Guidance for Non-Medical Prescribers on authorising / actioning repeat prescriptions or acute requests for another prescriber's patients in General Practice

Document Control

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Change Control		
This section outlines changes from version X.X to version X.X of this guidance		
Summary and description of change		Date
1.		
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3.		

Non-medical prescribers are responsible for any prescription they sign, including repeat prescriptions for medicines initiated by colleagues, so prescribers must make sure that any repeat prescriptions they sign are safe and appropriate.

Background

Occasionally, non-medical prescribers may be involved in authorising or actioning repeat prescriptions or acute requests for another prescriber's patients.

In these circumstances it is important that a non-medical prescriber uses their accumulated knowledge and experience, and critical reasoning to make an informed professional decision. It is also important that non-medical prescribers take into account the law, ethical considerations and are aware of/understand what their professional body standards/guidance states.

This document sets out what non-medical prescribers should consider prior to authorising or actioning repeat prescriptions or acute requests for another prescriber's patients, and highlights what the guidance says around repeat prescribing.

Remember: Non-medical prescribers are responsible and accountable for the assessment of people with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing. They are also responsible for practising within their scope and competence, including delegating where appropriate, seeking support when required, and using their acquired knowledge, skills and professional judgement (*Royal Pharmaceutical Society, Prescribing ethics, June 2023*).

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Steps to support general decision making

The Royal Pharmaceutical Society have set out some simple steps that can support non-medical prescribers when considering the best course of action, these have been summarised below:

Step 1: Identify any ethical or professional issues.

Step 2: Gather all the relevant information and research the problem i.e. obtain the relevant facts, knowledge, law, standards, guidance and advice.

Step 3: Identify all the possible solutions and gather further relevant information as appropriate. Ensure the solutions are in the best interest of the patient and ensure any personal interests, organisational goals, incentives/targets are managed appropriately. When identifying the solutions consider the following:

- ✓ Is it person-centred?
- ✓ Is it safe for the patient?
- ✓ Are you compliant with legal, regulatory and professional obligations?
- ✓ Are you working in line with local/practice Standard Operating Procedures (SOPs)/protocols/policies?

Step 4: Weigh up the benefits and risks, advantages and disadvantages of each of the options.

Step 5: Choose an option, ensuring that you can justify the decision.

Step 6: Make a record of the decision-making process.

Points to consider when authorising repeat prescriptions or acute requests for another prescriber's patients

When a repeat prescription is first authorised i.e. decision for a drug to be put on repeat, the decision to do so should involve deciding and agreeing with the patient that a repeat prescription is appropriate, that the medication is indicated and effective, required and well tolerated, and the patient's condition is stable enough to warrant the issue of a prescription without a face-to-face consultation for a determined period of time. At this point it should be clearly documented in the patient's notes why the drug was started in the first place, when the drug needs to be reviewed and number of repeats allowed before review is needed. To aid concordance, patients and /or their carer should be involved and informed about how long they can reorder the medication without having to consult a prescriber. The need for any necessary monitoring, and frequency of this, should also be explained, agreed on and documented.

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As with any prescription, after the allowed number of repeats have been requested for and prior to re-authorising the set of repeats again, or when receiving an acute request for another prescriber's patients, a non-medical prescriber should agree with the patient which medicines are appropriate and how their condition will be managed, including a date for review. Patients should be informed why regular reviews are important and given advice of what to do should they:

a. Suffer side effects or adverse reactions.

b. Stop taking the medicine(s) before the agreed review date, or before a set number of repeats have been issued.

Clear records of these discussions should be made in the patient's notes and any reasons for prescribing included.

Before signing repeat prescriptions or acute prescription requests for another prescriber's patients, non-medical prescribers must be satisfied that:

- It is safe and appropriate to do so.
- Where applicable, the procedures for generating repeat prescriptions are secure.
- Each prescription is regularly reviewed and is only re-issued to meet clinical need.
- The right patient is issued with the correct prescription.
- The correct dose is prescribed, particularly for patients whose dose varies during the course of treatment.
- A regular review takes place, usually at either 3 to 6 monthly intervals, or in line with the GP practice prescribing policy.
- Suitable provision is in place for monitoring each patient condition/medicine and monitoring is up-to-date.
- There is a suitable referral pathway for patients requiring further assessment or treatment to ensure they are reviewed by an appropriate healthcare professional.
- Any changes to the patient's medicine(s) are critically reviewed and quickly incorporated into their record.
- The prescription bears their own name and professional registration number/PIN number as the signatory of the prescription.
- When requests for repeat prescriptions are received earlier or later than expected consider if there could be issues with adherence, leading to inadequate therapy or adverse effects.

