

MULTI-PROFESSIONAL PRESCRIBING GUIDANCE DOCUMENT

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MULTI-PROFESSIONAL PRESCRIBING GUIDANCE DOCUMENT

Over the last two decades, changes in legislation have permitted prescribing to be carried out by health professionals, other than doctors (and dentists), who are appropriately trained and qualified, working within their scope of competence. The law governs which groups of health professionals may undertake this additional qualification and the scope of their prescribing. This prescribing has been known as "non-medical prescribing" undertaken by "non-medical prescribers (NMPs)". Going forward the term utilised will be "Multi-professional Prescribing" (MPPs). Developing the use of multi-professional prescribing can improve access to medicines for patients and can help maximise the use of the skills of the health professionals.

Since the introduction of non-medical prescribing in the UK in 1992, the eligibility of healthcare professionals to prescribe and the scope of medicines they are authorised to prescribe has expanded.

1.INTRODUCTION

The aims of multi-professional prescribing are to:

- Improve patient care without compromising patient safety
- Make it easier and quicker for patients to get the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible team working across the NHS
- Improve communication between prescribers

The primary aim of this guidance is to ensure that multi-professional prescribing is delivered in a safe and effective manner across Frimley ICS.

Implementation of this guidance will improve access to medicines without compromising patient safety and further utilise the skills of a range of practitioners resulting in increased flexibility of multidisciplinary working.

This guidance should be read in conjunction with the [Competency Framework](#) for all Prescribers, Frimley Formulary (available via <https://www.frimleyhealthformulary.nhs.uk/>) and the British National Formulary (available via <https://bnf.nice.org.uk/>)

Over the last two decades changes in legislation have permitted a vast increase in the number of multi-professional prescribers within all healthcare teams.

The non-medical healthcare practitioners currently enabled to prescribe are: Nurses, Midwives, Health Visitors, Pharmacists, and some Allied Health Professionals (AHPs) such as Chiropodists/Podiatrists, Physiotherapists, Radiographers, Optometrists, Dieticians and Paramedics whose names appear on the appropriate professional registers with an annotation that signifies successful completion of an accredited prescribing course.

If you are thinking of training to become an Independent Prescriber and need more information, advice and support, please contact:

Frimley Training Hub: frimley.traininghub@nhs.net

Frimley ICB Medicines Optimisation Team: frimleyicb.prescribing@nhs.net

2.PURPOSE

The purpose of this policy is to set out a governance framework to support the safe and effective practice and development of multi-professional prescribing within Frimley ICS, with the aim of improving access to medicines without compromising quality & safety.

The aims include:

- To guide the appropriate development and utilisation of multi-professional prescribing across Frimley ICS.
- To set out the clinical governance framework that ensures safe and effective multi-professional prescribing to be practiced within Frimley ICS.
- To set out the essential requirements and a framework for support and development for the practicing MPP workforce within Frimley ICS.
- To support multi-professional prescribers to promote good practice, improve service delivery and ensure patient safety.
- To provide clarification on accountability, roles and responsibilities.

3.SCOPE

This guidance is offered for use by prescribers engaged in prescribing within Frimley ICS.

This includes those staff who are employed by NHS Frimley ICB who are working in a clinical capacity and are required to use their prescribing qualification in that role, as well as those employed by other organisations within the ICS, as well as those employed by other organisations within the ICS , including general practices, primary care networks, community services and community pharmacies, undertaking prescribing linked to the ICB prescribing budget. Local NHS Trusts will have their own MPP/NMP policies and governance in place but it is recommended that they consider this policy when developing and updating their own policies.

Additionally, this policy addresses the recruitment / training process requirements for all practitioners hoping to become a prescriber.

The guidance incorporates legislative changes published nationally and reflects guidance locally.

4.DEFINITIONS

Multi-professional prescribing is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist.

MPPs encompass various healthcare professionals who have completed the required training from an approved higher education institution, enabling them to prescribe medicines for patients as either Independent or Supplementary Prescribers.

There are two types of Non-Medical Prescribing: Independent Prescribing and Supplementary Prescribing

Independent prescribing

Prescribers with the responsibility and accountability for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing. Independent prescribers can prescribe any medicine for any medical condition within their competence.

Independent prescribers can comprise Nurses, Pharmacists, Midwives, Paramedics, Physiotherapists, Optometrists, Podiatrists and Therapeutic Radiographers. This list is subject to change depending upon legislative changes.

Nurse Prescribers' Formulary for Community Practitioners (sometimes referred to as V100 for nurses)

This is a sub-group of independent prescribers. They are appropriately qualified Community Practitioners (District Nurses, School Nurses and Health Visitors), able to prescribe independently from a more restricted formulary comprising of a limited range of medicines, dressings and appliances suitable for use in community settings. These professionals are prescribing independently but have a restricted range of products which they can prescribe. They will have completed a prescribing course and be annotated in the NMC Register as "Community practitioner nurse prescriber".

Supplementary prescribing

Supplementary prescribing involves a collaborative partnership between an independent prescriber, who may be a doctor or dentist, and a supplementary prescriber. It allows the supplementary prescriber to prescribe within a mutually agreed patient-specific clinical management plan (CMP) with the patient's consent.

Specially trained and registered nurses, pharmacists and allied health professionals who prescribe medicine within their scope of practice (which may include controlled drugs), within the framework of a patient-specific clinical management plan (CMP), agreed with a doctor. These individuals cannot prescribe outside what is set out in the CMP. Supplementary prescribers can comprise of Nurses, Pharmacists, Advanced Paramedics, Dietitians, Optometrists, Podiatrists, Diagnostic Radiographers, Therapeutic Radiographers. This list is subject to change alongside any legislative changes.

