12: Transcribing

12.1 In some circumstances you may be asked to transfer medicines information from one document to another, a process known as transcribing. Transcribing should not be a routine or regular occurrence.

12.2 If you transcribe, you are accountable for your actions and omissions and this will include any errors you make in transferring the information from one document to another.

12.3 You should satisfy yourself that transcribing is a necessary activity that cannot be eliminated by reviewing and improving the care pathway. If transcribing must occur, you should ensure that the activity meets local clinical governance requirements.

12.4 Any transcription must include:

- Patient's full name
- Date of birth
- Name of medicine
- Drug dosage, strength, timing, frequency and route of administration

Practice Guidance 13: Electronic Prescribing

13.1 If you prescribe using e-Prescribing software you must also be using a compatible electronic clinical record software package that allows your prescribing activities to be referenced and cross-checked against the main electronic clinical record. The purpose of electronic prescribing is to reduce medicines errors and reduce patient morbidity and mortality; therefore the prescribing record must be linked to the clinical record.

13.2 You may prescribe via computer-generated prescriptions providing the necessary software is available.

13.3 A traceable audit trail of your prescribing actions must be maintained.

13.4 You must never print off blank prescriptions in advance and store them for future use.

Practice Guidance 14: Writing NHS Prescriptions

14.1 In order to write an NHS prescription, the medicine must be permitted to be prescribed at NHS expense. You should check the BNF if you are not sure if a medicine is available on the NHS. If a medicine is not available at NHS expense, it can only be prescribed against a private prescription

14.2 You and your NHS organisation are responsible for the security of prescription forms.

14.3 Your written prescription must contain the information required by law such as:

- it must be signed in ink
- it must contain your name and workplace address
- the date on which the prescription was signed by you and/or the date after which it can be dispensed
- your profession
- the name and address of the patient
- the age of the patient if they are under 12 years old

14.4 The names of the medicines must be written clearly using approved names only. You must not use abbreviations in the name of the medicine.

14.5 You must only write prescriptions for your NHS patients on forms that have been issued specifically to you that show your name and HPC registration number on them.

14.6 You must sign your prescriptions immediately after they are produced. If this is not possible (e.g. the prescription is printed in a dispensary away from your clinic room), the unsigned prescriptions must be securely stored until you can sign them. You must sign them within 24 hours

14.7 You must never sign blank prescription forms in advance and store them for future use.

Practice Guidance 15: Writing Private Prescriptions

15.1 Supplementary prescribing may operate in private practice, where any prescription must be in accordance with what has been agreed with the independent prescriber and the patient within the terms of the CMP.

Practice Guidance 16: Reviewing Prescriptions

16.1 You should review a patient's medication regularly and in particular when you are starting a new medication, stopping a medication or changing a dose of a current medication.

Practice Guidance 17: Repeat Prescriptions

17.1 Repeat prescriptions are valid for six months and, unless specified in writing on the prescription otherwise, the medicine may be dispensed twice within the validity of the prescription (with the exception of contraceptives which may be dispensed six times). You should ensure that you review your patient's medication at regular intervals to ensure the prescription remains appropriate for your patient's needs.

17.2 If you issue repeat prescriptions you must ensure that you prescribe safely and responsibly. Before signing repeat prescriptions you must be satisfied that it is safe and appropriate to do so. You should review repeat prescriptions regularly and do not issue medicines for longer than is clinically required. You should ensure the correct dose is prescribed for medicines where the dose varies according to the stage of the treatment.

Section 2 - Special Prescribing Circumstances

Practice Guidance 18: Family, friends and close colleagues

18.1 You should wherever possible avoid prescribing for those close to you. People close to you may include your immediate family (parents, grandparents, children, grandchildren, siblings, aunts,

uncles and first cousins), someone with whom you have an intimate personal relationship, your friends, and may also include colleagues with whom you regularly work. People you prescribe for should be formally on your caseload as your patient and can only be done under a CMP.

18.2 You must be able to justify your decisions to prescribe for those close to you. You must record the nature of your relationship and the special circumstances that necessitated your action of prescribing for family and friends.

Practice Guidance 19: Prescribing for Children

19.1 Supplementary prescribers can prescribe for children within a CMP but it is essential that radiographers recognise the unique implications for children and young people. Caution should also be taken when prescribing for pregnant and lactating women.

