COLLEGE OF paramedics

PRACTICE GUIDANCE FOR PARAMEDICS

Independent & Supplementary Prescribers

March 2021

Please note: This document provides guidance and advice that supports Independent and Supplementary Prescribing by Paramedics. Every effort has been made to ensure that the advice in this guidance document is accurate for the current legislative state.

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DOCUMENT CONTROL

This document has been produced by the College of Paramedics and is based on the practice guidance documents developed by the Chartered Society of Physiotherapy, and the College of Podiatry. Practice guidance for allied health professions prescribing aims to be consistent across all professions, and all relevant professional bodies continue to work together to optimise guidance for members in each profession.

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FOREWORD

Since the original consultation on paramedic prescribing in 2015 and subsequent introduction in 2018, the College recognises that the scope of paramedic prescribing has rapidly evolved since the publication of the original guidance in 2018.

At the time of the review, there are over 400 registered paramedic prescribers and The Advisory Council on the Misuse of Drugs (ACMD) has recommended the independent prescribing of a limited list of controlled drugs for paramedic prescribers. (Final ministerial approval is still being sought for this to become law.)

In conjunction with other professional bodies and with extensive feedback from members the College acknowledged that the existing framework required updating to reflect modern, evolving paramedic practice in all areas of patient care.

The new guidance has been published after extensive review, membership feedback and to reflect the Prescribing Competency Framework published by the Royal Pharmaceutical Society (RPS), which reflects the standards expected for all UK prescribers into which the College of Paramedics had an input.

The existing guidance has been reviewed by the College's Medicines Specialist following a consultation with the membership of the College, yielding over 300 comments which have all been reviewed and where applicable incorporated into the new guidance. The process has taken over 6 months to ensure due diligence has been paid to the law, evolving practice and to reflect the scope of practice, challenges and feedback received.

The decision was made to closely align the new guidance with the Royal Pharmaceutical Societies guidelines to ensure that paramedics are working to the same standard as other UK prescribers but also to reflect the many job roles that paramedic prescribers are now undertaking.

The Royal Pharmaceutical Society states 10 core principles to prescribing which are acknowledged and reflected in the new guidelines.

1. Assess the patient
2. Consider the options
3. Reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review
7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

The College's guidance also reflects the standards to which paramedics are expected to achieve in order to access an approved prescribing course and the competencies needed to ensure paramedics prescribe in a safe, effective and legal manner reflecting their areas of work and scope of practice.

John Martin, FCPara

President
College of Paramedics

Tracy Nicholls, FCPara

Chief Executive
College of Paramedics

INTRODUCTION

This Practice Guidance provides information that underpins the decision-making and actions of paramedics who are annotated with the Health and Care Professions Council (HCPC) as independent and supplementary[1] prescribers.

This document provides 'guidance'. In this sense, guidance is information that a paramedic has a duty to consider and is expected to take into account as part of their decision-making process. The document provides advice on the behaviours and conduct expected of paramedics who are annotated on the HCPC register as independent and supplementary prescribers. Throughout this document, the use of the word 'must' indicates a legal and/or regulatory requirement and describes a mandatory action and/or behaviour. The use of the word 'should' indicates behaviours and/or actions that would be expected to occur in all normal circumstances. Each section of this guidance carries equal weight and the document is not ordered in any priority.

If a paramedic independent prescriber deviates from the guidance in this document, the clinical judgment for so doing should be carefully recorded. You should comply with this Practice Guidance, other guidance issued by the College of Paramedics, and with any statutory requirements applicable to your prescribing practice. Failure to do so may put your HCPC registration at risk if concerns are raised about your fitness to practise. A paramedic independent prescriber will be expected to justify any decision to act outside the terms of this guidance. In particular, if the paramedic undertakes a course of action not recommended by this guidance there must be robust reasons for doing so.

The advice in this document applies to all sectors of health and social care provision in the United Kingdom where prescribing activities occur, as permitted by the prescribing laws in each of the Home Countries separately. The law may not be comparable across England, Scotland, Wales and Northern Ireland. It is up to the individuals to satisfy themselves of the law in the UK country in which they work and that good governance procedures are in place in their workplace setting.

