

Professional standards and guidance for pharmacist prescribers

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About this document

The Code of Ethics sets out eight mandatory principles of ethical practice which a pharmacist must follow. It is therefore a framework for professional decision-making. It is the responsibility of the pharmacist¹ to apply these principles to daily work situations, using his professional judgement.

This document elaborates on the principles of the Code of Ethics for the purpose of explaining the pharmacist's responsibilities as a supplementary or independent prescriber. It is designed to meet the obligations imposed by the Pharmaceutical Society and its members.

This document applies to all settings in which a pharmacist may prescribe, both within and outside the Health Service, including primary care, secondary care, private sector, and care in the armed forces and H M Prisons. It should be read alongside other relevant documents from the Department of Health Social Services and Public Safety, Northern Ireland (DHSSPS).

The standards in this document aim to be consistent with those in place for other prescribing professions. A list of useful websites and supporting guidance can be found at the end of this document.

1. Background

The main legislation that enables pharmacists to prescribe medicinal products for human use is the Prescription Only Medicines (Human Use) Order 1997, as amended in 2008 (No.464) and the Medicines (Pharmacy and General Sale – Exemption) Order 1980 as amended in 2005 (No.766). Pharmacists gained the right to achieve supplementary prescribing status in 2003 and independent prescribing status in 2006.

Legislation also allows qualified Pharmacist Independent Prescribers to prescribe any licensed medicine for any medical condition with the exception of all Controlled Drugs, until such time as there are changes to the Misuse of Drugs Regulations (Northern Ireland) 2002. Pharmacist Independent Prescribers must only prescribe within their own level of experience and sphere of competence.

¹ 'Pharmacist' will appear with the male pronoun but should be understood to mean the male/female gender.

Types of pharmacist prescribing

There are currently two types of prescribing that may be undertaken as a pharmacist prescriber: supplementary and independent prescribing. Some pharmacists will be qualified as both, others as only a supplementary prescriber. A pharmacist independent prescriber can practise as either a pharmacist independent prescriber or pharmacist supplementary prescriber. The mode of prescribing practice will depend on the pharmacist's personal choice and practice circumstances. The pharmacist may practise solely in one practice mode or move between modes according to patient or practice circumstances.

Definitions

Supplementary Prescribing

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

Independent Prescribing

Prescribing by a practitioner (e.g. doctor, registered nurse, pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

Good Practice Guidance

Other methods for supplying and administering medicines include the use of patient group directions, patient specific directions and minor ailments schemes. Some of the standards and guidance outlined in this document will also apply to these situations.

Working within requirements

A pharmacist prescriber must comply with the relevant legislation and frameworks and should always be able to justify his decisions and actions.

Legal requirements for pharmacist prescribers:

- the pharmacist may prescribe only after successfully completing an education and training programme accredited by the Pharmaceutical Society of Northern Ireland (PSNI) (hereafter known as the Society) or the Royal

Pharmaceutical Society of Great Britain. His name must be annotated in the Society's practising register to reflect this;

- the pharmacist may prescribe only in relation to his prescribing status (independent or supplementary) and must comply with statutory requirements applicable to his prescribing practice;
- the pharmacist is legally accountable for his prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. (The pharmacist is solely accountable as an independent prescriber (IP) and jointly accountable with the independent prescriber as a supplementary prescriber (SP). In the latter case a SP has joint responsibility with the IP for the content of the clinical management plan, but the SP is still solely responsible for the decision to prescribe);
- prescribing outside the legal parameters of either supplementary or independent prescribing is a criminal offence.

Clinical governance framework

Clinical and social care governance is the system through which the Health & Personal Social Services (HPSS) organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

All employing organisations must ensure that pharmacist independent prescribing is included within their overall clinical governance framework, to ensure that pharmacists practice safely and competently.

Competencies

The pharmacist must attain and maintain competencies specific to his role as a prescriber. The main competencies required are outlined in the National Prescribing Centre (NPC) document – 'Maintaining Competency in Prescribing: An outline framework to help pharmacist prescribers'. These competencies have been incorporated into the training courses for pharmacist prescribers. They are a useful tool as part of personal development plans and can help identify gaps and needs.

The NPC document can be found at:

http://www.npc.co.uk/pdf/pharmacist_comp_framework_Oct06.pdf

Private Practice

All pharmacists who prescribe privately must also follow the standards and guidance outlined in this document. Pharmacist prescribers should only prescribe within their sphere of competency. It is the responsibility of individuals to ensure that arrangements for good governance are in place.

