Independent and Supplementary Prescribing in Wales

Guidance for employers and practitioners in NHS Wales

January 2024

Purpose of this guidance

This guidance is intended to help employers, managers and practitioners navigate the most common administrative and procedural processes which enable professionals to act as independent or supplementary prescribers in NHS Wales.

Intended readership

All health boards in Wales.

Welsh Ambulance Services NHS Trust.

Velindre NHS Trust.

NHS Wales Shared Services Partnership.

Non-medical prescribers including:

- Optometrists
- Registered Nurses
- Midwives
- Pharmacists
- Physiotherapists
- Podiatrists
- Paramedics
- Dietitians
- Radiographers.

Medical and dental practitioners.

Higher Education Institutions providing non-medical prescribing education and training.

Prison health services.

Defence medical services.

Independent healthcare providers.

Professional leadership bodies.

Professional regulators.

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

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Introduction

This guidance has been produced by the Welsh Government to set out the administrative and procedural steps needed to enable non-medical healthcare professionals to act as independent and supplementary prescribers. The guidance promotes safe and effective prescribing in Wales and provides information and advice on common scenarios in prescribing practice.

UK medicines legislation provides for specified groups of healthcare professionals other than doctors and dentists to train and practise as independent or supplementary prescribers.

This document provides information to help healthcare professionals who wish to train and practise as independent and supplementary prescribers and advice to promote good practice for all non-medical prescribers in Wales.

This guidance replaces 'Non-Medical Prescribing in Wales Guidance 2017' and all previous versions. This document reflects the correct position on the date of its publication.

Overview of supplementary and Independent Prescribing

A number of groups of healthcare professionals other than doctors and dentists are, subject to completing additional training, able to prescribe medicines for patients as either independent or supplementary prescribers, these healthcare professionals are collectively referred to as non-medical prescribers (NMPs).

Independent prescribers are responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

Supplementary prescribers work in partnership with a doctor or a dentist to implement an agreed clinical management plan for a patient with that patient's agreement.

Independent and supplementary prescribers are identified by an annotation next to their name in the relevant professional register.

Registered Nurses

To prescribe medicinal products, Registered nurses and midwives must have recorded their prescriber qualification on the Nursing and Midwifery Council (NMC) register. There are two types of Registered nurse or midwife prescribers. Community nurse or midwife prescribers; and independent and supplementary Registered nurse or midwife prescribers.

See NMC prescribing programmes and standards link for further detail: Standards for prescribing programmes – The Nursing and Midwifery Council (nmc.org.uk)

Registered Nurse independent prescribers (formerly known as Extended Formulary Nurse Prescribers) are able to prescribe any medicine for any medical condition within their area of competence. This includes both licensed and unlicensed medicines.

Registered Nurse independent prescribers are able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 controlled drugs. This includes diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction.

Registered Nurse independent prescribers must work within their own professional competence and scope of practice.

Registered Nurses who have successfully completed a Nursing and Midwifery Council (NMC) Community Practitioner Nurse Prescribing course (also known as a v100 or v150 course) can register with the NMC as a Community Nurse Independent Prescriber (CNIP). The majority of CNIPs are district nurses and public health nurses (previously known as health visitors), community nurses and school nurses. They are qualified to prescribe only from the Nurse Prescribers Formulary (NPF) for Community Practitioners.

Pharmacists

Pharmacist independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes both licensed and unlicensed medicines.

Pharmacist independent prescribers are also able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 controlled drugs. This includes diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction.

Pharmacist Independent Prescribers must work within their own professional competence and scope of practice.

All newly qualified pharmacists joining the General Pharmaceutical Council's register from August 2026 will be pharmacist independent prescribers.

Optometrists

Optometrist independent prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except controlled drugs or medicines for parenteral administration.

All optometrists can supply and administer medicines in their professional scope of practice from a limited list of medicines set out in Schedule 17 of the Human Medicines Regulations 2012.

Physiotherapists

Physiotherapist independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Physiotherapist independent prescribers are allowed to prescribe from a restricted list of controlled drugs (oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride and temazepam).

Physiotherapists who are supplementary prescribers are able to prescribe other controlled drugs only where these are included in a patient's clinical management plan agreed with the doctor or dentist agreeing that plan.

Podiatrists

Podiatrist independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Podiatrist independent prescribers are allowed to prescribe from a restricted list of controlled drugs (diazepam, dihydrocodeine tartrate, lorazepam and temazepam) for oral administration only.

Paramedics

Paramedic independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Paramedic independent prescribers are able to prescribe a limited range of controlled drugs (morphine sulfate for oral administration or injection, diazepam for oral administration or injection, midazolam by oromucosal administration or injection, lorazepam by injection, and codeine phosphate for oral administration).

Therapeutic radiographers

Therapeutic radiographer independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Therapeutic radiographer independent prescribers are able to prescribe a limited range of controlled drugs (tramadol, diazepam, lorazepam, oxycodone and codeine phosphate all for oral administration, and morphine sulfate for oral administration or by injection).

Diagnostic radiographers

Diagnostic radiographer supplementary prescribers can prescribe any medicine for any medical condition in partnership with a doctor or dentist in accordance with an agreed clinical management plan. This includes licensed or unlicensed medication and controlled drugs.

Dietitians

Dietitian supplementary prescribers can prescribe any medicine for any medical condition in partnership with a doctor or dentist in accordance with an agreed clinical management plan. This includes licensed or unlicensed medicines and controlled drugs.

Other healthcare professionals

At the time of publication healthcare professionals other than those listed above are not entitled to prescribe medicines. Some healthcare professionals, for example occupational therapists and dental hygienists, can supply and administer some medicines without a prescription, under a Patient Group Direction (PGD). Information about which professionals can operate under PGDs can be found at www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them.

Physician associates and **anaesthesia associates** cannot prescribe medicines, or supply or administer medicines under a PGD.

Non-medical prescriber categories

Supplementary prescriber

The British National Formulary (BNF) defines supplementary prescribing as:

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

Supplementary prescribers can only prescribe in partnership with a doctor or dentist. The doctor, or dentist, is responsible for the diagnosis and setting the parameters of the clinical management plan (see appendix one).