5.ACCOUNTABILITY

5.1. Within Frimley ICB, the Chief Executive has overall legal responsibility for the quality-of-care patients receive and for securing patient safety. For individuals employed by other organisations, this responsibility will lie within that organisation.

5.2 Within Frimley ICB, the Chief Pharmacist has overall responsibility for implementation of this guidance. For individuals employed by other organisations, then if this guidance is adopted an individual within that organisation should be nominated to be responsible for its implementation.

5.3 Frimley ICB Medicines Board will monitor the implementation of this guidance.

5.4 Each organisation in the ICS should have a named Multi-professional Prescribing Lead. For general practices and PCNs, this role may be taken by the ICB Multi-professional Prescribing Lead.

5.5 The Multi-professional Prescribing Lead has responsibility to:

- Champion the creation of and promotion of prescribing roles.
- Compile and manage a database of prescribers ensuring that appropriate registration is accurately recorded.
- Promote opportunities to prescribers for continuing professional development (CPD) and networking.
- Work with Frimley Training Hub and the South East NMP Forum to co-ordinate places for people wanting to train to be a MPP and liaise with Higher Education Institutions to give feedback and d improve access to courses to qualify as a prescriber.
- Support individuals wanting to qualify as prescribers and their line manager/supervisors.
- Provide guidance on appropriate supervision for qualified prescribers.
- Liaise and network with local, regional and national colleagues to ensure Frimley ICS is represented and involved in leading the advancement of multiprofessional prescribers. For example at the South East Regional Independent Prescribing Strategy Group.
- Take responsibility for ensuring medicines recalls and notifications are cascaded effectively.
- Ensure prescribers have access to information and guidance to support safe prescribing including:
 - online BNF: <https://bnf.nice.org.uk/>
 - Frimley Formulary: <https://www.frimleyhealthformulary.nhs.uk/default.asp>
 - Frimley prescribing guidance and policies: <https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation>

5.6 Employers/Managers of prescribers should:

- Review provision of prescribing within their service annually and identify future need for additional prescribers in their department.
- Support applicants with any internal application process and subsequent training and registration. The line manager should ensure that student prescribers have the allotted time to complete the required study hours and work with their mentor or supervisor to develop their clinical and examination skills and compile their portfolio of evidence.
- Ensure that the student has access to supervisor support for the duration of the course.
- Following successful completion of the training the line manager should ensure they have an up-to-date job description and person specification in place to include the MPP role and maintain the prescriber's access to appropriate clinical supervision and continuing professional development in order to maintain prescribing competence.
- Ensure that all prescribers within the team are aware of policies and procedures relating to prescribing. These will be available via:
Frimley Formulary: <https://www.frimleyhealthformulary.nhs.uk/default.asp>
Frimley prescribing guidance and policies: <https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation>

5.7 Prescribers

All prescribers are personally accountable for their practice and when prescribing medicines must work to the same standard or competence that applies to all other prescribers.

They must only prescribe within their own level of experience and competence, acting in accordance with the professional and ethical frameworks described by their professional body.

Prescribers should prescribe in accordance with local and national guidance and adhere to the recommendations outlined in the local formulary.

6. ROLES AND RESPONSIBILITIES

6.1 Employing practice/Organisation

- Verifying that the prescriber possesses the requisite skills, knowledge, and appropriate indemnity insurance for fulfilling the role as a MPP.
- Providing an accurate summary of prescribing responsibilities and competencies in the job description, with periodic updates as needed.
- Reviewing an annual audit (undertaken by the prescriber) and review of prescribing, including an areas of practice update (typically done during appraisal) and addressing any changes in clinical areas of responsibility and competencies.
- Ensuring the prescriber has access to clinical supervision.
- Facilitating access to pharmaceutical resources such as the British National Formulary (BNF), local formularies, bulletins, and both relevant local and national guidelines.
- If working within a general practice then the practice prescribing lead should be available for support and mentoring.
- Ensuring that the prescriber has access to local networks of prescribers.
- Supporting the prescriber's CPD and ongoing training and development.
- Maintaining up-to-date safeguarding training and a current DBS check.
- Ensuring that all prescribers have read and are familiar with this guidance.
- Verifying registration and annotation on the relevant professional register annually.
- Verifying registration with the NHSBSA and linking to the correct service cost code. For prescribers working in the NHS in general practice, community pharmacy and community services in Frimley ICB, please note this process is undertaken by contacting the Medicines Optimisation Team at Frimley ICB.
- The following link provides further useful information [GP mythbuster 95: Non-medical prescribing - Care Quality Commission \(cqc.org.uk\)](#)

6.2 Multi-professional prescribers

Prescribers are bound by their professional standards and code of conduct and ethics.

Prescribers must also ensure they meet the competencies set out in the Competency Framework for All Prescribers: [A Competency Framework for all Prescribers | RPS \(rpharms.com\)](#)

In summary, they must:

- Ensure they possess the necessary skills and knowledge necessary to carry out the role. This involves justifying their decisions to act or withhold treatment.
- Maintain accurate, legible, unambiguous, and contemporaneous records for each patient's care, documenting assessments, prescriptions, and the rationale for prescribing promptly during or after the consultation.
- Adhere to prescribing policies, guidelines, and formularies, both locally ratified and nationally produced.
- Be familiar with and have read this guidance.