Liability and indemnity arrangements

The Society requires that all activities pharmacists undertake be covered by professional indemnity arrangements. The pharmacist must ensure that he has professional indemnity arrangements in place which cover the scope of his prescribing practice regardless of whether he prescribes within or outside the Health Service.

For the purposes of indemnity within the Health Service (and similarly for other organisations) the pharmacist needs to ensure, along with his line manager, that the Trust has approved pharmacist prescribing at an appropriate level within the organisation e.g. Trust Board, and that this acquiescence has been recorded in the minutes of that meeting.

Veterinary prescriptions

Existing legislation permits pharmacists to dispense veterinary prescriptions and to sell certain classes of veterinary medicinal product over-the-counter. Pharmacists can also prescribe veterinary medicinal products classified as POM-VPS in accordance with the current Veterinary Medicines Regulations.

2. Standards and guidance for pharmacist prescribers

The professional standards and good practice guidance have been laid out under the eight mandatory principles of the Code of Ethics.

The eight principles are,

- i. Make the safety and welfare of patients your prime concern.
- ii. Respect and protect confidential information.
- iii. Show respect for others.
- iv. Exercise professional judgement in the interests of patients and public.
- v. Encourage patients (and/or their carers as appropriate) to participate in decisions about their care.
- vi. Maintain and develop professional knowledge and competence.

- vii. Act with honesty and integrity.
- viii. Provide a high standard of practice and care at all times.

2.1 Make the safety and welfare of patients your prime concern

Standards

2.1.1 In order to prescribe for a patient the pharmacist must satisfy himself that he has undertaken an adequate assessment of the patient by taking a history, performing an appropriate examination and/or by accessing the appropriate parts of the patient's clinical records.

2.1.2 The pharmacist is accountable for his decision to prescribe and must prescribe only where he has relevant knowledge of the patient's health and medical history and of medicines required for treating his/her condition(s).

2.1.3 The pharmacist must ensure relevant physical examinations of the patient are carried out where appropriate or necessary, including any diagnostic tests in order to exclude contra-indications, clarify doses or note treatment cautions.

2.1.4 The pharmacist must prescribe only where there is a genuine, identifiable clinical need for treatment. The demands of a patient do not, on their own, constitute the basis for writing a prescription. The pharmacist should consider the use of non-pharmacological treatments where appropriate.

2.1.5 Independent pharmacist prescribers may prescribe both where a diagnosis has been made previously and also where no working diagnosis of the patient's condition has been made. If he is unable to reach a working diagnosis of the patient's condition he must refer them to an appropriate medical practitioner or other health professional.

2.1.6 If a pharmacist is carrying out a diagnosis of a patient's condition he must have the appropriate facilities and equipment to do this. Any equipment used must undergo appropriate regular and appropriate quality assurance checks.

2.1.7 The pharmacist must ensure that an adequate risk assessment has been undertaken in respect of the patient's current medicines or their medical condition(s) and include any risk of potential for confusion or interaction with other medicines.

2.1.8 When prescribing unlicensed medicines or medicines outside their licensed indications ('off-label') the pharmacist must be satisfied that it would serve the patient's needs more appropriately than a licensed alternative. He must ensure that the patient, or his/her representative, is aware that it is unlicensed or the indication for its use is outside its licence. In the case of unlicensed medicines patient consent must be obtained (see **section 3.3 and 3.4** of document).

- 2.1.9 The pharmacist must provide clear dosage administration instructions to the patient or carer to avoid uncertainty for the patient, or any other health professional.
- 2.1.10 A retrievable audit trail of the pharmacist's prescribing actions must be maintained e.g. keeping records of his prescribing in the patient's notes.
- 2.1.11 The pharmacist must refer the patient to another prescriber where prescribing for the patient is outside his sphere of competency.
- 2.1.12 The pharmacist must adhere to safe prescribing standards as detailed in the British National Formulary and the DHSSPS publication on 'Use and Control of Medicines.'

Good practice guidance:

- whenever possible, when prescribing for a patient he/she should have concurrent access to the patient's full health records;
- the maximum time allowed between writing the prescription and entering the details into the contemporaneous patient record should not exceed 48 hours, unless there are exceptional circumstances;
- the pharmacist should review patient's medication that he initiated, or for conditions within his sphere of competence, on each occasion he prescribes for the patient and consider stopping any unsuitable or unnecessary medicines. In certain circumstances it may be in the patient's best interest not to prescribe medicines for him/her;
- ideally the dosage instructions should be written on the prescription.