All supplementary prescribers may prescribe for any medical condition provided they are acting in accordance with an agreed individual patient's clinical management plan.

Supplementary prescribing is primarily intended for managing chronic medical conditions; however acute episodes occurring within chronic conditions may be treated, provided this is included in the clinical management plan.

Supplementary prescribers are not restricted to a limited list and may prescribe any medicine that can be prescribed on the NHS, provided it has been included in the patient's clinical management plan. This includes:

- All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices, foods and other borderline substances approved by the Advisory Committee on Borderline Substances (ACBS);
- All Prescription Only Medicines (POMs) including controlled drugs (except those listed in Schedule 1 of The Misuse of Drugs Regulations 2001 – that are not intended for medicinal use);
- Medicines for use outside their licensed indications (i.e. "off label" prescribing), black triangle drugs, and drugs marked 'less suitable for prescribing' in the BNF.

It is good practice that unlicensed drugs are not prescribed unless they are part of a clinical trial that has a clinical trial certificate or exemption.

Supplementary prescribers must comply with the standards set by their respective regulators and professional leadership bodies. They should not prescribe any medicine that they do not feel competent to prescribe.

Supplementary prescribers should not prescribe for themselves or their families.

Community nurse independent prescriber

On successful completion of a community specialist practitioner programme which incorporates community practitioner nurse prescribing (v100, v150), registered nurses can prescribe from the NPF for community practitioners. The NPF includes dressings, appliances and a limited list of medicines relevant to community nursing and health visiting/public health nursing practice.

Legislation in Wales has clarified that the term community nurse independent prescriber should be used for this category of prescriber.

Independent prescriber

The BNF defines independent prescribers as:

> 'Practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing'.

At the time of publication of this guidance, only Registered nurses, pharmacists, optometrists, physiotherapists, podiatrists, therapeutic radiographers and paramedics can train and practise as independent prescribers.

Registered Nurse, pharmacist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers may prescribe any licensed medicine[1] (i.e. products with a UK marketing authorisation) for any medical condition, within their competence. Whilst physiotherapists, podiatrists, and radiographers may prescribe any licensed medicine, they should normally only do so for conditions generally considered to be within their professional field.

Registered Nurses, pharmacists and paramedics potentially have a broader scope of professional practice and will therefore necessarily prescribe across a number of therapeutic areas.

Optometrist independent prescribers can prescribe any licensed medicine for conditions affecting the eye and the tissues surrounding the eye, except controlled drugs or medicines for parenteral administration.

All independent prescribers are also able to practice as supplementary prescribers.

1 There are restrictions on the prescribing of controlled drugs by physiotherapists, podiatrists, radiographers and paramedics as described earlier.

Prescribing within professional competence

All prescribers whether they are independent or supplementary prescribers, must work within their own level of professional competence and expertise, and should seek advice and make appropriate referrals to other professionals for people requiring prescribing in therapeutic areas outside of their expertise. All healthcare professionals are accountable for their own actions, must be aware of the limitations of their skills, knowledge and competence and should always work within their scopes of practice.

Medicines and appliances that can be prescribed by non-medical prescribers

	Licensed medicines for their licensed indications	Licensed medicines for 'off label' indications	Unlicensed medicines	Controlled drugs
Registered Nurse	Yes	Yes	Yes	Yes, except those in schedule 1 of the Misuse and Drugs Regulations 2001, and diamorphine, dipipanone or cocaine for the treatment of addiction
Pharmacist	Yes	Yes	Yes	Yes, except those in schedule 1 of the Misuse and Drugs Regulations 2001, and diamorphine, dipipanone or cocaine for the treatment of addiction
Optometrist	Yes	Yes	No	No
Paramedic	Yes	Yes	No	Yes, but limited to: morphine sulfate and diazepam for oral administration or injection, midazolam for oromucosal administration or injection, lorazepam by injection, and codeine phosphate for oral administration
Therapeutic radiographer	Yes	Yes	No	Yes, but limited to: diazepam, tramadol, oxycodone, lorazepam and codeine phosphate all for oral administration, and morphine sulfate for oral administration or injection

	Licensed medicines for their licensed indications	Licensed medicines for 'off label' indications	Unlicensed medicines	Controlled drugs
Community nurse	Limited to products included in the NPF	No, except nystatin may be prescribed for neonatal use	No	No
Podiatrist	Yes	Yes	No	Yes, but limited to: diazepam, dihydrocodeine, lorazepam; and temazepam, by oral administration.
Physiotherapist	Yes	Yes	No	Yes, but limited to: diazepam, dihydrocodeine, lorazepam, morphine, oxycodone, and temazepam, by oral administration; morphine for injectable administration; and fentanyl for transdermal administration
Supplementary prescriber (in accordance with a clinical management plan)	Yes	Yes	Yes	Yes

Prescribing unlicensed medicines

An unlicensed medicine is one that does not have a valid UK or European marketing authorisation (license) defining the clinical circumstances in which the medicine can be used.

Prescribing unlicensed medicines should take place only within the framework of a local policy for unlicensed medicines. The local policy must be developed and approved through an organisation's drug and therapeutic committee, area prescribing committee or equivalent. The policy should specify the need for authoritative clinical evidence and guidance to support prescribing decisions in this area and include evidence of where liabilities and responsibilities lie. The policy should refer to the relevant professional bodies' standards and need for patient consent where appropriate.

Prescribers accept professional, clinical and legal responsibility for unlicensed prescribing.

Supplementary prescribers may prescribe unlicensed medicines providing it is in accordance with a patient's clinical management plan.

Mixing medicines

Mixing is the combining of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient. Mixing does not include dissolving or dispersing the product in, diluting or mixing it with, some other substance used solely as a vehicle for the purpose of administering it.

The mixing process produces an unlicensed product and prescribing of such products must be in accordance with an organisation's unlicensed medicines' policy.

Registered Nurse and pharmacist independent prescribers are permitted to mix medicines and direct others to mix medicines. Physiotherapist independent prescribers are permitted to mix licensed medications within the limitations of their professional practice.