19.2 Only radiographers with relevant education, training and competence in treating children should prescribe for children and can demonstrate that children are within their area of expertise and level of competence.

19.3 In all cases reference should be made to the following documents that address medicines management issues in paediatrics:

- The BNF for Children (England/Wales/Scotland) at www.bnfc.org
- Medicines Standard: National Service Framework for Children, Young People and Maternity Services at www.dh.gov.uk under Policy and Guidance, Health and Social Care Topics, Children Services
- Medicines Standard: National Service Framework for Children, Young People and Maternity Services (Wales)
- Royal College of Paediatrics and Child Health – information on use of licensed and unlicensed medicines at www.rcpch.ac.uk/publications
- Scottish Executive - The Administration of Medicines in Schools and The Right Medicine: A Strategy for Pharmaceutical Care in Scotland
- SIGN Guidance at www.sign.ac.uk
- DHSSPS – Medicines Management Standard
- DH – Every Child Matters (2004)

Practice Guidance 20: Prescribing Unlicensed Medicines

20.1 Medicines may be classed as unlicensed either as original products, or by virtue of their preparation e.g. mixing two licensed medicines together which creates a new unlicensed product. An unlicensed medicine does not hold a UK Marketing Authorisation issued by the MHRA.

20.2 A Supplementary Prescriber may prescribe unlicensed medicines within a written CMP, but if you decide to do so you must:

- Be satisfied that an alternative, licensed product would not meet the patient's needs
- Be satisfied that there is a sufficient evidence base of using the unlicensed medicine to demonstrate safety and efficacy
- Record the medicine prescribed and the reasons for using an unlicensed product in the patient's notes
- You must clearly explain to a patient if you will be prescribing unlicensed medicines or using a medicine in a way not specified within the Summary of Product Characteristics. The patient has the right to refuse to accept any medication you may prescribe for them, but if they do so you should explain the risks, benefits and outcomes of their decision

Practice Guidance 21: Off label use of medicines

21.1 An off-label medicine does hold a UK Marketing Authorisation issued by the MHRA, but is being used in a way that is not described within the medicine's Summary of Product Characteristics.

21.2 Supplementary Prescribers may prescribe medicines for off-label use, but if you decide to do so you must:

- Be satisfied that a licensed medicine is not available which includes your proposed usage within its SPC
- Be satisfied that there is a sufficient evidence base for using the medicine in an off-label way to demonstrate safety and efficacy. Where the manufacturer's information is of limited help, the necessary information should be sought from another reliable and reputable source
- Record the medicine prescribed and the reasons for using an off-label product in the patients notes
- You should explain to a patient in broad terms why you are using the medicine in an off-label way
- You should make a clear, accurate and legible record of your reasons for using a medicine in an off-label manner

21.3 Pharmaceutical companies do not usually test their medicines on children and consequently cannot apply their Marketing Authorisations for their products to use in children. It is often necessary in paediatric practice to use licensed medicines in off-label ways. You must consult the BNF for Children before prescribing for children.

Practice Guidance 22: Remote prescribing

22.1 Most prescribing should occur on the basis of a face-to-face consultation with the patient. Remote prescribing occurs if you issue a prescription based on a telephone, e-mail, fax, video-link, web-based or other non face-to-face contact with a patient.

22.2 You should only remote-prescribe for your own patients or patients on your own case-load. You must ensure that you have an appropriate dialogue with your patient to:

- Establish the patient's current medication history
- Carry out an adequate assessment of the patient's condition
- Ensure there is sufficient justification to prescribe the medicines remotely, including discussing the feasibility of seeing another prescriber who can carry out a face-to-face consultation. This is particularly important when a remote-consultation does not permit an adequate assessment of the patient's condition to be undertaken
- Ensure there are no contraindications to the proposed medicine
- Ensure arrangements are in place to provide follow-up and continuity of care
- Ensure a clear record is made of the prescribing decision and in particular the method of remote prescribing used e.g. instruction over the phone, e-mail etc
- Ensure that the primary care record holder is informed
- Ensure that the patient has 'sufficient information' to make an informed choice to accept your recommendation

22.3 Where you cannot satisfy all of the conditions above, you should not use remote means to prescribe for your patient.