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Reflection points:

- Are you taking a person-centred and safe approach?
- Do you have a personal formulary of medicines you prescribe? Is the prescription you are authorising/actioning for a medicine that is in your personal formulary?
- Do you have a protocol in place that includes when to refer a patient to another healthcare professional?
- Has the practice considered electronic repeat dispensing?
- Does the patient require an assessment by yourself or another healthcare professional prior to authorising the prescription?
- Have you checked if there have been any changes in the patient's medical history or medicine(s), and are they taking the medicine(s) as prescribed?
- Do you have access to the patient's clinical records, and are you able to document and justify your reasons for prescribing?
- Does the practice have a repeat prescribing policy in place? And are you working in line with local policy/guidelines/SOPs?
- Are you aware of and following the appropriate governance arrangements when prescribing unlicensed or off-label medicines?

Additional points to consider when signing repeat medicines that fall under shared care

Where **Amber shared care drugs** have been prescribed ensure:

- ✓ There is a shared care agreement/guideline in place and recorded in the patient notes.
- ✓ All monitoring is up to date and in line with the relevant shared care agreement/guideline.

Reflection points:

Reflect on your prescribing of amber shared care drugs and on your competency to exercise your share of clinical responsibility. Consider the following points:

- Are you keeping yourself informed about the shared care medicine(s) that you prescribe?
- Are you able to recognise the serious and frequently occurring adverse side effects?
- Are you making sure appropriate clinical monitoring arrangements are in place and that the patient understands them?
- Are you keeping up to date with relevant guidance on the use of the shared care medicine(s) and on the management of the patient's condition?
- Have you read and understood the contents/requirements in the relevant shared care protocol/guidance?

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Prescribing within your scope/competencies

Non-medical prescribers should only ever prescribe within their level of experience and competence.

Non-medical prescribers are responsible and accountable for each prescription they sign. Therefore, they should be familiar with the patient and their condition, and the medication required.

Professional regulatory body standards (Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC), General Optical Council (GOC) etc.) require professionals to work within their scope of practice.

The scope of a prescriber's clinical practice defines the current extent of their competencies. Knowing where these are is a vital component of risk management.

These competencies should be 'sense checked' with an appropriate clinical supervisor/mentor at the place of work. Note: competency will increase over time after formal training or experience.

The Royal Pharmaceutical Society: A Competency Framework for all Prescribers states that all prescribers should only prescribe within their own scope of practice.

The Nursing and Midwifery Code states at section 18.1 that those suitably qualified must only prescribe, advise on, or provide medicines or treatment, including repeat prescriptions if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.

General Medical Council guidance on good practice in prescribing and managing medicines and devices says: "You are responsible for the prescriptions you sign. You are also accountable for your decisions and actions when supplying or administering medicines and devices, and when authorising or instructing others to do so. You must only prescribe medicine when you have adequate knowledge of your patient's health."

The General Pharmaceutical Council's (GPhC's) In practice: Guidance for pharmacist prescribers advises: "Pharmacist prescribers must prescribe only within the limits of their knowledge, skills and area of competence." They should also: "make prescribing decisions based on the needs of the person and not because of commercial interests or pressure from people, colleagues, employers or pharmaceutical companies."

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Reflection points:

- Can you demonstrate competency and confidence in the medicines and conditions you are prescribing for?
- Do you have knowledge in the clinical areas, or the medicines and evidence-based options you are prescribing?
- Do you know what monitoring and review is required? Do you have access to the relevant investigations/test results?
- Do you know what the red flags are and when to refer?
- Have you checked your activities are covered by your indemnity provider – employer and/or individual? Are your activities clearly defined in your job description?

You may want to speak to your employer about their expectations of you and your job role and responsibilities. To support your clinical practice ensure you:

- ✓ Openly discuss your scope and competency with your employer and the current skills you bring to the team.
- ✓ If you're not comfortable signing repeat prescriptions without first reviewing the person, relay your concerns to your employer(s) and discuss why you feel your skillset may not be best suited to this role. And remember, you could discuss how to achieve this in the future, perhaps by constructing a training plan or work shadowing to increase your competency.

References

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