A supplementary prescriber can mix medicines and direct others to mix medicines, if the mixing of medicines forms part of the clinical management plan for an individual patient.

Off-label medicines

Off-label use describes situations where a medicine is used in a way that is different to the way described in its marketing authorisation. Examples of off-label use include using a medicine for a different illness to that stated in the licence, using a medicine in an age group outside the licensed range (usually in children or the elderly), or using a medicine at a higher dose than stated in the licence.

Independent prescribers may prescribe medicines for uses outside their licensed indications (as stated in the UK or European marketing authorisation) where it is accepted clinical practice or alternatively, where there is clear justification for prescribing outside the licensed indications or doses.

Organisations should have an approved policy for off-label prescribing. The policy should specify the need for authoritative clinical evidence and guidance to support prescribing decisions. In prescribing off-label, the non-medical prescriber accepts professional, clinical, and legal responsibility for any harms arising from a patient using the medicine as prescribed. This means independent prescribers should only prescribe off-label where it is accepted clinical practice.

When prescribing a medicine for off-label use, the prescriber should explain the need for the medicine to the patient or their representative (e.g. parent or guardian). Where a patient is unable to consent to off label use, the prescriber should act in accordance within their professional practice and within the policy of their employing organisation.

Supplementary prescribers may prescribe off-label medicines providing prescribing is in accordance with a patient's clinical management plan.

Appliances, dressings and borderline substances

Registered Nurse and pharmacist independent prescribers may prescribe any appliance and dressing listed in Part IX of the Drug Tariff.

Registered Nurses and pharmacists prescribing in secondary care are not restricted to prescribing appliances/ dressings from Part IX of the Drug Tariff when prescribing within a hospital, but should take into account local formulary policies and the implications for primary care.

In primary care, NHS prescribers need to comply with the terms of service under which they operate. Borderline substances may be prescribed in specific circumstances but the prescription will need to be endorsed "ACBS" to confirm it is prescribed in accordance with the conditions set by the Advisory Committee on Borderline Substances (ACBS). Approved products can be found in Part XV of the Drug Tariff.

In general non-medical prescribers should restrict their prescribing of borderline substances to items on the ACBS approved list, taking account of relevant guidance provided by their employing organisation.

Education and training

Registered **Nurses, pharmacists, podiatrists, physiotherapists, therapeutic radiographers, dietitians** and **paramedics** need to undertake an additional programme of study to become independent or supplementary prescribers.

These are multi- professional programmes leading to qualification as an independent or supplementary prescriber. Some programmes are professional-specific but may include elements of interprofessional learning.

In Wales an independent prescribing course specifically for optometrists is provided by the School of Optometry and Vision Sciences, Cardiff University. Other optometry schools also provide independent prescribing courses for optometrists, details of which can be accessed at How to get an independent prescribing (IP) qualification – College of Optometrists (college-optometrists.org).

All programmes require accreditation from the relevant professional regulatory bodies:

- General Pharmaceutical Council (GPhC) for pharmacists;
- Nursing and Midwifery Council (NMC) for nurses and midwives;
- General Optical Council (GOC) for optometrists;
- Health and Care Professions Council (HCPC) for the Allied Health Professions (AHPs) and Healthcare Scientists.

Education preparation programmes in Wales

The following approved education institutions in Wales provide independent or supplementary prescribing education programmes:

University of South Wales

www.southwales.ac.uk/study/subjects/nursing-health-sciences/health-cpd-courses/independent-prescribing/

Bangor University

Nurses, AHP and Radiographers:
www.bangor.ac.uk/courses/postgraduate-taught/independent-prescribing

Pharmacists:
www.bangor.ac.uk/courses/postgraduate-taught/prescribing-for-pharmacists

Cardiff University

Pharmacists:
www.cardiff.ac.uk/study/postgraduate/taught/standalone-modules/pharmacist-independent-prescribing

Nurses, AHP and Radiographers:
www.cardiff.ac.uk/study/postgraduate/taught/courses/course/advanced-practice-non-medical-prescribing-pgcert-part-time

Optometrists:
www.cardiff.ac.uk/study/postgraduate/taught/courses/course/therapeutic-prescribing-for-optometrists

Swansea University

Nursing/Midwifery:
www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-nurses-midwives-pgcert/

Pharmacists:
www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-pharmacists-pgcert/

AHPs and Radiographers:
www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-allied-health-professionals-pgcert/

Glyndŵr University

www.glyndwr.ac.uk/courses/postgraduate-courses/Non-medical-Prescribing-for-nurses-Pharmacists-and-Allied-Health-Professionals/

Open University

www.open.ac.uk/postgraduate/modules/k803

Independent and supplementary prescribing programmes offer blended learning and comprise a range of face to face and online teaching, self-directed and in practice learning. Assessment may include a variety of methods such as a practice assessments, objective structured clinical examination, numeracy and academic written assessment and written examinations.

For details of the education programme admission criteria, content and curriculum please contact the Approved Education Institution directly. Alternatively, further information can be accessed from the relevant regulatory bodies:

NMC:
www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/

GPhC:
www.pharmacyregulation.org/education/pharmacist-independent-prescriber

HCPC:
www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/

GOC:
www.optical.org/en/education-and-cpd/education/post-registration-qualifications/

Supervision in training and the role of Designated Prescribing Practitioners

During their independent prescribing training, trainees must undertake a period of practice-based learning to consolidate and contextualise the academic learning delivered by their training programme provider. This Period of Learning in Practice (PLP) enables the learner to put theory into practice; to develop and demonstrate competence as a prescriber under the supervision of an experienced prescribing practitioner.

Historically, doctors have provided this supervision as designated supervising medical practitioners (DSMPs) who are responsible for ascertaining whether trainees have met the necessary learning outcomes and acquired competencies as defined by the relevant professional, statutory and regulatory bodies and the Approved Education Institution (AEI) running the prescribing programme.

Changes to professional regulation have enabled some independent prescribers to take on this designated supervising practitioner role for the PLP, in addition to doctors. These regulatory changes improve access to training opportunities for those eligible to prescribe, with potential to increase numbers of independent prescribers. The PLP is critical to the development of safe and effective prescribers. The designated practitioner role is central to the PLP, and as such assuring the quality of this role is essential. Where a non-medical prescriber provides the supervision of a trainee they are referred to as the Designated Prescribing Practitioner (DPP).