- If a supplementary prescriber, follow the agreed clinical management plan and not make adjustments without prior agreement with the involved doctor (or dentist) and patient.
- Possess adequate and appropriate indemnity insurance, providing evidence to their employer as required.
- Fulfil the CPD requirements outlined by their professional regulatory body.
- Engage in an annual audit and review of their prescribing and addressing any changes in clinical areas of responsibility and competencies.
- Be aware of accepting individual, professional, clinical, legal responsibility for their prescribing
- Promptly inform their manager if they believe their competence or confidence in prescribing is no longer at an acceptable or safe level. In such situations, they should refrain from prescribing until their concerns are addressed, and their competence and confidence adequately demonstrated.

7. CONTINUING PROFESSIONAL DEVELOPMENT

Multi-professional prescribers are required to maintain a portfolio of their continuing professional development as prescribers. It is the responsibility of the prescriber to keep up to date in their field of practice and any changes in national and local policy. Individual development needs must be discussed at appraisal and included in Personal Development Plans.

Multi-professional prescribers must be able to demonstrate evidence of continued clinical supervision of their prescribing practice. They should also be able to demonstrate that they are linked to local and national professional networks that will support them in keeping up to date.

Multi-professional prescribers should ensure their professional registration is current and active, with their prescribing role annotated on the register with their professional body. To maintain professional responsibility for non-medical prescribing, the '[competency framework for all prescribers](#)' should be applied by all MPPs.

MPPs should adhere to the guidelines and regulations established by their regulatory and professional bodies. It's essential to recognise that different professional and regulatory bodies may have varying requirements, templates, and guidance regarding continuing professional development.

8. GOOD PRACTICE AND ETHICS

A multi-professional prescriber can only prescribe for an individual that they have assessed. This includes remote prescribing such as via telephone or video links.

Multi-professional prescribers should introduce themselves by name and explain what their profession is, as well as the fact that they are a qualified prescriber.

MPPs should refer to the relevant professional bodies standards and codes of ethics for further advice regarding prescribing for self, family and friends. The usual advice from professional bodies is the MPPs should not prescribe for self, friends or family.

If a multi-professional prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription. They should be familiar with the patient, their condition and the medication required and remain within their competence.

The following links provided offer additional valuable and in-depth information.

[Non-medical prescribing | Medicines guidance | BNF | NICE](#)
[About Good practice in prescribing and managing medicines and devices - GMC \(gmc-uk.org\)](#)
[prescribing-competency-framework.pdf \(rpharms.com\)](#)

It would be beneficial to also read the Health and Care Professionals Council document on Standards of Prescribing. [standards-for-prescribing2.pdf \(hcpc-uk.co.uk\)](#)

This provides standards for prescribers and sets out knowledge, understanding and skills that a registrant must have when they have completed their prescribing training and what they must continue to meet once in practice.

MPPs may on occasion be required to complete more than one part of the prescribing process, i.e., prescribing, dispensing, supplying and/or administering. In these cases a risk assessment must be completed and documented. Risk assessment should consider the circumstances and skill mix available which could affect patient safety, the medication to be supplied, impact on patient's access to medicines and the utilisation of the skills and knowledge of the healthcare team to be able to support the supply. Steps should be taken by the prescriber to work within their competence and professional judgement. A robust audit trail of the decisions and the actions taken needs to be made. Prescribers need to ensure that accurate records of prescribing and supply or administration are made and appropriately communicated with other professionals supporting the patient's care.

Please refer to the joint position statement issued by the Royal College of Nursing and the Royal Pharmaceutical Society on Prescribing and dispensing / supply / administration by the same healthcare professional. [Prescribing and dispensing by the same healthcare professional \(rpharms.com\)](#). There is more in depth information on the guidance [Prescribing and dispensing position statement guidance \(rpharms.com\)](#)

MPPs should discuss and escalate incidents as necessary via their line manager and NMP lead to review the practice. Refer to section 12 for further information on this.

Medicines Optimisation Framework

It is recommended that NMPs refer to the NHSE Medicines Optimisation Framework: NHS England » Medicines optimisation

“Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team”

The four key principles are:

1. To understand the patient experience;
2. Evidence based choice of medicines;
3. Ensure medicine use is as safe as possible;
4. Make medicines optimisation part of routine practice.

Shared decision making

Shared decision making is part of the NHS Long Term Plan's commitment to make personalised care business as usual across the health and care system.

Shared decision making is a collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care.

More information and further links are provided here; [NHS England » Shared decision-making](#)

Polypharmacy

Polypharmacy is a term used when someone is taking multiple medicines at the same time. It is considered good practice to regularly review all prescribed medications to confirm their effectiveness and assess whether their benefits outweigh any undesirable side effects. The following links offer more comprehensive information, resources, webinars and programmes available to sign up to if deemed beneficial to practice:

<https://thehealthinnovationnetwork.co.uk/programmes/medicines/polypharmacy/>
<https://www.polypharmacy.scot.nhs.uk/for-healthcare-professionals/>
<https://www.prescripp.info/our-resources/webkits/polypharmacy-and-deprescribing/>

9. INDEMNITY INSURANCE AND LEGAL LIABILITY

All prescribers are required to ensure they possess the adequate level of professional indemnity insurance that encompasses their scope of prescribing practice.

The [Clinical Negligence Scheme for General Practice \(CNSGP\) - NHS Resolution](#) covers everyone providing NHS services for general practice including multi-professional prescribers. The indemnity scheme does not cover non-NHS work and does not provide legal representation for inquests and disciplinary investigations.