At the current time, prescribing is not permitted by paramedics outside of the UK and therefore a paramedic permitted to independently and supplementarily prescribe in the UK cannot perform this activity outside of UK jurisdiction. Paramedics practicing in Northern Ireland, Wales and Scotland must ensure that relevant legislation issued within their Devolved Administrations is followed.

This practice guidance is available to all paramedics in the UK and is provided by the College of Paramedics as the professional body for the paramedic profession.

Please note: *This document provides guidance and advice that supports Independent and Supplementary Prescribing by Paramedics. Every effort has been made to ensure that the advice in this guidance document is accurate for the current legislative state.*

[1] http://www.hcpc-uk.org/aboutregistration/standards/standardsforprescribing/

Supplementary Prescribing by Paramedics

Please note: Education programmes to prepare registered healthcare professionals to become prescribers includes training and competencies in both independent and supplementary prescribing within a single curriculum. Annotation on the HCPC register for independent prescribers also includes supplementary prescribing.

Due to the nature of paramedic practice, prescribing for paramedics is focussed primarily on independent prescribing. However, paramedics who successfully complete an HCPC approved training programme to become an independent prescriber would also be annotated on the HCPC register as a supplementary prescriber. Although supplementary prescribing does not routinely fit the practice of paramedics, due to the intended use being for on-going care rather than urgent care, it may be that supplementary prescribing and the use of clinical management plans will be utilised in the future in settings such as primary care where the paramedic may undertake a role wider than urgent care.

Throughout this document, the use of the phrase "independent prescribing" should be considered to also include supplementary prescribing unless otherwise stated. The use of "independent prescribing" is used to simplify the document and to provide consistent focus on the aspect of prescribing most relevant to paramedic practice.

Standards for prescribing

The HCPC defines the standards for prescribing that are required for prescribing by allied health professionals legally entitled to practice as independent or supplementary prescribers. The standards will be amended to incorporate independent prescribing by paramedics. The standards include the proficiencies required to prescribe safely and effectively. These proficiencies are in addition to the proficiencies that apply to non-prescribing clinical practice for all healthcare professionals.

This practice guidance document primarily focuses on prescribing. There are some references to associated activities related to supply and administration, but this has been reduced to a minimum and only where context is needed.

1. THE SCOPE OF PARAMEDIC INDEPENDENT PRESCRIBING

1.1 The purpose of paramedic independent prescribing is to support and enhance the delivery of care for patients in a range of practice settings. This is aimed at providing high quality care for patients in a way that is safe and promotes choice.

1.2 Independent prescribing will be undertaken by advanced paramedics who have a role in clinical practice which requires prescribing as an essential aspect of their practice. Advanced practice is defined by Health Education England (HEE), and typically requires education to master's degree level.

1.3 Paramedic independent prescribers will contribute to multi-professional working and increase workforce flexibility. However, this should be done in the context of your own professional competency.

1.4 Paramedic practice covers a very broad and diverse range of patients and clinical conditions and therefore prescribing will apply to paramedics working in a range of care settings. Paramedics will develop specialist expertise in specific areas of clinical practice that supports all aspects of patient care at an advanced level of skill and competency.

1.5 Paramedics are not permitted to prescribe medicines for animals.

2. SCOPE OF PRACTICE AND COMPETENCY IN PRESCRIBING

2.1 While prescribing will be undertaken specifically only by Advanced Paramedics, medicines use, including prescribing, by paramedics is accepted as being within the overall scope of the paramedic profession. It will, however, be part of an individual's scope of practice subject to appropriate eligibility, education, training, and competence in prescribing activities, based in advanced practice.

2.2 The post-registration educational programme in prescribing will ensure eligible paramedics are equipped with the principles of prescribing to enable them to be safe, effective and cost-effective prescribers. Paramedic independent prescribers should ensure that they are able to apply the prescribing principles to their own area of practice, bearing in mind that this may be a requirement for continuing registration.

2.3 An individual's scope of practice must fall within the overall scope of the paramedic profession and based on their practice setting; therefore, an individual's prescribing practice must also fall within the overall prescribing scope of the profession as defined in the College of Paramedics Scope of Practice Guidance 2017. Paramedic independent prescribing will not be permitted by paramedics outside of the UK and therefore a paramedic permitted to independently prescribe in the UK cannot perform this activity outside of UK jurisdiction. Paramedics practicing in Northern Ireland, Wales and Scotland must ensure that relevant legislation issued within their Devolved Administrations is followed.