The Royal Pharmaceutical Society's (RPS's) Competency Framework for Designated Prescribing Practitioners describes the aim of the DPP role as being:

> "To oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice."

DPP is as an umbrella term used to bring a number of different profession-specific titles together. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP);
- Designated Prescribing Practitioner (DPP);
- Practice Supervisor;
- Practice Assessor; and
- Practice Educator.

The RPS has also developed a supporting framework for DPP's which is helpful when considering these roles and responsibilities.

Competency framework for all prescribers

The RPS manages the competency framework on behalf of all the prescribing professions in the UK including Wales. The competency framework was first published by the RPS in 2016.

In 2021 the Competency Framework for all Prescribers was updated following a review and legislative changes to prescribing and has been adopted by all professional regulatory bodies and forms the basis of prescribing competency assessment by all educational institutions in the UK.

The framework sets out what good prescribing looks like and provides a structure which describes the demonstrable knowledge, skills, characteristics, qualities and behaviours central to a safe and effective performance in a prescribing role.

It is a generic framework for all prescribers but it must be contextualised to reflect different areas of practice, levels of expertise and settings.

Continuing professional development

All registered healthcare practitioners have a professional responsibility to keep themselves abreast of clinical and professional developments. This includes prescribing. Health Education and Improvement Wales' Standards for Competency Assurance of Non-Medical Prescribers in Wales state that all non-medical prescribers are required to provide evidence their ongoing competence to prescribe by maintaining a portfolio of evidence, this will include records of continuing professional development (CPD) and other professional activities.

Prescribers are required to demonstrate CPD in their area of prescribing practice. This could include undertaking ongoing education and training programs or self-directed study.

Independent and/or supplementary prescribers will be required to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines.

Employers should ensure that the independent or supplementary prescriber has maintained the relevance and currency of their prescribing practice, through the process of annual appraisal and where required, revalidation. Employers have an obligation to ensure prescribers have access to the relevant education and training relevant to their role.

Expanding scope of practice

There are occasions when prescribers will need to expand or change their prescribing scope of practice.
These may include:

- Being confident in their current prescribing scope of practice but having a restricted number of medicines they prescribe which needs to be expanded.
- Being confident in current prescribing scope of practice but identifying further areas that would support improving patient care, e.g. where current scope is management of chronic pain, but a large proportion of these patients are experiencing poor mental health and the management of mental health conditions such as depression would be a natural extension of role.
- A new service being established, e.g. previously prescribing in minor ailments but wanting to prescribe in a pain management service.
- Changing role.
- Changing setting, e.g. moving from primary care into a secondary care.

The RPS has developed guidance to support prescribers from all professions to safely expand their scope of practice. Professional Guidance: Expanding Prescribing Scope of Practice supports the prescribing competency framework and provides a structure to support prescribers to identify their development needs, highlight ways which these can be met, and offers guidance on how to document the process and outcomes.

Joint working

Team working is essential to ensure the patient receives a seamless service and other healthcare professionals are available to provide advice and services outside of the area of competence and expertise of individual non-medical prescribers.

Arrangements for discussion of individual cases, together with referral to medical staff and other healthcare professionals should be in place.

Supplementary prescribing

- A doctor or dentist can work with one or more supplementary prescribers.
- A supplementary prescriber can work with one or more doctors or dentists.
- In the supplementary prescribing relationship, the doctor or dentist will be responsible for:
  - the initial clinical assessment and diagnosis of the patient and for agreeing a clinical management plan with the supplementary prescriber;
  - determining which medicines may be prescribed by the supplementary prescriber bearing in mind the experience and areas of expertise of the supplementary prescriber;
  - providing advice and support to the supplementary prescriber as requested;
  - maintaining ad-hoc communication with the supplementary prescriber;
  - sharing the patient's record with the supplementary prescriber;
  - determining when a formal clinical review is required;
  - carrying out the formal clinical review at the agreed time, preferably with the supplementary prescriber; and
  - reporting adverse incidents.

Independent prescribing

Registered Nurse, pharmacist, optometrist, physiotherapist, paramedic, podiatrist or therapeutic radiographer independent prescribers will work autonomously and be responsible for all prescribing decisions within their area of competency.

In some cases the initial clinical assessment and diagnosis may already have been made by the doctor or dentist working in partnership with the non-medical prescriber. In others this will not be in place and the independent prescriber will be required to make the assessment and diagnosis. For this reason independent prescribers should only prescribe within their area of expertise and competence and operate in an environment allowing referral and advice to and from other healthcare professionals.

Legal and professional liability

Professional indemnity

All prescribers must ensure that they have sufficient professional indemnity insurance relevant to their clinical practice.

The General Pharmaceutical Council require pharmacists to have professional indemnity arrangements in place as a condition of their professional registration.

The Nursing and Midwifery Council recommends that every nurse/midwife prescriber should ensure he/she has professional indemnity insurance, by means of a professional organisation or trade union body. Prescribers must also be aware of the level of indemnity insurance offered by their insurer to determine whether it is sufficient for purpose.

The College of Optometrists consider that every optometrist prescriber must ensure that he or she has professional indemnity insurance. Optometrists must ensure that their indemnity insurance covers them for the scope of their prescribing practice.

The Health and Care Professions Council states that registrants are required to have a professional indemnity arrangement in place as a condition of their registration.

Liability and responsibilities of the non-medical prescriber

Non-medical prescribers are accountable for all their prescribing decisions and any consequences arising from them. They should therefore only prescribe medicines they know are safe and effective for the patient and the condition being treated. They must be able to recognise and deal with pressures and conflicts of interest that could lead to inappropriate prescribing.

Where the practitioner is qualified to practice as a supplementary prescriber only, they should not prescribe outside the agreed clinical management plan. Doing so would be a clinical governance issue to be addressed by their employer, commissioner or professional regulator.

In addition, non-medical prescribers are individually professionally accountable to their respective professional regulatory bodies and must act in accordance with the relevant professional standards and code of ethics and conduct.