The employer of the prescriber will have indemnity arrangements in place for prescribers working in their organisation. However, it is recommended that prescribers also obtain their own individual professional indemnity insurance. Individuals should ensure that their job descriptions include prescribing as a role and that the requirements of this guidance and this policy and any prescribing policy within the employing organisation is also adhered to in order to ensure that the employer's insurance covers the individual.

10. GUIDANCE ON PRESCRIBING

Prior to undertaking NHS prescribing activity within a practice (or prescribing cost centre) an application must be made to align prescriber code to practice. Supporting information can be found here <https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/practice-support-documents>

Prior to prescribing, the prescriber is required to conduct a comprehensive and holistic assessment of the patient, determining the appropriateness of issuing a prescription, considering referrals to other health professionals, or suggesting self-care as needed.

Prescribing decisions should be guided by evidence-based practice, utilising local and national guidelines and formularies. Decision support software may assist in supporting prescribing decisions (the clinical responsibility for the final prescription remains with the prescriber though).

Prescriptions should adhere to the relevant form, maintain legibility, and meet all legal requirements. For guidance on prescription writing, refer to the BNF.

All prescriptions must state the prescribers name, professional registration number, prescribing qualification, organisation and contact details.

Multi-professional prescribers must only prescribe medicines which they are legally entitled to and must not prescribe beyond the limits of their competence and experience. Various professions possess distinct prescribing privileges, and these rights may undergo modifications with the implementation of new legislation. Prescribing should be by generic medication name by default, unless the medication has a particular characteristic that makes prescribing by brand name safer. For more information see:

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies>

10.1 Antimicrobial stewardship (AMS)

Antimicrobial resistance (AMR) is the loss of antimicrobial effectiveness, and although it evolves naturally, this process is accelerated by the inappropriate or incorrect use of antimicrobials. AMS refers to an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness. AMR can be managed by prescribers prescribing decisions.

Non-medical prescribers are restricted to antibiotic prescribing as per the primary care antibiotic guidelines [South Central Antimicrobial Guidelines \(SCAN\)](#).

Prescribers should be familiar with current [AMS campaigns](#) and be aware of and use antibiotic resources such as Frimley Healthier Together and TARGET when sharing patient information.

National antimicrobial prescribing and stewardship competencies have been developed to improve the quality of antimicrobial treatment and stewardship. For further information see the [BNF](#).

When deciding whether or not to prescribe an antimicrobial, undertake a clinical assessment and consider the risk of AMR for individual patient. An immediate antimicrobial may not be necessary, a no antimicrobial or delayed prescriptions strategy with accompanying safety netting information should be considered, if the condition is self-limiting. Document in the patient's records (electronically wherever possible) the decisions related to antimicrobial use, including the plan as discussed with the patient, and their family and/or carers (if appropriate), and reason for prescribing/not prescribing an antimicrobial.

10.2 Controlled Drugs

Multi-professional prescribers are restricted to prescribing Controlled Drugs only within the bounds of their legal entitlement, and they must not exceed the limits of their competence and experience.

This section should be read in conjunction with national guidance; Controlled drugs: safe use and management (NG46) published by the National Institute for Health and Care Excellence (NICE), April 2016 which can be found at: <https://www.nice.org.uk/guidance/ng46> and in the [Controlled drugs and drug dependence | Medicines guidance | BNF | NICE](#)

Under no circumstances can practitioners prescribe controlled drugs for personal use or to family or friends.

The Department of Health have issued a strong recommendation that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the patient's notes.

Role	Controlled Drugs	Considerations
Nurse Independent Prescriber	Can prescribe, any Schedule 2, 3, 4, and 5 Controlled Drugs (except Diamorphine, Dipipanone or Cocaine for the treatment of addiction).	All Independent Prescribers must ensure their knowledgebase is current and practice in accordance with the latest best practice guidance, relevant legislation and within their own scope of clinical competence.
Community Practitioner Nurse Prescriber	Not allowed to prescribe controlled drugs	
Pharmacist Independent Prescriber	Can prescribe, any Schedule 2, 3, 4, and 5 Controlled Drugs (except Diamorphine, Dipipanone or Cocaine for the treatment of addiction).	
Physiotherapist Independent Prescriber	Can prescribe for the treatment of organic disease or injury provided that the Controlled Drug is prescribed to be administered by the specified method: Diazepam (oral), Dihydrocodeine (oral), Fentanyl (transdermal), Lorazepam (oral), Morphine (oral and injectable), Oxycodone (oral), Temazepam (oral)	
Podiatrist/ Chiropodist Independent Prescribers	Can prescribe for the treatment of organic disease or injury provided that the Controlled Drug is prescribed to be administered by the specified method: Diazepam (oral), Dihydrocodeine (oral), Lorazepam (oral) Temazepam (oral)	
Paramedic Independent Prescribers	Can prescribe for the treatment of organic disease or injury provided that the Controlled Drug is prescribed to be administered by the specified method: Morphine Sulphate (injection or oral) Diazepam (injection or oral) Midazolam (injection or oromucosal) Lorazepam (injection) Codeine (oral)	
Optometrist Independent Prescribers	Not allowed to prescribe controlled drugs	
Independent Therapeutic Radiographer Prescriber	Can prescribe any of the following controlled drugs for the treatment of organic disease or injury provided that the controlled drug is prescribed to be administered by the specified method: Codeine (oral) Diazepam (oral) Lorazepam (oral) Morphine (injection and oral) Oxycodone (oral) Tramadol (oral)	
Supplementary Prescriber	Can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drug (except Diamorphine, Dipipanone or Cocaine for the treatment of addiction) providing it is in accordance with the patients clinical management plan	

The following link contains further information which includes details regarding the prescribing abilities of various prescribing professionals. Kindly take note of the last updated date and be aware that this information is subject to change. Please remain vigilant for updates in national advice.