2.4 Prescribers must have sufficient education, training, and competence to:

- Assess a patient's clinical condition;
- Undertake a thorough history, including medical history, family history and medication history (including over-the-counter medicines, alternative medicines and complementary therapies), and allergy status;
- Diagnose where necessary;
- Decide on management of the presenting condition and whether or not to prescribe and/or refer;
- Identify appropriate products of medication as required;
- Advise the patient on risks, benefits and outcomes of the medication, including side effects;
- Prescribe if the patient agrees;
- Monitor the patient's condition, including any response to the medication prescribed;
- Give lifestyle advice as appropriate; and,
- Refer to other healthcare professionals if necessary.

2.5 Prescribing is a professional skill that applies equally to all professions who undertake such responsibility. There is a unified single competency framework for all prescribers published by the Royal Pharmaceutical Society.

https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

2.6 The College of Paramedics expects members to be able to demonstrate how they meet this competency framework.

3. REGISTRATION AND PROFESSIONAL INDEMNITY INSURANCE

3.1 Since July 2014, HCPC registrants must have proof of adequate indemnity to practise in order to maintain registration. This may be derived from an individual's substantive employer or via private means. Paramedics practicing as prescribers must ensure that they have appropriate indemnity insurance.

3.2 Paramedics who are full members of the College of Paramedics benefit from basic professional indemnity insurance to cover acts as a "good Samaritan" Full members of the College of Paramedics also have access to cover for support with fitness-to-practise cases. For this cover to be available, members must:

- Hold current registration with the HCPC;
- Be current full members of the College of Paramedics;
- Be practising lawfully; and,
- Be practising within the overall scope of the profession.

3.3 For prescribing to be covered as part of an individual's professional indemnity insurance (regardless of where the indemnity insurance is procured from) the member must have an HCPC annotation showing their prescribing status as an independent and supplementary prescriber. Prescribing must also be included in the registrant's job description.

3.4 College of Paramedics members who are prescribers and require their insurance requirements to be fulfilled by the College's indemnity policy, must inform the College of their prescribing status and have the agreement of the indemnity provider.

3.5 As noted previously, paramedics must have adequate insurance or other indemnity arrangements in place for their practice. They may be personally liable for any costs if they are not adequately or appropriately insured. Many employers now expect individual health professionals to hold their own professional indemnity insurance in addition to any employer's vicarious liability insurance that may be in force.

3.6 The legal requirement is for indemnity arrangements appropriate to and covering the whole of an individual's practice. Some registrants may be indemnified through their employer but are advised to have additional malpractice cover.

4. SECTION 1 – PRINCIPLES OF GOOD PRESCRIBING PRACTICE

4.1 This section provides guidance on good prescribing practice. Having completed an approved prescribing programme, and after achieving annotation as a prescriber, paramedics are expected to follow this advice in their practice. The guidance provided in this document applies to all settings in which a paramedic may need to prescribe.

4.2 The College of Paramedics considers it good practice, that where paramedics are employed, the employing organisation signs off all protocols and procedures. Where possible paramedic independent prescribers should follow organisational-level policies and procedures and should only create local department level procedures where no national or organisational policy or procedure is in existence.

4.3 From here on, the use of the term "independent prescribing" is intended to cover independent and supplementary prescribing. The primary focus for paramedics will be independent prescribing but will be annotated as independent and supplementary prescribers.

Practice Guidance 1: License to Prescribe

4.4 You must only prescribe once you have successfully completed an HCPC approved prescribing programme and had your entry on the register of the Health and Care Professions Council annotated to show your prescribing status as an independent prescriber.

4.5 You should comply with this Practice Guidance, other guidance issued by the College of Paramedics, and with any statutory requirements applicable to your prescribing practice. Failure to do so may put your HCPC registration at risk if concerns are raised about your fitness to practice.

4.6 You must understand which legal framework you are using to prescribe medicines and understand which types of medicine you are permitted to prescribe within that framework.

