INTRODUCTION

Non-medical prescribing has taken many years of planning, review, and discussion, and it has been a long-fought and hard-won battle to get to where we are today. From the early days of the 1980s when nurses first began to explore the potential for prescribing certain items such as dressing packs, we are now in the position where nurses are able to prescribe for patients they have assessed and diagnosed independently.

The nursing profession began a claim for jurisdiction of prescribing in 1978 when the Royal College of Nursing (RCN) presented a report proposing that nurses should have authority to prescribe dressings and topical treatments (Jones 1999). It was not until 1986, however, that the Conservative government of the time considered the claim, and a team of health experts and economists were asked to review the provision of community nursing and make recommendations for the future of that provision. The Royal College of Nursing saw this as an ideal opportunity to highlight the arguments for amending legislation to allow nurses to prescribe (Jones and Gough 1997), and following the publication of the report, which was positively received by the government, support was gained from the British Medical Association (BMA) and the Royal Pharmaceutical Society of Great Britain (RPSGB). However, to create a legal framework for nurse prescribing, the 1968 Medicines Act had to be amended. Allowing parliamentary time for the amendments was not, according to Sims and Gardiner (1999), a priority for the government. The amendments were finally made in 1992, fourteen years after the first written report in support of nurse prescribing. Over the following eight years the Labour government embarked upon a programme of prescribing policy growth. Prescribing policies formed part of a wider range of policy developments from the Labour government aimed at increasing the efficiency and cost-effectiveness of the National Health Service (NHS) through modernization.

Since these humble beginnings, nurse prescribing has come of age; from the difficult times of pilot studies, meagre training, ‘group protocols’, limited
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History of prescribing

Formularies and the need (understandably) to prove its worth, to the position we are in today where nurse independent prescribers are able to ‘prescribe any medicine for any medical condition within their competence, including some controlled drugs for specified medical conditions’ (Department of Health 2006).

Understanding the historical perspective and the challenges for implementing non-medical prescribing has, and continues to be, vital in understanding the key part this has played in changing the face of health care and realizing the full potential of nursing as a profession.

Useful resources


History of prescribing

QUESTIONS

TRUE OR FALSE?

Are the following statements true or false?

1. Nurse independent prescribers can write out prescriptions for patients assessed by their nursing colleagues who are not prescribers.

2. Prescribing a Prescription Only Medicine (POM) as a supplementary prescriber outside an agreed Clinical Management Plan (CMP) constitutes a criminal offence.

3. Dieticians can become supplementary prescribers.

4. Midwives can become independent prescribers.

5. The National Prescribing Centre (NPC) is the governing body that regulates all prescribers in the UK.

6. Once an independent prescriber has qualified, they should no longer work from Patient Group Directions (PGD).

7. Pharmacists have always been able to prescribe independently.

8. Dentists can authorize supplementary prescribers to prescribe for named patients.
Supplementary prescribers are able to issue private prescriptions.

Nurse independent prescribers are able to give directions to a non-presenter for the administration of a medicine.
**Multiple Choice**

Identify one correct answer for each of the following.

11. The first document to make recommendations for nurses to take on the role of prescribing was:
   a) The Department of Health report on the Review of Prescribing, Supply and Administration of Medicines
   b) The Cumberlege Report
   c) The First Crown Report
   d) The Department of Health NHS Plan

12. The First Crown report was published in:
   a) 1989
   b) 1991
   c) 1997
   d) 1998

13. Once a nurse has become an independent prescriber, he or she can act as the independent prescriber on a clinical management plan to:
   a) other nurses
   b) allied health professionals
   c) pharmacists only
   d) none of the above

14. Clinical Management Plans need to be updated:
   a) yearly
   b) every 6 months
   c) every 3 months
   d) monthly
15 **Supplementary prescribing is most useful for:**

a) long-term conditions  
b) family planning services  
c) out-of-hours services  
d) sexual health clinics

16 **Who is responsible and liable for the actions of supplementary prescribers?**

a) the supplementary prescriber alone  
b) the supplementary prescriber and their employer (through vicarious liability)  
c) the independent prescriber  
d) all of the above