All prescribers should ensure that they have sufficient professional indemnity insurance in place to cover the activities they undertake as part of their prescribing role.

Liability and responsibilities of employers

Where an appropriately trained and qualified non-medical prescriber prescribes as part of their professional duties with the consent of their employer, the employer is also vicariously liable for the actions of the prescriber.

In order to support this process, the Standards for Competency Assurance of Non-Medical Prescribers in Wales support a "Once for Wales" approach to the quality assurance of the non-medical prescriber workforce in Wales. They set the minimum requirements for evidencing and review of ongoing competence to prescribe for non-medical prescribers and the employers of non-medical prescribers.

Maintaining confidence and competence to prescribe is a requirement within the RPS's competency framework which indicates the importance of an ability to evidence ongoing prescribing competence. The following points set out the minimum requirements for non-medical prescribers to evidence their ongoing competence to prescribe:

Both the employer and employee (or contractor) should ensure that:

- the employee is qualified and competent to prescribe in the area of practice identified;
- the employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service;
- the employee and employer undertakes regular (annual) appraisal and review, participating in revalidation requirements;
- a Disclosure and Barring Service (DBS) check has been undertaken for the employee within a timescale sufficient to identify any criminal activity that would put patients at risk. This is particularly important where roles have changed as a result of prescribing qualifications.

It is also good practice for employers to:

- undertake a DBS check when appointing a new member of staff. Employers should strongly consider a new DBS check for members of staff who have been employed for long periods of time, and where employers are supporting independent prescribers in extending their role;
- maintain a register of the independent and supplementary prescribers working in their healthcare community together with a copy of the prescriber's signature.

Record keeping

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care.

It is best practice that details of any prescription, together with other details of patient consultations should be entered onto the shared patient record immediately, or failing that, as soon as possible after the consultation. Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. It is also important to ensure that the patient is also reviewed by the prescriber and that the date of review and outcomes of the review consultation are documented.

Currently there is no single model or template for a patient record (although for guidance, staff should refer to any standards published by the relevant professional regulatory body). A good record is one that provides the information needed for all professionals involved in a patient's treatment to provide them with safe and effective care in a timely manner.

It is recommended that any record indicates:

- date of the prescription;
- name of the prescriber (and that they are acting as a nurse/pharmacist or allied health independent or supplementary prescriber);
- name of the item prescribed, together with the quantity (or dose, frequency and treatment duration);
- the review date for patient follow-up and a summary of the consultation.

To aid safe administration of medicines, the record should include:

- name of the medicine prescribed;
- strength (if any) of the preparation;
- dosing schedule (or frequency of application for topical products); and
- route of administration.

For dressings and appliances, recording details of how they are to be applied and how frequently changed, may be useful.

It is also recommended that any advice given on General Sales List and Pharmacy medicines it is intended a patient subsequently purchases themselves is also recorded.

Further information on prescription writing can be found in the prescription writing guidance section of the BNF.

Reporting adverse drug reactions

All prescribers are encouraged to report suspected adverse drug reactions through the Medicine and Healthcare products Regulatory Agency (MHRA's) Yellow Card reporting scheme. The scheme is run by the MHRA and Commission on Human Medicines (CHM) and is used to collect information from health professionals and patients on suspected adverse drug reactions (ADRs).

Yellow card reports are collected from both health professionals and members of the public on:

- prescription medicines;
- herbal remedies;
- over-the-counter (OTC) medicines; and
- unlicensed medicines including cosmetic treatments.

Reports can be made to the scheme www.yellowcard.mhra.gov.uk/ or using the yellow card smartphone App. The App is available for download free of charge from iTunes Yellow Card for iOS devices or PlayStore Yellow Card for Android devices.

The Yellow Card App can be used to:

- Report a suspected adverse drug reaction (ADR) to a medicine, including vaccines, herbal products, and homeopathic remedies;
- Stay up to date with all the latest safety information published by the MHRA, including Drug Safety Update, using the newsfeed;
- Create watchlists for alerts to new safety information about your medicines of interest;
- View numbers of reports received by the MHRA to specific medicines and vaccines; and
- View your previously sent reports as a registered user.

Hard copy yellow cards can be obtained from the back of hard copies of the BNF or from www.yellowcard.mhra.gov.uk/resources/reportingforms.

Prescription stationery

Ordering prescription forms (primary care)

Information about ordering registering as a non-medical prescriber in primary care in NHS Wales can be accessed from the NHS Wales Shared Services Partnership.

Independent prescribers working only in hospitals in Wales should contact their employer for advice.

Storing prescription forms

Prescribers are responsible for their prescription pads and all reasonable precautions to prevent loss and inappropriate use should be taken. Blank prescription forms should not be pre-signed before use.

Prescriptions are controlled stationery and should be securely stored.

A record of the first and last serial number of prescriptions in the pad issued to the prescriber should be made. It is considered good practice to record the serial number of the first remaining prescription form at the end of each working day. This will help identify any lost or stolen forms.

Stolen prescription forms

In the event of loss or suspected theft of prescriptions, the prescriber must report this immediately to their line manager who should inform the Local Health Board/Trust and NHS Wales Shared Services Partnership – Primary Care Services office www.nwssp.nhs.wales/contact-us/general-service-contact-details/ from which they order prescription forms.

Destruction of prescription forms

If a practitioner who has previously worked as a prescriber changes their role, leaves the organisation or ceases to have prescribing responsibilities, then they must return any remaining unused prescriptions to the employer. The employer should inform the NHS Wales Shared Services Partnership of the change and all unused prescription forms must be destroyed in accordance with local procedures. The health board or NHS Trust to which the prescriber is contracted should be able to provide advice about the local procedures for secure destruction.

Managing specific situations

Separation of prescribing and dispensing or administration

Wherever possible prescribers should separate the prescribing and administration (and for pharmacists prescribing and dispensing) of medicines. In exceptional circumstances, where one individual is involved in both prescribing and administering a medication for a patient a second suitably competent person should be involved in checking the accuracy of the medicines provided. This is particularly important where the medication is a controlled drug.