[Who can prescribe what? - Community Pharmacy England \(cpe.org.uk\)](http://cpe.org.uk)

10.3 Unlicensed Medicines / Special order products / Off-label prescribing

Unlicensed (also known as specials) medicines refer to a product that does not hold a valid UK marketing authorisation (product licence). These may be medicinal products which are imported, procured or manufactured under a UK specials manufacturing licence. The marketing authorisation of a licensed product supports the quality, safety, and efficacy of a medicinal product. They are prescribed to address the special clinical requirements of an individual patient, with the prescriber assuming direct personal responsibility.

Off-label prescribing is where medicines are prescribed outside of their licensed indications.

MPPs need to understand and adhere to the legal and regulatory frameworks that impact prescribing practices, including the use of unlicensed and off-label medicines.

The [Competency Framework](#) lists under the consultation section under prescribe that a prescriber will prescribe unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet patients clinical need. It goes on to say a prescriber must follow appropriate safeguarding if prescribing medicines that are unlicensed, off-label or outside standard practice.

MPPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. unlicensed and off-label medicines.

MPPs must assume professional, clinical, and legal responsibility when prescribing unlicensed or off-label medications, ensuring it aligns with accepted clinical practice.

The medical professional must inform the patient or their representative that they are being prescribed an unlicensed or off-label medication, ensuring they comprehend the implications and provide consent.

Role	Unlicensed Medicines	Off label & Off license	Considerations
Nurse Independent Prescriber	Can prescribe off-license off-label when this is an accepted clinical practice. Clinical and responsibility for the prescribing decision must be accepted.	Must work within own level of expertise and professional competence.	All Independent Prescribers must
Community Practitioner Nurse Prescriber	Cannot prescribe unlicensed medicines.	Cannot provide off label or off label medicines with the exception of Nystatin for neonates	
Pharmacist Independent Prescriber	Can prescribe unlicensed medicines.	Can prescribe off-license off-label when this is an accepted clinical practice. Clinical and responsibility for the prescribing decision must be accepted.	

Physiotherapist Independent Prescriber	Cannot prescribe unlicensed medicines.	Can prescribe off-license off-label when this is an accepted clinical practice. Clinical and responsibility for the prescribing decision must be accepted.	ensure their knowledgebase is current and practice in accordance with the latest best practice guidance, relevant legislation and within their own scope of clinical competence.
Podiatrist/ Chiropodist Independent Prescribers	Cannot prescribe unlicensed medicines.	Can prescribe off-license off-label when this is an accepted clinical practice. Clinical and responsibility for the prescribing decision must be accepted.	
Paramedic Independent Prescribers	Cannot prescribe unlicensed medicines.	Can prescribe off-license off-label when this is an accepted clinical practice. Clinical and responsibility for the prescribing decision must be accepted.	
Optometrist Independent Prescribers	Cannot prescribe unlicensed medicines.	Can prescribe off-license off-label when this is an accepted clinical practice. Clinical and responsibility for the prescribing decision must be accepted. However, the General Optical Council does not encourage this. Further guidance is available from Clinical Management Guidelines - College of Optometrists (college-optometrists.org)	
Independent Therapeutic Radiographer Prescriber	Cannot prescribe unlicensed medicines.	They may prescribe medicines for off-label use, however there are some conditions. Find more information at Who can prescribe what? - Community Pharmacy England (cpe.org.uk)	
Supplementary Prescriber	Can prescribe unlicensed medicines providing it is in accordance with the patients clinical management plan.	Can prescribe off label or off license providing it is in accordance with the patients clinical management plan.	

The following link contains further information which includes details regarding the prescribing abilities of various MPPs. Kindly take note of the last updated date and be aware that this information is subject to change. Please remain vigilant for updates in national advice.

[Who can prescribe what? - Community Pharmacy England \(cpe.org.uk\)](http://www.cpe.org.uk/who-can-prescribe-what/)

Advice for prescribers when considering whether to prescribe an unlicensed medicine:
Before prescribing an unlicensed medicine you should:

- be satisfied that an alternative, licensed medicine would not meet the patient's needs before prescribing an unlicensed medicine
- be satisfied that such use would better serve the patient's needs than an appropriately licensed alternative before prescribing a medicine off-label,
- before prescribing an unlicensed medicine or using a medicine off-label you should:
- be satisfied that there is a sufficient evidence base and/or experience of using the medicine to show its safety and efficacy
- take responsibility for prescribing the medicine and for overseeing the patient's care, including monitoring and follow-up
- record the medicine prescribed and, where common practice is not being followed, the reasons for prescribing this medicine; you may wish to record that you have discussed the issue with the patient

The following links offer additional valuable and in-depth information.