2.2 Respect and protect confidential information

Standards

2.2.1 The pharmacist must gain patient's consent to share information about him/her with other health and social care professionals. Only where there is real or perceived danger of harm to the patient or anyone else may information be shared without patient consent.

2.2.2 If a patient's consent to share information is not forthcoming the pharmacist must offer an explanation of the possible risks to his/her health and safety in not doing so. If the patient continues to refuse to give consent this must be documented in his/her records.

2.3 Exercise your professional judgement in the interests of patients and public

Standards

2.3.1 The pharmacist's prescribing practice must, wherever possible, be evidence-based and be in accordance with relevant national and local guidelines. Deviations from these policies must be justifiable and be in the best interest of the patient.

Good Practice Guidance

- the pharmacist should be familiar with current guidance published in the British National Formulary (including the use, side effects and contra-indications of the medicines which he prescribes) as well as having access to a wider range of information. Where local policy varies from current national guidelines, the pharmacist should seek guidance through clinical governance structures in respect of his vicarious liability within his employing organisation (Trust, primary care organisation (PCO), head office of a multiple, pharmacy company etc);
- in some cases the pharmacist may be working at the margins of established practice, or in an area where the available evidence base is poor. In these circumstances there may not be any evidence available for the medicines prescribed and decisions should be based on current thinking and peer opinion.

2.4 Show respect for others

Standards

2.4.1 The pharmacist must explain his role as a non-medical prescriber to the patient or his/her representative.

2.4.2 The pharmacist must be aware of cultural and religious differences in so far as these apply to prescribing.

2.4.3 The pharmacist must obtain the patient's consent for the prescribing process and for any physical examinations or diagnostic testing undertaken. This can be verbal or written consent.

2.4.4 The pharmacist must inform anyone else who may be in a position to prescribe for that patient of his actions, where relevant and possible, and where consent to do this has been obtained. This is most likely to be the patient's general medical practitioner but may also include non-medical prescribers and other health/social care professionals. The main way to do this is to enter any interventions and actions in the common prescribing record.

For more information on consent refer to the Society's professional standards and guidance for patient consent and refer to DoH guidance at:

Reference Guide for Consent for examination, treatment or care (Department of Health, Social Services & Public Safety, Northern Ireland, 2003)

<http://www.dhsspsni.gov.uk/non-medical-prescribing>

2.5 Encourage patients (and their carers as appropriate) to participate in decisions about their care

Standards

2.5.1 When prescribing, the pharmacist must take the views of the patient (and their carers as appropriate) into account in order to create an environment where shared-decision making is the norm. This will include taking into account the patient's personal views and beliefs when discussing their treatments.

Good Practice Guidance

- there will be occasions when the patient's views cannot be fully accommodated. In these circumstances, the pharmacist needs to be sure that the patient complies with the treatment, the pharmacist should explain to him/her why he has made a particular choice.

2.6 Maintain and develop professional knowledge and competence

Standards

2.6.1 The pharmacist must prescribe only within his level of expertise and sphere of competence and not outside his clinical knowledge of either the condition, or the medicines required to treat that condition.

2.6.2 The pharmacist must refer the patient to an appropriate prescriber if he is not competent to prescribe in disease areas with which the patient may present.

2.6.3 If the pharmacist moves to another area of practice (a different sector of pharmacy, a different therapeutic area or a different geographical area) he must consider the requirements of expertise and competence associated with any new role. The pharmacist may require the approval of his employer for this new role and may need to undertake additional training to ensure he is competent to prescribe, in addition to the educational course which allows you to prescribe. This may also affect the pharmacist's professional indemnity arrangements.

2.6.4 It is the pharmacist's responsibility to remain up to date with the knowledge and skills to enable him to prescribe competently and safely within his area of expertise.

2.6.5 A pharmacist registered as a prescriber, must ensure that part of his continuing professional development (CPD) directly addresses his role as a prescriber. This includes keeping up to date with relevant changes in the law as well as the therapeutic areas in which the pharmacist prescribes.

2.7 Act with honesty and integrity

Standards

2.7.1 The pharmacist must inform anyone who needs to know about any restrictions placed on his prescribing practice. In particular, other practitioners with dispensing responsibilities need to know about this. For example, the pharmacist must inform his PCO if he has restrictions placed upon his prescribing. The PCO is obliged to inform the relevant people using the systems it has developed for this purpose.