17 **Nurse independent prescribers can prescribe unlicensed medicines only:**

a) by means of a Clinical Management Plan  
b) provided they are competent and take responsibility to do so  
c) with support from their manager  
d) provided a medical practitioner deems them competent and it is within their area of practice and in the best interests of the patient

18 **Nurse independent prescribers can prescribe:**

a) anything from the British National Formulary (BNF) including controlled drugs  
b) anything from the BNF including controlled drugs for palliative care only  
c) anything from the BNF including some controlled drugs for specific indications  
d) anything from the BNF including a limited list of controlled drugs for any indications
History of prescribing

**QUESTIONS**

19. All non-medical prescribers must be able to demonstrate recognition of the unique differences between neonates, children and young people:

a) this applies to *all* independent and supplementary prescribers *only* if they work with children in their area of practice

b) this *only* applies to nurses

c) this *only* applies to independent prescribers

d) this applies to *all* independent and supplementary prescribers

20. The two important pieces of legislation that cover the sale, use and production of medicines including prescribing rights are:

a) the Medicines Act 1968 and the Prescription Only Medicines (Human Use) Order 1997

b) the two Crown Reports

c) the Medicines Act 1968 and the Cumberlege Report

d) the Prescription Only Medicines (Human Use) Order 1997 and the First Crown Report
MATCH THE TERMS

Match each term with the correct description.

A. DMP  
B. HCPC  
C. V300 Prescriber  
D. OSCE  
E. PGD  
F. PACT  
G. GPhC

21 Practical or simulated examination used as part of the assessment process for those wishing to qualify as independent prescribers.

22 Data collected centrally to indicate prescribing patterns nationally and locally.

23 A doctor who acts as a supervisor for a non-medical prescriber undergoing training.

24 Regulatory body for allied health professionals.

25 A written direction for the supply and administration of prescription-only medicines to certain patient groups.

26 Nurse qualified as both an independent and supplementary prescriber.

27 Regulatory body for pharmacists.
**FILL IN THE BLANKS**

Fill in the blanks in each statement using the options in the box. *Not all of them are required, so choose carefully!*

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28 The Medicines Act _____ is an Act of __________ of the United Kingdom governing the manufacture and ________________ of medicines.

29 Nurse independent prescribers were formally known as ______________ ______________ nurse prescribers.

30 ‘Mixing’ is defined as ‘the combination of two or more medicinal products together for the purposes of ___________ them to meet the needs of a ________ patient’.

31 Supplementary prescribing is a ______________ prescribing partnership between an ______________ prescriber and a ______________ prescriber.

32 The Medicines and Healthcare Products ___________ Agency is a ______________ agency.
1. Nurse independent prescribers can write out prescriptions for patients assessed by their nursing colleagues who are not prescribers. 
   
   However, the NMC Standards of Proficiency for Nurse and Midwife Prescribers (2006) state that wherever possible this should be avoided, and go on to say that any nurse or midwife who decides to prescribe for others is accountable for this prescribing.

2. Prescribing a Prescription Only Medicine (POM) as a supplementary prescriber outside an agreed Clinical Management Plan (CMP) constitutes a criminal offence

   This agreement can be in the form of a signature or an electronic record of agreement. The independent prescriber may agree verbally to a CMP, providing that it is confirmed by secure email or fax before prescribing occurs and is formally agreed within two working days (NMC 2006).

3. Dieticians can become supplementary prescribers.

   At present, the only professionals who can become supplementary prescribers are nurses, pharmacists, optometrists, physiotherapists, podiatrists, chiropodists, and radiographers.

4. Midwives can become independent prescribers.

   Midwives are governed by the same regulatory body as other nurses (NMC) and the same Standards of Proficiency (NMC 2006), and are thus able to train as independent prescribers.

5. The National Prescribing Centre (NPC) is the governing body that regulates all prescribers in the UK.

   The NPC is an agency that supports the NHS and those who work for it to improve safety, quality, and value for money in the use of medicines for the benefit of patients and the public. The NPC also promotes and supports the continued development of non-medical prescribing through effective policy implementation, advice, and targeted support. The programme aims to increase the recognition and understanding of NMP throughout the NHS in England and works with key audiences to support effective NMP implementation, share examples of practice, and promote activity.
Once an independent prescriber has qualified, they should no longer work from Patient Group Directions (PGD).