[Prescribing unlicensed medicines - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/standards/standards-for-practice/2019/01/01/prescribing-unlicensed-medicines-professional-standards)

[Off-label or unlicensed use of medicines: prescribers' responsibilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities)

[Using unlicensed medicines – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](https://www.nps.org.uk/using-unlicensed-medicines-sps-specialist-pharmacy-service-the-first-stop-for-professional-medicines-advice)

[Prescribing unlicensed medicines - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/standards/standards-for-practice/2019/01/01/prescribing-unlicensed-medicines-professional-standards)

Best practice for communication about unlicensed medicines includes:

- you give patients, or those authorising treatment on their behalf, sufficient information about the proposed unlicensed or off-label treatment, including known serious or common adverse reactions, to enable them to make an informed decision
- where current practice supports the use of a medicine outside the terms of its licence, it may not be necessary to draw attention to the licence when seeking consent. However, it is good practice to give as much information as patients or carers require or which they may see as relevant
- you explain the reasons for prescribing a medicine off-label or prescribing an unlicensed medicine where there is little evidence to support its use, or where the use of a medicine is innovative

Healthcare professionals have a responsibility to help monitor the safety of medicines in clinical use. Please refer to section 11 on more information about handling adverse drug reactions and medication incidents.

10.4 Private Prescriptions

Independent nurse, pharmacist, physiotherapist and optometrist prescribers are authorised to issue private prescriptions for any medications within their prescribing competence and scope of practice.

Supplementary prescribers may issue private prescriptions for medications outlined in the clinical management plan, contingent upon agreement with the doctor (or dentist). It is important to note that neither of these scenarios is actively promoted or encouraged.

For advice on when a private prescription can be changed to a NHS prescription see here: <https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies/2578-024-mog-position-statement-prescribing-following-private-recommendation/file>

10.5 Repeat Prescribing

MPPs have the authority to issue repeat prescriptions; however, it is imperative for them to acknowledge that, as signatories, they retain responsibility and remain accountable for their practice.

If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription: they should be familiar with the patient, their condition and the medication required and remain within their scope of practice.

Before signing a repeat prescription, the prescriber has a responsibility to ensure that it is safe and appropriate to do so. MPPs are responsible for every prescription they authorise, including repeat prescriptions for medications initiated by colleagues. Therefore, it's imperative for MPPs to ensure that every repeat prescription they sign is both safe and suitable for the patient.

The usual duration of a repeat prescription is 28 days. For more information see here: <https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies> and refer to position statement 012.

For more information on repeat dispensing see here: <https://healthinnovationwessex.org.uk/projects/120/electronic-repeat-dispensing-erd>

Electronic repeat dispensing (eRD) is a process that allows the prescriber to authorise and issue a batch of repeat prescriptions for up to 12 months with just one digital signature.

Different clinical systems may use different wordings, for example 'electronic repeat dispensing' and 'batch prescribing'.

Prescriptions are stored securely on the NHS Spine and are automatically downloaded to the patient's nominated community pharmacy at intervals set by the prescriber. This reduces calls, and visits, to the surgery.

For more information on electronic repeat dispensing see here: [NHS England » Electronic repeat dispensing \(eRD\)](#)

10.7 Prescribing for people travelling abroad

Repeat prescriptions for an individual travelling abroad for less than 3 months can be issued. If the travel is for greater than 3 months then the individual will have to arrange medical care at their destination(s). Patients travelling abroad for more than three months will be prescribed sufficient medication to enable them to make alternative arrangements at their destination.

Just in case treatments for travel is not allowed on NHS prescriptions. A private service may be offered instead.

For more in-depth information and further information on specific circumstances, see : <https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies> and refer to position statement 005.

10.8 Remote Prescribing

Healthcare professionals should follow guidance from their regulatory bodies and take guidance into account in their decision making. Please refer to the following document which will provide further guidance and information; <https://www.gmc-uk.org/professional-standards/learning-materials/remote-prescribing-high-level-principles>

This will provide information on the ten high level key principles when providing remote consultations and prescribing remotely to patients based in the UK or overseas.

10.9 Mixing of Medicines

In response to recommendations from the Commission on Human Medicines, amendments to medicines regulations were made in December 2009. These changes allowed doctors and other prescribers the ability to mix medicines themselves and to direct others in mixing medicines. These changes do not apply only to palliative care, but to all clinical areas where the mixing of medicines before administration is accepted practice and supported by the employer's policies for the delivery of healthcare.

Please refer to the following document which will provide further guidance and information: [Mixing Of Medicines Prior To Administration In Clinical Practice: Medical And Non-Medical Prescribing - GOV.UK \(www.gov.uk\)](#)

10.10 Over the counter medications

Please refer to Medicines Optimisation position statement on; Conditions for which over the counter items should not routinely be prescribed in primary care

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies/745-8-mog-position-statement-conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care/file>

10.11 Low priority products

Low priority products are items which are clinically effective but, due to the nature of the product are deemed a low priority for NHS funding.

Please refer to Medicines Optimisation position statement for more information

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies/745-8-mog-position-statement-conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care/file>

10.12 Prescription duration

Please refer to Medicines Optimisation position statement on; Recommendations for the usual duration of repeat prescriptions

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies/1478-012-mog-position-statement-recommendations-for-the-usual-duration-of-repeat-prescriptions/file>

11.HANDLING ADVERSE DRUG REACTIONS AND MEDICATION INCIDENTS

11.1 Adverse Drug Reactions

It is the responsibility of all prescribers to report suspected adverse drug reactions. If a prescriber suspects that a patient is experiencing or has experienced an Adverse Drug Reaction (ADR) to a medicine or combination of medicines', they should inform the clinician responsible for the patients continuing care. The prescriber will evaluate the suspected ADR in accordance with the guidance issued by the Commission on Human Medicines and decide if a "yellow card" needs completing to notify the CHM/MHRA of the suspected adverse reaction.