22.4 Where a medication has not been prescribed before, you should not prescribe remotely if you have not assessed the patient, except in life-threatening situations.

Practice Guidance 23: Use of patients own medicinal products

23.1 Patients may have their own supply of medicines that they seek your advice on. These medicines may:

- Have been prescribed by another prescriber,
- Have been bought over the counter
- Be herbal or homeopathic preparations that may , or may not, be subject to MHRA registration
- Be complementary products

23.2 Such products are the patient's own property and must not be removed without the patient's permission.

23.3 You may ask to see such products, or the patient may ask you about their suitability for continued use. Provided you are educated, trained and competent to do so you may:

- Check that the products are suitable for the patient to use and if they are not you should advise the patient of this
- Explain how the medicine should be taken, including explaining any direction given by another prescriber in the case of prescribed medicines. If the patient is not taking the medicine as directed, you should advise of any changes needed to achieve this
- Give advice on dose alteration, including stopping medication. If this relates to a POM product prescribed by another professional you must have access to the primary medical record in order to record the change you have made to a prescribed medicine.
- Advise a patient that a given product may not be suitable for the patient's needs or may cause an interaction with other products that may cause unexpected effects for the patient

Practice Guidance 24: Controlled drugs

24.1 Controlled drugs may be prescribed by a Supplementary prescriber working within a written Clinical Management Plan (CMP). Further changes to Home Office Regulations will be required to permit physiotherapist Independent Prescribers to prescribe controlled drugs from a limited list.

24.2 Radiographers are most likely to use controlled drugs in settings and circumstances where patients are cared for as part of a medical Consultant-led team and where the radiographer has regular and on-going access to the Consultant. Examples include A&E and in-patient hospital settings for management of acute and pre/post-operative pain, palliative care and end-of-life care; out-patient hospital settings for chronic pain management; hospice care for palliative and end-of-life care

24.3 An example FP10 prescription for controlled drugs is included within the BNF. You must ensure you have the most current version of the controlled drugs prescription form.

24.4 The legal requirements for prescribing Schedule 2 and 3 controlled drugs are summarised in the BNF. You should also ensure the recommendations from the 4th Report of the Shipman Inquiry are followed:

- Prescriptions for controlled drugs are uniquely marked to identify them as controlled drug prescriptions
- Private prescription forms for controlled drugs are similar to NHS controlled drug prescription forms
- The registration number of the prescriber must be included on controlled drug prescriptions
- The patient's NHS number, or other unique identifier, will be included on the controlled drug prescription form
- All controlled drug prescriptions, except Schedule 5, will be valid for 28 days only.

24.5 Standard Operating Procedures should be in place for the use of Controlled Drugs (CDs) and should include procedures for:

- Ordering and receipt of CDs
- Assigning responsibilities
- Where the CDs are to be stored
- Who has access to CDs
- Security in the storage and transportation of CDs as required by Misuse of Drugs legislation
- Disposal and destruction of CDs
- Who is to be alerted if complications arise
 - Record keeping, including:
 - Maintaining relevant CD registers under Misuse of Drugs legislation
 - Maintaining a record of the CDs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 that have been returned by patients

The Standard Operating procedures should also include:

- Responsibilities within the multidisciplinary team
- Validation by the healthcare organisation and date
- Review period, e.g. one, two or three years
- Lead author and named people contributing to the Standard Operating Procedure

Practice Guidance 25: Mixing

25.1 Under the terms of the Medicines Act, when two medicinal products are mixed together prior to administration and one cannot be described as the vehicle for the other, this meets the definition of 'manufacture' and results in a new unlicensed product. Combinations of licensed medicines may be used in a wide range of clinical settings, but in each case where two medicinal products are mixed and one cannot be described as a vehicle for the other, there are restrictions on the use of 'mixed medicines'. The act of 'mixing' is not in itself prescribing.

25.2 Mixing of medicines is only permissible within the terms of a supplementary prescribing CMP or as part of a PSD.

25.3 Mixing CANNOT occur as part of a PGD.

25.4 Please refer to the National Prescribing Centre guidance on the mixing of medicines, which can be accessed at: <http://www.npc.co.uk/>

Practice Guidance 26: Prescribing on the recommendation and/or the request of others

26.1 You should only prescribe for patients on your own caseload/under your overall care and under a CMP. You cannot prescribe for any patients upon whom you have not undertaken an appropriate assessment. You must not prescribe for a patient unknown to you simply because you are the only prescriber available except in an absolute emergency where the patient's life is in imminent danger.