Practice Guidance 2: Accountability

4.7 You are professionally accountable for your own prescribing decisions. Although you may seek advice from another appropriate professional, you must be satisfied that your prescribing decision(s) are appropriate for the patient(s) and the medication prescribed is within your scope of practice.

4.8 As a supplementary prescriber, you are wholly responsible for your decision to prescribe the medicines listed within the written Clinical Management Plan (CMP).

4.9 The content of a CMP is developed and agreed jointly by the doctor and supplementary prescriber, and the plan has to be agreed with the patient.

4.10 You must only prescribe within your level of education, training and competence, acting in accordance with the HCPC's Standards of Proficiency, Standards of Conduct, Performance and Ethics, Standards for Prescribing, and the College of Paramedics Career and Competency Framework[2].

4.11 If you move to another area of practice, you may need to develop further competencies to prescribe in your new clinical speciality.

4.12 Paramedics will only prescribe according to their area of competence and the provision of ongoing evidence supporting their prescribing practice. Please refer to the College of Paramedics Career and Competency Framework (3rd Edition)[3] and HCPC standards for continuing professional development for paramedics.

4.13 Your employer may operate a specific prescribing formulary and may not allow you to prescribe outside of this formulary.

4.14 You must inform the relevant authorities, such as employers and/or providers of indemnity insurance, if you have any formal regulatory restrictions which may affect your prescribing activity; for example, if the HCPC has placed a condition on your practice.

Practice Guidance 3: Assessment

4.15 In order to prescribe for a patient, you must satisfy yourself that you have undertaken a full assessment of the patient, including a thorough history and physical assessment that leads to a point of diagnosis. This should wherever possible, include accessing a full clinical record including medication and allergy history. This process may involve carers, especially if the patient has additional needs.

4.16 You should prescribe only where you have relevant knowledge of the patient's health and medical history commensurate with the prescribing decisions you are taking.

4.17 You should ensure you have considered the patient's current medication and any potential interactions with other medicines.

4.18 You should take steps to ensure that the patient is not suffering from any medical condition, allergy or receiving any other treatment that would make the prescription of any medicine unsuitable or dangerous.

4.19 You should ensure you consider the effects of your patient's lifestyle that may affect the safety of the medicines you prescribe. This will include:

- The effects of smoking, caffeine or alcohol;
- The effects of 'recreational' or 'street' drugs or those used to enhance physical or sporting performance; and,
- The effects of over-the-counter medicines including herbal preparations.

[2] College of Paramedics. Paramedic Career & Competency Framework
[3] College of Paramedics. Paramedic Career & Competency Framework (3rd Edition)

4.20 Where necessary you should have the ability to request and/or have access to the results of additional appropriate tests. These tests should be relevant to the presenting condition and/or appropriate to the prescribing decisions and you should be able to accurately interpret these tests.
4.21 You should refer to another appropriate prescriber if you do not fully understand the implications of your prescribing actions even though you may be able to take a thorough and appropriate history that leads to a diagnosis.

Practice Guidance 4: Clinical Need

4.22 You must only prescribe where you are assured that an adequate patient assessment appropriate to the patient's condition, situation and prescription has been undertaken.

4.23 You should consider the circumstances in which you may decide to withdraw medication, cease to continue prescribing a named medication or alter the prescribed dose of a medication. Patients may also wish to discuss with you their withdrawal from a medication. Any withdrawal from medicines needs to be planned in partnership with the patient and anyone involved with their care and take place over an agreed time period.

4.24 You should never prescribe for your own convenience, or simply because a patient demands that you do so.

4.25 You should prescribe in the patient's best interests and achieve this by reaching agreement with the patient on the use of any proposed medicine where possible. The amount of information you discuss with your patient will vary according to the nature of the patient's condition, the risks and benefits of the medicine and any alternatives, and the patient's wishes, but in all circumstances, will include the provision of 'sufficient information' to allow the patient to make an informed choice, i.e. to give their informed consent. You should aim to:

- Establish the patient's priorities preferences and concerns;
- Discuss alternative treatment options available to the patient;
- Satisfy yourself that you have enough relevant information to make a prescribing decision; and,
- Satisfy yourself that the patient understands how to take the medicine as prescribed.

