



Non Medical Prescribing

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Objectives

- What are Non Medical Prescribers
- History
- How Non Medical Prescribing has enhanced patient care within the Respiratory Team

Non Medical Prescribers are:

- Healthcare Professionals (that are not Doctors, Dentists or Vets)
- Experts in their field of expertise
- Highly skilled in their profession
- Undergone an intensive training programme and includes a 100% pass in maths test
- Continuing Professional Development

History

- 1986 – Cumberledge Report
- 1989 – Crown Report (1)
- 1992 – Medicinal Products: Prescribing by Nurses Act
- 1999 – Further Crown Report (2)
- 2001 – Extended Independent Prescribing

- 2003 – Supplementary Prescribing
- 2006 – Independent Prescribers are now able to prescribe any licensed medicine for any medical condition within their competence, including some controlled drugs
- 2009 – Prescribing unlicensed medication

How do we use this new skill

- Clinics
- Accident and Emergency Department
- Wards
- Home visits
- TTA's (to take away medicines)
- Telephone Assessment

How safe are Non Medical Prescribers?

NMC April 2006

Standards of proficiency for
nurse and midwife prescribers

RPSGB August 2007

**Professional Standards and Guidance for Pharmacist
Prescribers**



21 Practice Standards

1. License to prescribe
2. Accountability
3. Assessment
4. Need
5. Consent
6. Communication
7. Record keeping
8. Clinical Management Plan
9. Prescribing and Administering
10. Prescribing and Dispensing
11. Prescribing for Family and Others
12. Computer generated prescriptions
13. Evidence based prescribing
14. Delegation
15. CPD
16. Controlled drugs
17. Prescribing unlicensed medicines
18. Prescribing medicines off-label
19. Repeat prescribing
20. Remote prescribing
21. Gifts and Benefits

What about Doctors?

GMC | Good Practice in Prescribing Medicines - Windows Internet Explorer

http://www.gmc-uk.org/guidance/current/library/prescriptions_faqs.asp#1a

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Good Practice in Prescribing Medicines (2008)

September 2008

Our booklet [Good Medical Practice](#) (2006) sets out in paragraphs 1 to 3 and 20 to 22 the principles that doctors must follow when prescribing medicines.

The guidance below explains how these principles apply in situations that doctors often meet, or find hard to deal with. We propose to review this guidance regularly to ensure that it is up to date and relevant to problems doctors face, and reflect any legal differences across the UK countries. We will publish updated versions on our website. Printed copies are available on request.

The GMC expects doctors to comply with the standards of good practice set out in our guidance. You must be prepared to explain and justify any decision not to follow this advice on good practice in prescribing.

Content

- [Principles of Prescribing](#)
 - [Avoid treating yourself and those close to you](#)
- [Keeping up to date and prescribing in patients' best interests](#)
- [Keeping patients' general practitioners informed](#)
- [Doctors' interests in pharmacies](#)
- [Prescribing situations requiring special consideration](#)
 - [Prescribing controlled drugs for yourself or someone close to you](#)
 - [Prescribing for patients to whom you also dispense](#)
 - [Prescribing unlicensed medicines](#)
 - [Prescribing medicines for use outside the terms of their licence \(off-label\)](#)

Waiting for http://www.gmc-uk.org/guidance/current/library/prescriptions_faqs.asp... Internet | Protected Mode: On 100%

Patient Journey - COPD

- Assess on the ward
- TTA's
- Monitor at home
- Change medications
- Further treatment
- Follow up in clinic
- Adjustment of treatment

TB – Patient Journey

- Assess
- Medication
- Monitor
- Side effects
- Adjust medication
- Monitor
- Improved treatment completion rates to reduce the pool of infection in the community

Thank you for listening