2.7.2 The pharmacist cannot both prescribe and dispense medicines except in exceptional circumstances e.g. where the need for the medicine is urgent and not to dispense would compromise patient care. The pharmacist must have robust procedures in place to demonstrate the separation of prescribing and dispensing.

2.7.3 Where the pharmacist is involved in both prescribing and dispensing a patient's medication, a second suitably competent person must be involved in checking the accuracy of the medicines provided, and wherever possible, carrying out a clinical check.

2.7.4 The pharmacist must make his choice of medicinal product for the patient based on clinical suitability and clinical and cost effectiveness. The decision must not be based on potentially biased information, fraud or commercial gain.

2.7.5 The pharmacist must maintain a declaration of interest, which he must produce on request if required for audit purposes. The pharmacist must adhere to local policy in this regard.

2.7.6 The pharmacist must not prescribe for himself.

2.7.7 The pharmacist must not prescribe for anyone with whom he has a close personal or emotional relationship, except in exceptional circumstances such as:

- when no other person with the legal right to prescribe is available and only then if that treatment is necessary to:
 - save a life,
 - avoid serious deterioration in the patient's health, or
 - alleviate otherwise uncontrollable pain.

2.7.8 The pharmacist must be able to justify his actions and must document his relationship and the exceptional circumstances that required him to prescribe for someone close to him.

2.7.9 If the pharmacist has concerns about the competence, behaviour or conduct of a professional colleague, which impacts on patient safety, he must take appropriate action to raise this as a concern.

Good practice guidance

- the Medicines (Advertising) Regulations 1994 govern the supply, offer or promise of gifts to healthcare professionals, including pharmacists, by drug manufacturers and distributors. Pharmacists accepting items such as gift vouchers, bonus points, discount holidays, sports equipment etc, would be in breach of Regulation 21 of the Medicines (Advertising) Regulations 1994;
- for a pharmacist prescriber, it is good practice to carry out a self-audit of prescribing practice at regular intervals, at least on an annual basis;
- if it is clinically appropriate to alter another prescriber's prescription, details of the person who made the change should be clearly documented on the prescription. The change needs to be agreed with the original prescriber.

2.8 Provide a high standard of practice and care at all times

Standards

2.7.1 The pharmacist has a responsibility to communicate effectively with other practitioners involved in the care of the patient, provided patient consent is given.

2.7.2 The pharmacist must ensure that the records he makes are accurate, comprehensive and contemporaneous.

2.7.3 The pharmacist must ensure that he has professional indemnity arrangements which cover the scope of his prescribing practice regardless of whether he prescribes within, or outside the Health Service.

Good Practice Guidance

- A written agreement outlining the scope of practice, should be in place between the pharmacist prescriber and the employing organisation (e.g. PCO, Trust, care home, pharmacy). This 'scope of practice agreement' should outline the areas in which the pharmacist will prescribe and should determine the methods that are to be used to communicate effectively with other health professionals involved in the patient's care.

3 Additional information

3.1 Guidance on writing prescriptions

The legal requirements for writing a prescription are outlined in the Society's Ethics and Practice Guide.

3.1.1 Prescriptions should always be signed and dated immediately and should never be left blank if they have been signed.

3.1.2 Computer-generated prescriptions should be used, providing the necessary software is available. However, the pharmacist still needs to be competent to handwrite a prescription.

3.1.3 The pharmacist is responsible for the safety of the prescription pad and is minded to adhere to the practice's prescription security protocol. The pharmacist should:

- in as far as possible, keep the prescription pad in a locked receptacle at the practice's premises and do not remove from the premises except when necessary;
- take all reasonable precautions to prevent loss or inappropriate use of the prescription pad;
- use only one prescription pad at a time;
- keep a record of the first and last serial number of prescriptions in pads issued to him.

3.1.4 It is good practice to record the serial number of the first and last remaining prescription form of an in-use pad at the beginning and end of each working day. This would help to identify any forms lost or stolen overnight. If a prescription pad is lost, mislaid or stolen this should be reported immediately to the employing practice or contractor and the local policy should be followed.

3.1.5 The pharmacist should ensure that his prescriber details are correct on the prescription.

For computer generated prescriptions, the pharmacist needs to ensure he is registered with the Central Services Agency in order to prescribe from a medical practice's system. This will prevent incorrect allocation of prescribing budgets and incorrect COMPASS data.

For further guidance on writing a prescription, see 'Prescription writing' in the BNF.

3.2 Guidance on prescribing Controlled Drugs (CDs)

A SP may prescribe a CD as part of a CMP. An IP, however, can not prescribe any CD including Schedule 5 CDs.