Prescribing for self, friends and family

Non-medical prescribers must not prescribe any medicine for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance.

Gifts and benefits

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and it is important that non-medical prescribers make their choice of medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness alone.

Personal Gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement. Prescribers should always follow their employing organisation's policies and complete the relevant declarations for receiving gifts and benefits.

Companies may also offer hospitality at a professional or scientific meeting or at meetings held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Health boards, NHS Trusts, and Special Health Authorities should have local policies for working with the pharmaceutical industry, which cover gifts and benefits, as well as, for example, access to prescribers and sponsorship. Prescribers should familiarise themselves with these policies and are expected to abide by them.

Practising as a non-medical prescriber

Registering with the relevant professional regulator

Nursing and Midwifery Council register for Registered Nurse and midwifery prescribers

The AEI will provide the NMC, through the normal reporting processes, details of those students who have passed the relevant prescribing course. This annotation on the register is recognised by the NMC for supplementary and independent prescribers.

Once the NMC has received confirmation that the individual has met the required standard, they will write to each nurse informing them of what they need to do to have their registration entry annotated with the V300 code, indicating they are a qualified independent or supplementary prescriber. The qualification must be registered with the NMC within 5 years of completion of training or the practitioner will need to re-take the course.

A fee is payable by practitioners recording prescribing as a qualification on the register. Details of fee payments are available from the NMC.

The NMC will write to the nurse and inform them of when the register has been updated. This will take 7 to 14 days from receipt of payment.

A nurse should not prescribe until they have been notified by the NMC that their registration entry has been annotated.

Information about the registration process should be directed to www.nmc.org.uk/registration/

General Pharmaceutical Council register annotation for pharmacist prescribers

To practice as a prescriber, a pharmacist must have their GPhC register entry annotated.

Through agreed reporting procedures, independent prescribing course providers send the GPhC details of pharmacists who have passed their course.

A pharmacist must apply individually to the GPhC for annotation using the online application form.

Applications for an annotation must be submitted to the GPhC within six months of the date of the course award being issued.

An annotation fee is payable. Details of fee payments are available from the GPhC.

A pharmacist must not practise as an independent prescriber until they have been notified by the GPhC that their register entry has been annotated.

The GPhC provides an on-line search facility so that anyone can check whether a pharmacist is annotated as an independent prescriber or as a supplementary prescriber.

For queries about the annotation process, contact the GPhC by email at registers@pharmacyregulation.org.

The GPhC welcomes correspondence in both Welsh and English. Where correspondence is received in Welsh, the GPhC is committed to responding in Welsh.

General Optical Council (GOC) register for optometrist prescribers

Optometrists acquire a qualification approved by the GOC leading to specialist entry to the GOC register.

Information about contacting the GOC can be found at www.optical.org/en/about-us/contact-us/.

An optometrist should not practice as a prescriber until they have been notified by the registration department at the General Optical Council (GOC) that their registration includes entry to the GOC's specialist register in independent prescribing (IP).

Health Care Professions Council (HCPC) register for physiotherapist, paramedic, podiatrist, therapeutic radiographer and dietitian prescribers

The AEI will provide the pass list through the normal reporting processes, with details of students who have passed the relevant prescribing course. The Health Care Professional Council automatically update the register.

The registration process may take 7 to 14 days after Health Care Professions Council have received the list of successful students to have completed a non-medical prescribing course from AEIs.

The allied health or radiographer professional prescriber should not practice as a prescriber until independent (or supplementary) prescribing appears against their name in the online register.

Allied health professionals and radiographers with queries about the registration process can contact the Health Care Professions Council registration department.

Registering with the NHS Wales Shared Services Partnership

Any Independent prescriber requiring NHS WP10 prescriptions (for use in primary care or hospital outpatients) must register with NHS Wales Shared Services Partnership.

An independent prescriber using non WP10 Series stationary ie hospital specific stationery does not need to register with NHS Wales Shared Services Partnership.

NHS Wales Shared Services Partnership – Primary Care Services must be provided with the details of the prescriber intending to prescribe on WP10 prescriptions using one of the forms below:

Non-medical prescriber notification forms can be obtained at www.nwssp.nhs.wales/ourservices/primary-care-services/non-medical-prescribers/

Notifying NHS Wales Shared Services Partnership of the required details enables the setting up of automatic monitoring processes as well as allowing the provision of prescriber details to the Print Management Supplier for the printing of personalised prescription pads.

NHS Wales Shared Services Partnership – Primary Care Services will register the prescriber against a health board identified prescribing budget. If the prescriber is working at more than one location, eg. working at two GP practices, a separate registration is required for each location.

The prescriber must ensure they have discussed with the health board, in whose area they intend to prescribe, their intention to prescribe prior to registering with NHS Wales Shared Services Partnership. The prescriber must ensure that their registration form is signed by the appropriate person at the health board before returning it.

The authorised signatory must be in a position to confirm on behalf of the relevant health board that:

- there is a service need and therefore the opportunity to act as a prescriber; and
- there is a budget to meet the NHS costs of the prescriptions.

Change in circumstances

It is the responsibility of the employer of a non-medical prescriber who is registered with NHS Wales Shared Services Partnership to ensure the NHS Wales Shared Services Partnership is informed as soon as possible of:

- any change to that prescribers' details e.g. change of name on marriage or change of address or telephone number;
- when a prescriber is no longer carrying out prescribing duties.

Failure to do this will mean that prescription forms will continue to be produced with the incorrect details on them. Changes can be made by submission of a notification form.

Which prescription form do I need?

Primary care

A prescriber employed in primary care whose prescriptions will be dispensed at NHS expense in a community pharmacy or by a dispensing GP is required to prescribe using the NHS WP10 series prescriptions. The prescriber should discuss their prescription form requirements with the nominated individual(s) responsible for ordering and distributing prescriptions within their organisation.

The prescribing costs arising from WP10 prescriptions will be charged to the relevant health board prescribing budget.

Secondary care

A prescriber whose prescriptions will be dispensed within the hospital should prescribe on standard hospital stationery e.g. in-patient chart, discharge prescription, outpatient prescription.