26.2 The requirements for non-medical independent prescribing are not the same as for medical prescribing. If you prescribe on the recommendation of another health professional who does not have prescribing rights, you must satisfy yourself that you have performed an appropriate assessment of the patient yourself 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.

26.3 You do not necessarily have to conduct a face-to-face consultation with the patient but you must ensure an appropriate assessment has taken place in order to gain enough sufficient information upon which to make your prescribing decision. Where you cannot satisfy yourself of this, you should not prescribe on the recommendation of others.

Practice Guidance 27: Simultaneous prescribing and administration

27.1 Prescribing and/or supply followed by simultaneous administration of medicine to the patient creates the opportunity for errors to occur as there is no formal division between the prescribing and then supply and/or administration functions.

27.2 If you prescribe for a patient you should allow someone else, ideally a Pharmacist, to supply the medicine to the patient wherever possible prior to administration.

27.3 Where prescribing and/or supply occurs simultaneously with administration of medicine to the patient this should only be done where it is in the patient's best interests for this to occur AND there should also be an additional check by a second person to ensure that what is prescribed is actually what is supplied and/or administered to the patient. The second 'checker' need not be a prescriber or registered health-professional themselves but should be able to verify that the correct medicine is being supplied to the patient.

27.4 All radiographers using a PGD to supply and administer medicines should consider the need to have a 'second checker' to ensure that the patient receives the correct medicine.

Section 3 - Medicines Governance

Practice Guidance 28: Instructions for supplying and/or administration

28.1 You should check that the direction to supply and/or administer medicines to your patient is appropriate according to your assessment of the patient's needs. If you have any concerns with regard to the instructions given, you must consult the prescriber before administering the medicine to the patient.

28.2 If you instruct another person to supply and/or administer medicines on your behalf, you must ensure that the individual is educated, trained and competent to do so. Where you believe this not to be the case, you may refuse to instruct another person to supply and administer on your behalf.

28.3 When supporting patients to self-administer medicines, you must ensure that they are able to do so safely and ensure that you have followed any local policy in place relating to supporting patients to take their own medicine.

28.4 Instructions to supply and administer medicines must be given in writing and a record kept. An oral instruction is not acceptable on its own as there will be no independently verifiable record of what was said. In certain exceptional circumstances, it will be necessary to act on an oral instruction. A radiographer acting on an oral instruction must record what the circumstance was that prevented a written instruction being given and must record exactly what the instruction was and who gave it.

28.5 Remote instruction occurs if you receive an instruction based on a telephone call, e-mail, fax, text-message, video-link, web-based or other non face-to-face contact with the prescriber.

28.6 Written remote-instructions (e-mail, fax) must be printed off and collated with the patient's clinical record. This should be followed up with an appropriate written prescription signed by the prescriber.

28.7 Non-written remote prescriptions such as text-messaging may become increasingly common. If you supply and administer on the basis of a text message from a prescriber you should obtain a second signatory to your clinical record to confirm that your record of the prescription agrees with the text message. The text message should be regarded as patient-confidential information and should be deleted from the receiving handset after transcription to, and countersigning of, the

clinical record.

28.8 Local policies must be in place to ensure that the use of web-based and/or portable products for communication are secure and provide a robust audit trail. Clinical governance procedures should be in place to support such practice.

Practice Guidance 29: Dispensing

29.1 Dispensing is the preparation and supply of a medicine in accordance with the instructions contained within a prescription. Dispensing is generally performed by a Pharmacist or Pharmacy Technician. You must ensure the separation of prescribing and dispensing of medicines whenever possible. You should not normally dispense against a prescription that you have written.

29.2 You should not dispense medicines unless there is a local policy in place, agreed by the Clinical Governance Lead, to endorse your actions.

29.3 If you do dispense, you must understand the medicine you are dispensing, its therapeutic effect, correct dosage, side-effects and contra-indications. You should be able to inform the patient what to expect when taking the medicine and how to report any unexpected effects.