4.26 You should only prescribe for patients who are under your care. You should not prescribe for patients simply because you are the only prescriber available.

Practice Guidance 5: Consent

4.27 You should introduce your role to the patient. You must provide your patient with all information the patient asks for relating to the medicines management you are considering in order that the patient can give their informed consent to treatment.

4.28 You must be aware of the variety of social, cultural and religious factors that may impact upon the choices your patient makes in agreeing prescribing decisions with you.

4.29 You must act in accordance with local, national and/or employer guidance on the obtaining and documenting of consent.

4.30 If you are prescribing unlicensed or off-licensed medicines to the patient you should provide a rationale to the patient.

4.31 The patient has the right to refuse to accept any medication you may prescribe for them, but if they do so you should explain the risks benefits and outcomes of their decision.

4.32 The patient must be clearly informed if the medicine being prescribed is part of a properly conducted clinical research trial and to consider whether they wish to be part of that trial.

Practice Guidance 6: Communication

4.33 You should communicate effectively using the most appropriate methods with other practitioners involved in the care of the patient. This includes communication across NHS and non-NHS practice boundaries where necessary. You should refer the patient to another prescriber when it is necessary to do so.

4.34 Prescribing decisions should be made in partnership with the patient, where practicable to do so. This will include taking into account the patient's personal views and beliefs and discussing prescribing and medication decisions in relation to these. You should ensure that patients have understood what they have been told and the consequences of decisions that have been agreed.

4.35 Prescribing is not an activity that occurs in isolation. Prescribing information must be shared with other health professionals who need to know the information for the benefit of the patient, and this will include the patient's GP. You should decide the best methods of sharing this information. Where possible, you should have access to other professionals' prescribing decisions where they impact upon your own decisions. This will include communication across NHS and non-NHS practice boundaries where it is necessary to ensure that clinicians have appropriate information to inform their prescribing practice.

4.36 The patient should be informed that any prescribing decision made will be shared with other healthcare professionals involved in their care. This is to ensure safe and effective prescribing for the patient, i.e. to avoid serious medicines interactions. If the patient refuses consent to share this information, you should assess the risks and benefits of their decision and refer to local policies and procedures.

4.37 You should know what medication the patient is currently taking, including over-the-counter and herbal preparations, before prescribing new medicines and you should take steps to ensure you have access to the primary source of prescribing information, which is likely to be the Summary Care Record, or equivalent. Prescribers should ensure that they are aware of any risks of medicines dependence, particularly where the patient takes (or may be prescribed) hypnotic or anxiolytic medicines. Prescribing decisions regarding patients at risk of dependence should not be undertaken in isolation (i.e. liaise with the patient's GP may be required).

Practice Guidance 7: Record Keeping

4.38 This practice guidance relates specifically to the record keeping of your prescribing actions. You should refer to other standards and guidance for information relating to clinical record keeping in general. Prescribing activity (e.g. writing an FP10, using a hospital-based treatment/drug card, or using an electronic prescribing application or a private prescription) should occur at the time of contact with the patient in order to ensure contemporaneous activity is captured in the clinical record.

4.39 Documentation of the prescribing activity should be recorded in clinical records at the time of treatment of the patient. It is not good practice to document prescribing activity after the event, e.g. at the end of the clinic session or the end of the day. Only in exceptional circumstances should documentation be delayed, but in any event, the delay should not exceed 24 hours.

4.40 In supplementary prescribing, the doctor/dentist and supplementary prescriber must share access to, consult and, wherever possible, use the same common patient record.

4.41 Records must include the prescription details, together with relevant details of the consultation with the patient.

4.42 Your records should show that you have communicated with the primary healthcare record keeper (usually the GP) especially with regard to repeat, ongoing or withdrawn prescriptions. For hospital in-patients this may be in the form of the hospital discharge letter and/or clinic letter. In the pre-hospital setting, this may be in the form of an electronic or paper-based clinical summary sent to the GP.

Practice Guidance 8: Evidence-based Prescribing / Prescribing in the Patient's Best Interests

4.43 When prescribing antimicrobials, you should consider antimicrobial stewardship and follow local policies for antibiotic use. The local policy is required to be based on national guidance and should be evidence-based, relevant to the local healthcare setting and take into account local antibiotic resistance patterns. They should cover diagnosis and treatment of common infections and prophylaxis of infection.