The Medicines and Healthcare Products Regulatory Agency (MHRA) and Commission on Human Medicines (CHM) encourages the reporting of all suspected adverse drug reactions to newly licensed medicines that are under intensive monitoring. These drugs are indicated by the following symbol ▼ in the product information and in the BNF.

The MHRA and CHM encourage the reporting of all serious suspected adverse drug reactions to all other established drugs and herbal remedies in adults, and all serious and minor adverse reactions in children (under 18 years). (Serious equates to reactions that are fatal, life threatening, disabling, incapacitating or result in prolonged hospitalisation and are medically significant). This is done via the yellow card app or website: [Yellow Card | Making medicines and medical devices safer \(mhra.gov.uk\)](https://www.mhra.gov.uk/yellowcard)

11.2 Incidents

Recording and learning from patient safety events provides insight into what can go wrong in healthcare, and why. Effective recording supports learning. It improves patient safety, nationally and within practices.

Prescribers must report any medication incidents to the national Learn from patient safety events (LFPSE) service. This is a single online national NHS system for recording patient safety events including medication-related errors and incidents.

Events recorded in LFPSE can be used for [significant event analysis](#). They can also be used for continuing professional development and reflective practice.

Employing organisations may also wish to report incidents in accordance with incident reporting processes within the employing organisation.

Prescribers can [register for an LFPSE account](#) individually or report incidents via their organisation's account. Details of patient safety events can then be submitted to LFPSE by completing a responsive online form.

Further advice can be sought from the Medicines Optimisation Team at Frimley ICB

12. DESIGNATED PRESCRIBING PRACTITIONER

The term "Designated Prescribing Practitioner" (DPP) serves as an overarching term that unifies various profession-specific titles associated with the role of the assessor during the student Non-Medical Prescribing (NMP) training. Within the context of prescribing training, professional regulators utilise different titles for this role, including Designated Medical Practitioner (GMC), Designated Prescribing Practitioner (GPhC), Practice Educator (HCPC), and Practice Assessor (NMC).

DPP is a healthcare professional with legal prescribing rights who will mentor and supervise those undertaking prescribing courses and qualifications and/or completing their prescribing competencies during the period of learning in practice.

In 2019, regulatory changes granted experienced multi-professional prescribers across various professional backgrounds the responsibility of overseeing a trainee prescriber's period of learning in practice, akin to the role previously titled Designated Medical Practitioners (DMP).

To facilitate the development of competent and safe independent prescribers, the RPS have collaborated with a team of multidisciplinary experts to create and publish a competency framework tailored for Designated Prescribing Practitioners (DPP). The inclusion of standardised competency descriptors within the framework ensures a clear understanding of the expectations for individuals in the role of DPP:

www.rpharms.com/resources/frameworks/designated-prescribingpractitioner-competency-framework

Designated Prescribing Practitioners (DPPs) play a crucial role as workplace-based supervisors, providing support throughout learning in practice. The primary responsibility of a DPP is to oversee, support, and assess the competence of non-medical prescribing trainees during the experiential phase of the course, known as Learning in Practice. This collaborative effort involves working closely with academic and workplace partners to ensure the effective development and assessment of Independent Prescribing trainees. DPPs are encouraged to offer guidance and mentoring to fellow DPPs, particularly those with relevant experience.

The core criteria for DPPs include the following:

- Registered as a healthcare professional with prescribing rights in Great Britain or Northern Ireland, encompassing medical prescribers such as general practitioners, specialist registrars, consultants, and annotated independent prescribers.
- In good standing with the respective regulatory body.
- An experienced prescriber who is currently prescribing
- Be able to demonstrate they meet all competencies within [Competency Framework for All Prescribers](#)
- Be able to demonstrate they meet the competencies within section 1, and have the appropriate support and commitment to the competencies in sections 2 and 3, of the [competency framework for Designated Prescribing Practitioners \(DPP\)](#). This ensures you are suitably experienced and qualified to carry out the role, and can commit to the required time to support the IP trainee
- Possesses the ability to assess patient-facing clinical and diagnostic skills.
- Collaborates with the academic institution and the trainee to establish a learning contract, exploring the trainee's learning needs, and agreeing on a timeline for workplace-based learning activities and experiences.
- Provides a comprehensive learning program to enable the independent prescriber (IP) trainee to achieve their learning objectives and course outcomes, supporting the development and demonstration of prescribing competence. Ideally, this includes exposure to other experienced prescribers within the multidisciplinary team.
- Allocates dedicated time and opportunities for the trainee to observe patient consultations, learn about subsequent management plans, and actively participate in the prescribing process.
- Facilitates learning by fostering critical thinking and reflection, offering constructive feedback to the trainee.
- Provides occasions for the IP trainee to conduct consultations, propose clinical management and prescribing options, and engage in discussions with the Designated Prescribing Practitioner (DPP).
- Supports the integration of theoretical knowledge with practical application.
- Assesses and verifies that, by the end of the course, the IP trainee has attained the necessary competence to undertake the prescribing role

Supporting the development of others and supervising others are a key part of advanced practice and it is expected that all prescribers will offer time to be a supervisor or DPP for trainee prescribers. Just as others made time to support their own training.

Training, mentoring, and support is available for DPPs and people who would like to become DPPs. Please contact Frimley ICB Medicines Optimisation Team for more information.