29.4 You should only dispense if you are educated, trained and competent to do so. A record must be kept of your dispensing actions and you should ensure that an audit trail is present and visible.

Practice Guidance 30: Storage

30.1 You should ensure all medicinal products are stored in accordance with the information within the Summary of Product Characteristics/Patient Information Leaflet or information found on the label. Some medicines may require refrigerated storage.

30.2 Medicines can only be stored in 'lockable business premises' prior to delivery to the patient. When not in use, medicines should be stored in lockable containers or cabinets or otherwise returned to a Pharmacy department for safe-keeping.

30.3 NHS staff: You must not store medicines at home unless you must have the written permission of your employer to do this which describes the exceptional circumstances that require you to store medicines in your home, and you must have suitable lockable storage facilities in place.

30.4 Home-based Private practice: You must only store medicines in lockable containers that constitute 'lockable business premises' which are within the business part of your premises.

30.5 All storage environments must meet the prevailing storage requirements and it is your responsibility to find out what these requirements are. You must ensure correct storage policies are in place and are being adhered to.

Practice Guidance 31: Transportation

31.1 You may transport medicines from the dispensing pharmacy to their place of use. You must display appropriate health and safety information on your vehicle if the medicine requires it e.g. medical gases.

31.2 You should not leave medicines unattended in your vehicle at any time

Practice Guidance 32: Disposal

32.1 You must dispose of used, partially used and unused medicines in accordance with current legislation and your local employer policy.

32.2 If there is no local employer policy in place, you should return all medicines to a Pharmacist for safe disposal.

Practice Guidance 33: Error Reporting

33.1 If you discover that you have made an error in prescribing you must take immediate action to prevent potential harm to the patient and you must report the error as soon as possible according to local protocols.

33.2 If you think there is an error in a prescription that has been written and/or dispensed by someone else, you must seek clarification of the prescriber's wishes before administering the medicine. You should also report the error according to local protocols.

Practice Guidance 34: Reporting Unexpected Effects and Adverse Reactions

34.1 If a patient experiences a suspected adverse reaction to a medicine they have been prescribed, you should record this in the patient notes, notify the prescriber (if you did not prescribe the drug) and notify the Medicines and Healthcare products Regulatory Authority (MHRA) via the Yellow Card Scheme immediately. Yellow cards are found in the back of the British National Formulary and also online at <https://yellowcard.mhra.gov.uk/>.

34.2 You may also inform the patient that they can report any suspected adverse reactions independently to the Yellow Card Scheme.

34.3 You can also report adverse reactions via the MHRA website at : www.mhra.gov.uk and any untoward incidents can be reported to the National Patient Safety Agency (NPSA) at <http://www.npsa.nhs.uk/>

34.4 Drug Safety Update is the monthly electronic bulletin from the MHRA and the Commission on Human Medicines and is essential reading for the latest information and advice to support the safer use of medicines. You are encouraged to consult the bulletin as a matter of routine. <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/index.htm>

Practice Guidance 35: Access to Supplies of Medicines

35.1 A radiographer can obtain a stock of medicine ahead of its administration to a patient when the radiographer is using a Patient Group Direction (PGD) as the legal framework of medicines use and the named medicine is listed within the PGD.

35.2 A radiographer can obtain the medicines needed for administration to a named patient against a valid prescription for the named medicine that is dispensed by a Pharmacist.

Practice Guidance 36: Complementary, Herbal and Homeopathic Products

36.1 Complementary, herbal and homeopathic products may interact with other medicinal products and/or laboratory tests. You should ensure you obtain, and record, information from the patient as to whether they are using any such products. Where there is evidence complementary, herbal or homeopathic product prior to starting taking a conventional medicinal product or undergoing a medical and/or surgical procedure.

36.2 Some herbal and homeopathic preparations are classed as medicines and are classified as POM, P or GSL depending on their action and route of administration. You can only prescribe and/or supply and administer these products in accordance with an appropriate prescribing and/or supply and administration framework.

36.3 The MHRA regulates other herbal products under the Traditional Herbal Registration (THR) scheme and other homeopathic products under the National Rules Scheme (NRS). Other products may not be subject to regulation of their quality, safety or efficacy. You should only recommend these products if you have suitable education, training and experience to do so.