There is nothing to stop independent prescribers working from PGDs, although there is little need to once qualified.

Pharmacists have always been able to prescribe independently.

Traditionally, doctors prescribed, nurses administered, and pharmacists dispensed medications. This changed in 2003 when pharmacists became eligible to train as supplementary prescribers. In 2009, the law changed again and pharmacists were then able to train as independent prescribers. Pharmacist independent prescribers can prescribe unlicensed medicines for their patients, on the same basis as doctors and provided that they are competent and take responsibility for doing so.

Dentists can authorize supplementary prescribers to prescribe for named patients.

Dentists are independent prescribers and therefore can authorize a supplementary prescriber to prescribe for a named patient. National Health Service (NHS) regulations define which drugs can be prescribed on the NHS. Until 2004, dentists treating NHS patients were expected to prescribe from the Dental Practitioners Formulary (DPF), a concise list of permissible drugs annexed to the British National Formulary (BNF). The DPF has subsequently been incorporated into the BNF, and is interspersed among drugs that cannot be prescribed by dentists on the NHS. However, a dentist can prescribe any drug from the BNF on private prescription but again must only prescribe within their experience and competence.

Supplementary prescribers are able to issue private prescriptions.

Supplementary and independent prescribers are able to prescribe private prescriptions. For supplementary prescribers, these must be for medications covered by the CMP. For independent prescribers, these can be prescriptions for any medicine within their competence, including some controlled drugs for specified medical conditions.

Nurse independent prescribers are able to give directions to a non-prescriber for the administration of a medicine.

All nurse independent prescribers are able to give directions for the administration of any product he or she is legally allowed to prescribe, i.e. a medicine for a condition within his or her competence. The prescribing nurse needs to be satisfied that the person to whom he or she gives the instructions is competent to administer the medicine concerned.
11 The first document to make recommendations for nurses to take on the role of prescribing was:

a) The Department of Health report on the Review of Prescribing, Supply and Administration of Medicines  
b) The Cumberlege Report  
c) The First Crown Report  
d) The Department of Health NHS Plan  

The Cumberlege Report, Neighbourhood Nursing: A Focus for Care (Department of Health and Social Security 1986), recommended that community nurses should be able to prescribe, as part of their everyday nursing care, from a limited list of items.

12 The First Crown report was published in:  
a) 1989  
b) 1991  
c) 1997  
d) 1998  

It endorsed nurse prescribing and highlighted the circumstances in which it could occur, and a successful Private Members Bill led to the primary legislation (Medicinal Products: Prescription by Nurses etc. Act 1992) that provided the power for nurses to prescribe.

13 Once a nurse has become an independent prescriber, he or she can act as the independent prescriber on a clinical management plan to:  
a) other nurses  
b) allied health professionals  
c) pharmacists only  
d) none of the above  

This can only be done by a medical practitioner or dentist.

14 Clinical Management Plans need to be updated:  
a) yearly.  
b) every 6 months  
c) every 3 months  
d) monthly  

Generally speaking, clinical management plans should be updated as clinically indicated by response but at least every 6 months to ensure that review of medication is undertaken.
Supplementary prescribing is most useful for:

a) long-term conditions  
b) family planning services  
c) out-of-hours services  
d) sexual health clinics

Supplementary prescribing can be used for any indication but is generally more useful when review of a condition is required. Thus long-term conditions benefit greatly from this type of prescribing when it is used.

Who is responsible and liable for the actions of supplementary prescribers?

a) the supplementary prescriber alone  
b) the supplementary prescriber and their employer (through vicarious liability)  
c) the independent prescriber  
d) all of the above

When a nurse or midwife is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. In addition, nurse supplementary prescribers are individually professionally accountable to the Nursing and Midwifery Council (NMC) for this aspect of their practice, as for any other, and must act at all times in accordance with the NMC Code of Professional Conduct.