13. MONITORING PRESCRIBING SAFETY AND EFFECTIVENESS

Frimley Medicines Optimisation Team regularly utilises ePACT data (prescribing data available from the NHS Business Services Authority) to monitor prescribing behaviour and wider prescribing trends including prescribing choice, quantities prescribed and cost.

Every MPP working in primary care will have their prescribing of controlled drugs and antibiotics monitored by the Medicines Optimisation Team to identify high quantities or prescribing outside best practice guidelines e.g. SCAN Microguide: .

<https://viewer.microguide.global/SCAN/SCAN>

14. EXPANDING SCOPE OF PRACTICE

This guidance is for healthcare professionals wanting to expand their “prescribing scope of practice”. The RPS has produced guidance to support prescribers. The following links will provide further comprehensive information about scopes of practice and/or expanding scope of practice.

[RPS - Scope of Practice-English-220601.pdf \(rpharms.com\)](#)

This document is intended to be used alongside the [A Competency Framework for all Prescribers | RPS \(rpharms.com\)](#)

The RPS guidance is intended for healthcare professionals seeking to broaden their "prescribing scope of practice." It offers a framework to assist prescribers in identifying their developmental needs, outlines methods to address these needs, and provides direction on documenting the process and outcomes. Additionally, the guidance includes a number of case studies across a range of professions and settings are provided to illustrate the process.

It establishes a framework to assist prescribers in recognising their developmental requirements, suggests methods to fulfil these needs, and provides direction on documenting both the process and outcomes. The inclusion of diverse case studies across a range of professions and settings serves to illustrate the application of this process.

Pharmacy professionals may also find the following useful; [Extending the scope of prescribing practice : CPPE](#)

15. PRESCRIBERS RETURNING TO PRACTICE

If returning to prescribing practice after a period of time from prescribing in practice, it is required that the individual appraise their prescribing practice with their line manager against the single [competency framework](#) and complete a declaration of competence prior to recommencing a prescribing role.

It is advisable for prescribers to discuss and agree a plan with their employer and line manager. It is recommended that the prescriber and line manager identify an appropriate personal development plan to achieve this. A plan should be tailored to the specific practice and developmental needs of each individual. MPPs should also follow any organisational protocols their employer may have. MPPs should also adhere to guidance from their respective regulatory bodies if they offer any recommendations regarding the process and steps for returning to practice.

The following links may be useful:

HCPC standards: [Returning to practice | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

NMC standards: [Standards for return to practice programmes - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)

GPhC standards: <https://www.pharmacyregulation.org/returning-register>
[Returning to practice guide | RPS \(rpharms.com\)](https://www.rpharms.com)

GOC standards: [Restore as a fully qualified individual | GeneralOpticalCouncil.](https://www.gocoptical.org)

16. ROLE CHANGE, TERMINATING EMPLOYMENT OR CONTRACTED SERVICE

All prescribers should inform the prescribing or NMP lead in their organisation and if working in primary care then the Medicines Optimisation Team at Frimley ICB as well that they are no longer prescribing in the area. A “leavers” form will need to be completed for NHSBSA. Further information can be found here:

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/practice-support-documents>

17. PRESCRIPTION PADS

It is the preference within Frimley ICB for all prescribing to be undertaken electronically.

Please contact the Medicines Optimisation Team for more information on how to be set up as a prescriber. A short guide can be found here:

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/practice-support-documents>

18. COMMERCIAL REPRESENTATIVES

Prescribers should act within their professional code of conduct and ensure adherence to ensure that choices of medicinal products are made on the basis of evidence, clinical suitability, cost effectiveness and formulary status alone.

Please familiarise yourself with the following policy:

<https://frimley.icb.nhs.uk/policies-and-documents/corporate-policies/1440-policy-for-the-sponsorship-of-activities-and-joint-working-with-the-pharmaceutical-industry/file>

Engagement with commercial representatives can help improve services through supporting functions such as horizon scanning and staff training and development. However prescribers are advised to be mindful when engaging with commercial representatives of avoiding any actual or perceived conflict of interest and to ensure they update their declarations of interest to maintain probity and assurance that their prescribing practice is guided by the best interests of their patients.

19. CONFLICT OF INTEREST

All Staff should follow the NHS Frimley Policy on managing conflicts of interest [NHS England policy template 3 - no photo \(mydeclarations.co.uk\)](https://www.nhs.uk/policies-and-documents/corporate-policies/1440-policy-for-the-sponsorship-of-activities-and-joint-working-with-the-pharmaceutical-industry/file)

Secondary employment: includes paid or unpaid work either as Pay as You Earn (PAYE); voluntary; consultancy and or self-employment and or bank or agency contracts. Whilst prescribers are not precluded from secondary employment, permission must be sought from line managers and any work undertaken added to

the individuals register of interests and declared in any decision making meeting it is or could be perceived to be relevant to and managed in accordance with the ICB managing conflicts of interest policy

20. SHARING CONCERNS

Please refer to your own regulatory body for advice on sharing concerns. Your regulatory body will provide guidance on the processes to follow when raising a concern, information about legislation and where you can get confidential support and advice.

If you require support or seek guidance and mentorship, please reach out to frimleyicb.prescribing@nhs.net

21. STAFF TRAINING

Employees are encouraged to enrol in the Frimley Training Hub and notify the Medicines Optimisation Team of their presence in the area to facilitate the distribution of training opportunities and newsletters.

If you have any feedback on this document, please contact
frimleyicb.prescribing@nhs.net

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