36.4 The MHRA holds a list of complementary, herbal and homeopathic products that are known to, or may have, interactions with medicinal products and you must be aware of these before recommending that a patient takes a complementary product in addition to, or as a substitute for, any currently prescribed medicine. Some herbal preparations are prohibited or restricted in their use in humans due to known toxic and/or harmful effects, and you should not recommend these products to your patients

Section 4 - Clinical Governance

Patient safety is of paramount importance within all aspects of prescribing and medicines management. Radiographers must practise within the law, to a high professional standard, and ensure that they strive continuously to improve the quality of care that they offer to patients. Poor professional performance needs to be identified and rectified at an early stage. The guidance in this section will apply alongside any organisational policies and/or procedures that the organisation may have in place.

Practice Guidance 37: Governance Structures

37.1 Employed radiographers will be covered by the appropriate Clinical Governance protocols and procedures of their employer. This will include prescribing analysis and clinical audit. radiographers who are not prescribing within the NHS should ensure that they have appropriate clinical governance procedures in place for the safe use of medicines. Arrangements should be made for:

- (a) clear lines of responsibility and accountability for overall quality of clinical care;
- (b) development of quality improvement programmes such as clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care, access to appropriate CPD programmes;
- (c) management of risk;
- (d) procedures to identify and remedy poor performance.

Practice Guidance 38: Clinical Audit

38.1 You should ensure that there are measures in place to evaluate the safety, effectiveness, appropriateness and acceptability of your prescribing within the clinical governance requirements of the NHS.

38.2 Clinical audit is an important part of clinical governance, as it helps radiographers to monitor their supplementary prescribing activities and to ensure that the patient's CMP is being followed.

38.3 You should monitor and assess the patient's progress as appropriate to the patient's condition and the medicines prescribed.

38.4 You should ensure that you are supported by a regular (normally at least annually) clinical review of the patient's progress by the independent prescriber at pre-determined intervals stated in the CMP. This should preferably be a joint review with you and the independent prescriber

38.5 You should consider passing prescribing activity back to the independent prescriber if the clinical reviews are not carried out within a specified interval.

38.6 You should pass prescribing activity back to the independent prescriber if you consider that the patient's condition no longer falls within your competence.

38.7 In order for the CMP to remain valid, both prescribers are required to record their agreement to a continuing or amended CMP and the patient's agreement to the continuation of the supplementary prescribing arrangement.

38.8 You should ensure that the prescriptions you write are clear and legible. You should audit how many times a pharmacist contacts you to query what was written.

38.9 Patients' experiences of radiographer supplementary prescribing are an important part of clinical care, and should be regularly sought.

Practice Guidance 39: Prescribing Analysis

39.1 You should ensure that your prescribing activity is included in the reports on the quality of clinical care to local Clinical Governance Committees or their equivalent.

39.2 You should ensure that you have information about national guidelines (e.g. NICE guidelines, NSFs), local guidelines, local agreements and formularies to ensure you make the best prescribing decision for your patients.

Practice Guidance 40: Risk Management

40.1 You should ensure that you have an appropriate Risk Management programme in place. This should include clinical risk management and patient safety (including the National Patient Safety Agency [NPSA] National Reporting and Learning Scheme), confidentiality, safety of prescription pads and a system for handling errors and complaints.

Practice Guidance 41: Continuing Professional Development

41.1 It is your responsibility to remain up-to-date with appropriate knowledge and skills to enable you to prescribe competently and safely.

41.2 You should ensure that your CPD is in line with your current or future practice, including your role as a prescriber.

41.3 You should record your CPD in a format that easily enables you to demonstrate your fitness to practice as a prescriber.

41.4 You should ensure that you set aside sufficient time to access programmes and resources to meet your CPD needs. This may include Peer Review sessions. You should include reflective learning in your CPD portfolio.

Practice Guidance 42 Poor Performance

42.1 Procedures should be put in place for identifying poor prescribing practice. This could be via peer review processes or pharmacist/medical practitioner feedback. The National Clinical Assessment Service (NCAS) publishes several documents relating to performance issues. Although currently the NCAS service is only available for doctors and dentists, the principles are applicable to other healthcare professionals including physiotherapists. Further information is available at www.ncas.nhs.uk under 'Key Publications' and 'Toolkit'.