A prescriber employed in secondary care but whose prescriptions will be dispensed at NHS expense in a community pharmacy is required to prescribe using the NHS WP10 (HP) series prescriptions. The prescriber should discuss their prescription form requirements with the nominated individual(s) responsible for ordering and distributing prescriptions within their organisation.

The prescribing costs arising from WP10 series hospital prescriptions (WP10HP) will be charged to the hospitals' appropriate prescribing budget, usually at directorate level.

Placing an order for prescription forms

Employers should note that NHS WP10 prescription forms are not sent out automatically following registration and prescriptions must be ordered from the NHS Wales Shared Services Partnership for primary care or direct from the Print Management Supplier for secondary care.

The Print Management Supplier will only process orders if the prescriber has also provided the relevant registration details to NHS Wales Shared Services Partnership. At least ten working days should be allowed between notifying detail to the NHS Wales Shared Services Partnership and ordering prescriptions.

Orders for new WP10 prescription pads should not be placed earlier than 6 weeks prior to the date the individual is scheduled to begin prescribing for the organisation.

WP10 prescription pads used in primary care will be delivered by the Print Management Supplier to the NHS Wales Shared Services Partnership for forwarding to the prescriber.

WP10HP prescriptions are not personalised and are delivered directly to the hospital placing the order.

Personalisation of prescription forms

Supplementary and independent prescriber prescription pads are overprinted by the Print Management Supplier with the prescriber's personal details as registered with NHS Wales Shared Services Partnership. This will include the prescriber's name, NHS Wales unique identifier, practice code, practice address, telephone number, name of the health board and professional registration number.

Community Nurse Independent Prescriber prescription pads (WP10CN, WP10PN) and single sheet prescriptions used in primary care are not personalised.

It is important therefore that:

- nurses using WP10CN and WP10PN annotate each prescription with the prescriber's name, unique identifier, practice code, practice address, telephone number, name of the health board and the prescriber's NMC registration number; or
- for single sheet prescriptions, any computer software used must be able to overprint the prescriber's name, unique identifier, practice code, practice address, telephone number, name of the health board and the prescriber's professional registration number.

WP10 series prescription pads used in secondary care are not personalised and will need to be stamped with the directorate costing code, hospital name or hospital and directorate name and the hospital address.

Computer generated prescriptions

Single sheet prescriptions for use with GP computer systems are available as WP10SPSS (for supplementary prescribers in primary care) and WP10IPSS (for independent prescribers in primary care).

Supplementary and independent prescribers who wish to prescribe using the GP practice computer or similar system should:

- first ensure that the computer software is able to support them to do this;
- request the single sheet version of the WP10 not a pad. The single sheet prescriptions will be pre-printed with Supplementary Prescriber or Independent Prescriber across the top of the prescribing area. Single sheet WP10 prescriptions belonging to GP colleagues must not be used; and
- notify NHS Wales Shared Services Partnership by completing the relevant section of the notification form.

On receipt of the completed form, NHS Wales Shared Services will allocate individuals with a unique identifier. The non-medical prescriber must ensure that the GP software prints this identifier in the correct location on the prescription form.

Verifying the status of a non-medical prescriber

In most cases enquiries can be resolved by contacting the non-medical prescriber or their employer.

Employers or pharmacies wishing to confirm a prescriber's status should check the publicly available registers of the NMC, GPhC, GOC or HCPC.

Dispensing non-medical prescriber prescriptions

The dispensing pharmacist is not expected to routinely check that:

- the medicine prescribed is included in the clinical management plan for supplementary prescribers;
- the prescriber is an independent nurse prescriber (limited to the community nurse practitioner formulary), supplementary or independent prescriber; or
- the prescriber is prescribing within their areas of competency.

The dispensing pharmacist does need to ensure that a prescription meets the legal requirements including any limitations on what can be prescribed by different professionals as set out earlier in this guidance, and if an NHS prescription is being dispensed that the medicine is allowed to be prescribed at NHS expense.

Separation of prescribing and dispensing, supply

The prescribing and dispensing, supply or administration of medicines should normally remain separate functions performed by separate health care professionals.

The joint Royal College of Nursing (RCN) and RPS document Professional Guidance on the Administration of Medicines in Healthcare Settings states “wherever possible, the actions of prescribing, dispensing/supply and administration are performed by separate health care professionals. Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing, dispensing or supply or administration of medicines. Where this occurs, an audit trail, documents and processes are in place to limit errors.”

In exceptional circumstances, where a pharmacist is both prescribing and dispensing a patient’s medication, a second suitably competent person should normally be involved in the checking process. Where the two roles do coexist, another person should carry out a final accuracy check and where possible, a check for clinical appropriateness should also be carried out.

Further information is available in an RCN and RPS joint position statement.

Dispensing doctors

Where a GP practice is a dispensing practice, prescriptions from independent and supplementary prescribers can be dispensed by the practice but only for the dispensing patients of that practice.

Dispensing Doctors cannot dispense prescriptions written by independent supplementary prescribers for patients of other practices.

Cross border issues

Community pharmacists in England, Scotland and Northern Ireland can dispense prescriptions written by independent prescribers practising in Wales.

Community pharmacists in Wales can dispense prescriptions written by independent prescribers practising in Scotland, England and Northern Ireland.

Private practice

Registered Nurse, pharmacist, optometrist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers who work outside the NHS settings must ensure they comply with professional requirements to demonstrate their competence to practice.

Registered Nurse, optometrist, pharmacist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers who have dual roles within the NHS and in the private sector must not use NHS WP10 prescription forms when practicing in the private sector.

Registered Nurse, optometrist, pharmacist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers working in the private sector should seek guidance from their relevant professional bodies or health board regarding writing of private prescriptions in the course of their work for the NHS.

Private prescriptions written by an independent prescriber should be dispensed in the same way as those prescriptions written by a doctor or dentist.

Glossary

Approved Education Institution (AEI)

A higher education institution approved by the relevant professional regulators to provide non-medical prescribing training.