3.2.1 The pharmacist may prescribe CDs only where he is legally entitled to do so.

3.2.2 It is strongly recommended, as good practice, that the quantity of any CDs prescribed, excluding those in Schedule 5, should not exceed 30 days of clinical need per prescription. If more than 30 days supply is made, the reason for this should be noted in the patient's notes.

3.2.3 The pharmacist may use computer-generated prescriptions for all CDs, providing the necessary software is in place and there is an audit trail of his prescribing practice.

3.2.4 All CD prescriptions for Schedule 2, 3 and 4 CDs are only valid for 28 days from the date of signing or appropriate start date specified on the prescription.

The Department of Health website has the most up to date information on the management and use of controlled drugs and it can be accessed at:

<http://www.dhsspsni.gov.uk/pas-controlled-drugs>

Please refer to the most up to date guidance to keep abreast of all the relevant legislative requirements <http://www.opsi.gov.uk/legislation/>

3.3 Guidance on prescribing unlicensed medicines

Unlicensed medicines are those medicines without a current marketing authorisation.

Independent pharmacist prescribers are not legally permitted to prescribe unlicensed medicines.

The pharmacist may prescribe an unlicensed medicine as a supplementary prescriber as part of a CMP providing:

- the doctor or dentist and the pharmacist prescriber, acting as a supplementary prescriber, have agreed the plan with the patient in a voluntary relationship;
- the pharmacist is satisfied an alternative licensed medicine would not meet the patient's needs;
- the pharmacist is satisfied there is a sufficient evidence base and/or experience to demonstrate the medicine's safety and efficacy for that particular patient;

- the doctor/dentist and the pharmacist are prepared to take the responsibility for prescribing the unlicensed medicine and have agreed the patient's CMP to that effect;
- the patient agrees to a prescription in the knowledge that the medicine is unlicensed and understands the implications of this;
- the medication chosen and the reason for choosing it, is documented in the CMP/clinical records.

3.4 Guidance on prescribing medicines for use outside the terms of their licence ('off-label')

'Off-label' prescribing is where a licensed medicine is prescribed outside the terms of its license.

It is possible, under current legislation, for pharmacist prescribers (both independent and supplementary) to prescribe 'off-label'. However, in order to do so the pharmacist should ensure that the following conditions are met:

- the pharmacist is satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy in these circumstances. Where the manufacturer's information is of limited help, the necessary information should be sought from another source;
- the pharmacist has explained to the patient or parent or carer in broad terms, the reasons why medicines are not licensed for their proposed use;
- the pharmacist makes a clear, accurate and legible record of all medicines prescribed for the patient and the reasons for prescribing a medicine 'off-label';
- the pharmacist may also, as a supplementary prescriber, prescribe a medicine for use outside the terms of its license providing:
 - there is a CMP in place, written in conjunction with a doctor or dentist and in voluntary partnership with the patient or parent or carer;
 - a doctor or dentist and the pharmacist prescriber take responsibility for prescribing the medicine and jointly oversee the patient's care, monitor the situation or outcome and ensure any follow up treatment is given as required.

Any verbal information given to a patient or his/her representative should be supported by written information provided by the pharmacist prescriber.

3.5 Guidance on repeat prescribing

Repeat prescribing is where a prescription is issued authorising several supplies to be made without further consultation with the prescriber.

3.5.1 A pharmacist prescriber may issue a repeat prescription.

3.5.2 Before signing a repeat prescription the pharmacist needs to be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- the patient is issued with the correct prescription;
- each prescription is regularly reviewed and is re-issued only to meet clinical need;
- a review takes place sometime within 12 months of the repeat prescription being issued, in keeping with the practice's repeat prescribing protocol: provided the prescriber is satisfied the patient's condition is stable and that he/she is knowledgeable about his/her own condition;
- the correct dose and quantity is prescribed;
- suitable provision for monitoring each patient's condition is in place to ensure that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by an appropriate prescriber.

3.6 Guidance on remote prescribing via telephone, email, fax, video-link or website

From time to time, in special circumstances, it may be necessary to use a telephone or other non face to face medium to prescribe medicines and treatments for patients. Such situations may occur where the pharmacist:

- has responsibility for the care of the patient;
- is providing out of hours or urgent care services;
- is working in remote and/or rural areas;
- has prior knowledge and understanding of the patient's condition and medical history;
- has authority to access the patient's records and he is working as a supplementary prescriber, but the doctor or dentist required to authorise the CMP works at a distance.