Practice Guidance 43: Security of NHS Prescription Pads

43.1 The security of prescription pads is your responsibility and the responsibility of the NHS organisation. You must take all reasonable and responsible steps to prevent loss or inappropriate use. You should only use one prescription pad at a time.

43.2 You should keep a record of the first and last serial number of the prescriptions in any pads issued to you.

43.3 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 numbers of unused prescriptions must be reported.

43.4 Prescription pads should be stored in locked areas when not in use. You should not store prescription pads away from your place of work.

43.5 Blank prescription forms should never be pre-signed and prescription pads never left unattended.

43.6 You should report immediately any suspected loss or theft of prescription forms to whoever issued them to you and to the local fraud specialist or equivalent. You should give details of the number of prescription forms lost/stolen, their serial numbers and where and when they were lost/stolen.

43.7 Detailed Guidance can be found in 'NHS Security Management Service- Security of Prescription Forms Guidance, October 2009.

<http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/SecurityManageme...>

Practice Guidance 44: Links With Pharmaceutical Companies / Conflict Of Interest

44.1 If you have a commercial or financial interest in any pharmaceutical product or company then you should ensure that your patients have access to this information where relevant, and you should ensure that your interest does not affect your ability to prescribe in the patient's best interest alone.

44.2 You must not allow your own, or your employer's (if applicable) commercial or financial interests in a pharmaceutical company or product influence the way you advise your patients.

44.3 You must declare any conflict of interest in a 'register of interests' either within your personal portfolio, or within your employers Hospitality Register which should be produced on request for audit purposes.

Practice Guidance 45: Gifts and Benefits

45.1 You must make your choice of medicinal product for the patient based solely on clinical suitability and cost effectiveness.

45.2 The advertising and promotion of medicines is strictly regulated by the Medicines (Advertising) Regulations 1994. Personal gifts are forbidden and it is an offence to solicit or accept a gift or inducement to influence your prescribing patterns. Companies may offer hospitality for a professional or scientific meeting, but such hospitality must be reasonable in level, and subordinate to, the main purpose of the meeting. This legislation is enforced by the MHRA.

45.3 You must follow your employer's policy on receiving gifts and hospitality. If you do not have an employer you must consider whether it is appropriate to accept gifts or hospitality in response to your prescribing activities.

Practice Guidance 46: NHS/ Private Practice Prescribing Boundaries

46.1 You must not ask the patient's GP to prescribe medicines at NHS expense which are subsequently to be administered as part of private healthcare provision. If you do ask a GP to do this, they are within their rights to refuse to do this.

Practice Guidance 47: Checking Registrations and Annotations

47.1 You should provide evidence of your status as a prescriber annually to your employer / those using your prescribing services.

47.2 You must only prescribe in accordance with the type of annotation awarded to you.

References

1. Department of Health Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. London, DH 2005.
2. National Prescribing Centre Patient Group Directions: a practical guide and framework of competencies for all professionals using patient group directions, London NPC, 2009.
3. Department of Health (2010) Supplementary prescribing FAQs.
5. Statutory Instrument. The Prescription only Medicines (Human Use) Amendment Order 2000. Statutory Instrument no.1917, London: The Stationery Office, 2000.
6. Department of Health Allied health professions prescribing and medicines supply mechanisms scoping project report. London, DH 2009

Additional Resources

1. The National Prescribing Centre (NPC) has now transferred to the NICE IT network

<http://www.npc.co.uk/>

In England, the following document has been developed by the National Prescribing Centre (NPC) to support organisations in effectively implementing non-medical prescribing (NMP): National Prescribing Centre Non-medical prescribing by nurses, optometrists, pharmacists, physiotherapists, podiatrists, and radiographers: A quick guide for commissioners London, NPC, 2010.

http://www.npc.nhs.uk/non_medical/resources/NMP_QuickGuide.pdf (accessed November 2011)

2. Department of Health

The Department of Health website for non-medical prescribing and supplementary prescribing:
<http://webarchive.nationalarchives.gov.uk/20120104105229/http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/Background/index.htm>

Source URL: <https://archive.sor.org/learning/document-library/good-practice-supplementary-prescribing-and-medicines-management-radiographers>