Allied Health Professional (AHP)

A person registered in of one of the professions identified as AHP in Wales, regulated by the Health and Care Professions Council. For the purposes of this document this means: as person registered as either a paramedic, physiotherapist, dietitian or podiatrist. (NB. This does not include radiographers, who are regulated by the HCPC, but are designated as one of the healthcare science professions).

All Wales Medicines Strategy Group (AWMSG)

The statutory advisory committee established by Welsh Ministers to provide advice on new and existing medicines, medicines management and prescribing in Wales.

Black triangle drugs

The black triangle denotes a new drug. All adverse reactions to black triangle drugs should be reported to the MHRA's yellow card scheme.

Comparative Analysis System for Prescribing Audit (CASPA)

A prescribing analysis system provided by NHS Wales Shared Services Partnership.

Clinical management plan (CMP)

A document agreed between a supplementary prescriber, a doctor or dentist, and a patient describing how the patient is to be managed and which medicines the supplementary prescriber can prescribe.

Controlled drug (CD)

A controlled drug is one designated as such in The Misuse of Drugs Act 1971. There are five categories of controlled drug, Schedule 1, 2, 3, 4 and 5.

Designated Prescribing Practitioner (DPP)

An experienced prescribing practitioner who supports, supervises and assesses an independent or supplementary prescriber during the 'learning in practice' element of the training course.

General Optical Council (GOC)

The regulatory body for optometrists in, England, Scotland and Wales.

General Pharmaceutical Council (GPhC)

The regulatory body for pharmacists in England, Scotland and Wales.

Health and Care Professions Council (HCPC)

The regulatory body for specified health and care professionals in England Scotland, Northern Ireland and Wales. This includes professions known collectively as Allied Health Professionals and as Healthcare Scientists.

NHS Wales Shared Services Partnership

A shared services function established to deliver a wide range of professional, technical, and administrative services for and on behalf of NHS Wales including the Prescribing Services Unit which provides data entry and pricing services relating to prescriptions dispensed within Wales. It is also responsible for the provision of prescribing information and information systems to enable drug expenditure to be monitored.

Licensed medicine

The Medicines and Healthcare products Regulatory Agency (MHRA) operates a system of licensing before the marketing of medicines. Medicines, which meet the standards of safety, quality and efficacy, are granted a marketing authorisation (previously a product licence), which is normally necessary before they can be prescribed or sold. This authorisation covers all the main activities associated with the marketing of a medicinal product.

Nursing and Midwifery Council (NMC)

The UK regulatory and professional regulatory body for nurses and midwives. The Nursing and Midwifery Council holds a professional register with three parts: Nursing, Midwifery and Specialist Community Public Health Nursing.

‘Off-label’ medicine

A medicine which is prescribed outside of the terms of the marketing authorisation.

Royal Pharmaceutical Society (RPS)

The professional body for pharmacists in England, Scotland and Wales. The RPS is responsible for maintaining the competency framework for all prescribers regardless of profession.

Unlicensed medicine

An unlicensed medicine does not have a marketing authorisation issued by the Medicines and Healthcare products Regulatory Agency. Products that are not licensed in the UK include: i) an imported product licensed in another member state or third country but not in the UK and ii) unlicensed products manufactured in the UK to the specification of a prescriber, to meet the special needs of his/her individual patients, where no UK licensed medicine is available to meet those special needs.

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Appendix 1: The clinical management plan

Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record.

The plan must include:

- the name of the patient to whom the plan relates;
- the illness or conditions which may be treated by the supplementary prescriber;
- the date on which the plan is to take effect, and when it is to be reviewed by the doctor or dentist who is party to the plan;
- reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan;
- any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan;
- relevant warnings about known sensitivities of the patient;
- the arrangements for notification of adverse drug reactions; and
- the circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.

The clinical management plan should be kept as simple as possible. It may refer to national or local evidence-based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the plan itself, nor does the plan need to repeat detailed information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

The plan must be reviewed at least every 12 months.

Following diagnosis by the doctor/dentist independent prescriber, the independent and supplementary prescriber will need to discuss the plan before the document itself is prepared.

The doctor or dentist or supplementary prescriber may draft the plan, however, both must formally agree to the plan before supplementary prescribing can begin.

It must be recorded that the patient has given their consent to being part of a supplementary prescribing partnership.

It is for the doctor or dentist to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the plan.

The plan comes to an end:

- at any time at the discretion of the doctor or dentist;
- at the request of the supplementary prescriber or the patient; or
- at the time specified for the review of the patient (unless it is renewed by both prescribers at that time).

Where the doctor or dentist is replaced for whatever reason, the CMP must be reviewed and agreed by the successor before the supplementary prescriber can continue treating and prescribing for the patient.

A template CMP can be found below.

Clinical Management Plan template

<table>
<tr><td colspan="2">Name of patient:</td><td colspan="2">Patient medication sensitivities/allergies:</td></tr>
<tr><td colspan="4">Patient identification eg. ID number / date of birth:</td></tr>
<tr><td colspan="2">Current medication:</td><td colspan="2">Medical History:</td></tr>
<tr><td colspan="2">Independent prescriber:
Contact details: [Tel/e-mail/address]</td><td colspan="2">Supplementary Prescriber:
Contact details: [Tel/e-mail/address]</td></tr>
<tr><td colspan="2">Condition(s) to be treated:</td><td colspan="2">Aim of treatment:</td></tr>
<tr><td colspan="4">Medicines that may be prescribed by SP:</td></tr>
<tr><td>Preparation</td><td>Indication</td><td>Dose schedule</td><td>Specific indications for referral back to IP</td></tr>
<tr><td colspan="4">Guidelines or protocols supporting Clinical Management Plan:</td></tr>
<tr><td colspan="4">Frequency and review of monitoring by:</td></tr>
<tr><td colspan="2">Supplementary prescriber:</td><td colspan="2">Supplementary prescriber & independent prescriber:</td></tr>
<tr><td colspan="4">Process for reporting ADR’s:</td></tr>
<tr><td colspan="4">Shared record to be used by SP and IP:</td></tr>
<tr><td colspan="2">Agreed by IPs:

Date:</td><td colspan="2">Agreed by SPs:

Date:</td></tr>
<tr><td colspan="4">Date agreed with patient/carer:</td></tr>
</table>