The pharmacist should carry out an adequate risk assessment for each individual case of remote prescribing. Records of remote prescribing, including the reasons for prescribing in this manner, should be made.

If remote prescribing is necessary, clear protocols for operating remote prescribing need to be agreed with employers.

The pharmacist should not give directions verbally to other professionals to administer medicines. The Nursing and Midwifery Council Standards for Medicines Management (November 2008) has useful information on this subject:

<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=221>

3.7 Guidance on reporting adverse reactions

The same guidance on reporting adverse reactions applies to pharmacist prescribers as to pharmacists generally. **Remember, if in doubt, report adverse drug reactions.**

- i. Where appropriate, if a patient experiences an adverse reaction to a medication he/she has been prescribed the pharmacist should record this in the patient's notes, notify the prescriber if he did not prescribe the medicine and notify the Medicines and Healthcare products Regulatory Agency (MHRA) and Commission on Human Medicines (CHM) via the Yellow Card Scheme² immediately. Yellow cards are found in the back of the British National Formulary or online at: www.yellowcard.gov.uk or alternatively freephone 0800 7316789.
- ii. In addition the pharmacist has a duty to inform the patient that he/she may also report an adverse reaction independently under the Yellow Card Scheme.
- iii. Local reporting schemes may be in place: either via the Trust, PCO, head office of a multiple or pharmacy company etc.

Guidance that supports this document

The Society has produced documents or guidance bulletins on the following which should be considered in conjunction with these standards:

- Code of Ethics for pharmacists
- Professional standards and guidance for the sale and supply of medicines
- Professional standards and guidance for Patient Consent
- Professional standards and guidance for Patient Confidentiality

² The Yellow Card Scheme is run by the MHRA and CHM. The scheme is used to collect information from health professionals and patients on suspected adverse drug reactions (ADRs).

- Pharmacist Prescribing pack
- Clinical governance framework for pharmacist prescribers and organisations commissioning or participating in pharmacist prescribing
- Professional Standards and Guidance on Dealing with Vulnerable Individuals.

These documents can be downloaded and more copies of this guidance from the Society's website (www.psn.org.uk) or telephone on 02890

Acknowledgement

RPSGB

DRAFT

Additional resources

- Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the HPSS in Northern Ireland (December 2006).
<http://www.dhsspsni.gov.uk>
- Department of Health information on non-medical prescribing
<http://www.dh.gov.uk>
- Drugs and Therapeutics Bulletin on non-medical prescribing
www.npc.co.uk
- Maintaining competency in prescribing: an outline framework for pharmacist prescribers
http://www.npc.co.uk/pdf/pharmacist_comp_framework_Oct06.pdf
- Medicines Matters DOH July 06 – A guide to mechanisms for the prescribing, supply and administration of medicines
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325
- National Prescribing Centre: A guide to good practice in the management of controlled drugs in primary care (England) – Second Edition
http://www.npc.co.uk/controlled_drugs/cdpublications.htm
- NHS Scotland National Education Scotland: Supplementary prescribing for pharmacists in Scotland
<http://www.nes.scot.nhs.uk/pharmacy/prescribing/>
- Nursing and Midwifery Council Standards for Medicines Management
<http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=221>
- Nursing and Midwifery Council prescribing standards
<http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=1645>
- Patient Group Directions: A guide to good practice
<http://www.npc.co.uk/publications/pgd/pgd.htm>
- Saving time, helping patients: a good practice guide to quality repeat prescribing
http://www.npc.co.uk/repeat_prescribing/repeat_presc.htm
- Scottish Executive Health Department HDL 2004 35: Implementation of supplementary prescribing for pharmacists
<http://www.scotland.gov.uk>
Publications/2004/06/19514/39164

Useful websites:

- The Department of Health Social Services and Public Services
www.dhsspsni.gov.uk
- Central Service Agency
www.centralserviceagency.com
- The Department of Health
www.dh.gov.uk
- The National Prescribing Centre
www.npc.co.uk
- The Medicines and Healthcare products Regulatory Agency
www.mhra.gov.uk
- The National Patient Safety Agency
www.npsa.nhs.uk
- The Royal Pharmaceutical Society of Great Britain
www.rpsgb.org.uk
- Northern Ireland Centre for Pharmacy Learning and Development
www.nicpld.org
- Queens University Belfast
www.qub.ac.uk
- University of Ulster
www.ulster.ac.uk
- Office of Public Sector Information (Part of National Archives)
www.opsi.gov.uk/legislation/