Nurse independent prescribers can prescribe unlicensed medicines only:

a) by means of a Critical Management Plan  
b) provided they are competent and take responsibility to do so  
c) with support from their manager  
d) provided a medical practitioner deems them competent and it is within their area of practice and in the best interests of the patient

As with all prescribing, nurses should work within the boundaries of the competence in accordance with the NMC guidance.

Nurse independent prescribers can prescribe:

a) anything from the British National Formulary (BNF) including controlled drugs  
b) anything from the BNF including controlled drugs for palliative care only  
c) anything from the BNF including some controlled drugs for specific indications  
d) anything from the BNF including a limited list of controlled drugs for any indications
From April 2012, nurse and pharmacist independent prescribers are allowed to prescribe schedule 2–5 controlled drugs along with all other medications from the BNF, provided they work and prescribe within their clinical competence.

*Note:* Changes to Misuse of Drugs Regulations mean that appropriately qualified nurses and pharmacists will now be able to prescribe controlled drugs like morphine, diamorphine, and prescription strength co-codamol. The changes relating to prescribing and mixing of controlled drugs by nurse and pharmacist independent prescribers also apply to midwives who are registered as nurse independent prescribers.

The agreed changes to the Misuse of Drugs Regulations 2001 relating to nurse and pharmacist independent prescribing of controlled drugs (Misuse of Drugs (Amendment No. 2) (England, Wales and Scotland) Regulations 2012 (Statutory Instrument 2012/973)) came into force on 23 April 2012.

19. **All non-medical prescribers must be able to demonstrate recognition of the unique differences between neonates, children and young people:**

   a) this applies to all independent and supplementary prescribers *only* if they work with children in their area of practice

   b) this *only* applies to nurses

   c) this *only* applies to independent prescribers

   d) *this applies to all independent and supplementary prescribers*

20. **The two important pieces of legislation that cover the sale, use and production of medicines including prescribing rights are:**

   a) *the Medicines Act 1968 and the Prescription Only Medicines (Human Use) Order 1997*

   b) the two Crown Reports

   c) *the Medicines Act 1968 and the Cumberlege Report*

   d) *the Prescription Only Medicines (Human Use) Order 1997 and the First Crown Report*

21. **MATCH THE TERMS**

   Practical or simulated examination used as part of the assessment process for those wishing to qualify as independent prescribers.  

   **D. OSCE**  
   (Objective Structured Clinical Examination)
The Medicines Act 1968 is an Act of Parliament of the United Kingdom governing the manufacture and supply of medicines.

It also defines three categories: prescription-only medicines (POM), which are available only from a pharmacist if prescribed by an appropriate practitioner; pharmacy medicines (P), available only from a pharmacist but without a prescription; and general sales list (GSL) medicines, which can be bought from a shop without a prescription.

Nurse independent prescribers were formally known as extended formulary nurse prescribers.

From 1 May 2006, the former Nurse Prescribers’ Extended Formulary was discontinued and qualified nurse independent prescribers, formerly known as extended formulary nurse prescribers, can prescribe any medicine for any medical condition within their competence, including some controlled drugs for specified medical conditions.
History of prescribing

30. ‘Mixing’ is defined as ‘the combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient’.

Following the legislative changes in 2009 by the MHRA allowing the mixing of medicines, mixing is defined as above. These changes enable: doctors and dentists, who can already mix medicines themselves, to direct others to mix; nurse and pharmacist independent prescribers to mix medicines themselves and to direct others to mix; supplementary prescribers to mix medicines themselves and to direct others to mix, but only where that preparation forms part of the Clinical Management Plan for an individual patient; and nurse and pharmacist independent prescribers to prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists (and supplementary prescribers if part of a Clinical Management Plan).

31. Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber.

They do this to implement an agreed patient-specific Clinical Management Plan with patient agreement. The independent prescriber must be a doctor (or dentist).

32. The Medicines and Healthcare Products Regulatory Agency (MHRA) is a government agency.

This agency is responsible for ensuring that medicines and medical devices work, and are acceptably safe. The MHRA is an executive agency of the Department of Health.