4.44 You should ensure your prescribing is appropriate and that patients have enough information to make an informed choice. You should consider the following factors to ensure you:

- Follow local formulary choices;
- Are familiar with the current national sources of evidence for the medicine (e.g. National Institute for Clinical Excellence (NICE), BTS, SIGN);
- Are familiar with the current national sources of evidence for the condition you are treating which may also include current evidence for which medicine groups should be used, or not used, and a hierarchy of medicines use (e.g. NICE, BNF);
- Have taken an appropriate assessment of the patient;
- Have taken into account the patient's preferences and expressed wishes with regard to medicines use;
- Have prescribed the appropriate dose for your patient's age, weight and health history (i.e. comorbidities such as renal impairment); and,
- Have prescribed the correct duration of treatment and frequency the medicine is taken.

Practice Guidance 9: Delegation

4.45 You may delegate the administration of a medicine that you have prescribed to another healthcare worker, or to the patient themselves. You remain accountable for your prescribing decision and you are also accountable for your decision to delegate the task of administration to someone else, including to the patient. This includes your assessment that the person is competent to carry out the task and has received sufficient training to carry out your instructions. You are not accountable for the outcome of an action performed by another person.

4.46 Where this information about effective administration is not clearly identifiable from your written prescription, then the information should be separately recorded in the patient record.

Practice Guidance 10: Information Given to Patients About Their Medicines

4.47 Patients, or those authorising treatment on behalf of the patient, should be given sufficient information as they require in order for them to make an informed choice with regard to prescribing decisions.
You should include:

- Diagnosis giving rise to prescribing need;
- Any known serious or common side effects of the proposed medicine;
- How to manage any anticipated or common side-effects;
- How the medicine works;
- How long to take the medicine for;
- How to stop taking the medicine; and,
- Who to contact and how to contact them in the event of a conditioning worsening.

4.48 Information provided should be appropriate to the patient's levels of understanding. Any issues noted related to normal cognition, learning disability, or language barrier must be documented and a plan provided to minimise the impact of the issue.

4.49 Where practicable you should support information given to your patients in writing.

4.50 You should tell the patient that their medicine will be dispensed with a manufacturer Patient Information Leaflet (PIL) that will give them additional information. In in-patient settings where the PIL is not routinely supplied (i.e. where a medicine is administered, rather than dispensed or supplied), patients can request such information if they wish.

Practice Guidance 11: Clinical Management Plans (CMP)

4.51 A CMP is a legal document which authorises a supplementary prescriber to prescribe from an agreed list of drugs and conditions. A CMP must be authorised by either a Medical Doctor or a Dentist with the consent of the patient. If the patient's condition or medicines requirement change then a new CMP should be agreed with either the Medical Doctor or the Dentist with the consent of the patient.

4.52 The independent prescriber may agree verbally to a CMP providing that it is documented before prescribing occurs and a new CMP is produced and signed within two working days.

4.53 If you are both an independent and supplementary prescriber, you must adhere to the terms of the CMP when managing the patient's condition as a supplementary prescriber. This does not preclude you from prescribing for the patient for an unrelated condition where you are acting as an independent prescriber and are competent to treat the condition concerned.

Practice Guidance 12: Transcribing

4.54 In some circumstances, you may be asked to transfer medicines information from one document to another, a process known as 'transcribing'. While this term is commonly used, in reality transcribing does not exist and any request to undertake this must be considered as a request to write a new prescription for which the prescriber is responsible, as they are with any prescription written. The presence of a previous prescription for any stated medicines should not unduly influence the decision to continue prescribing these medicines.

4.55 Prescriptions written in the context of 'transcribing' must be undertaken with the same care, thoroughness and rigour as any prescription, and consideration be given to the need for patient assessment, revised diagnosis, care plan, patient advice and communication with other healthcare professionals where deemed necessary.

Practice Guidance 13: Electronic Prescribing

4.56 If you prescribe using e-Prescribing software, you should also be using a compatible electronic clinical record software package that allows your prescribing activities to be referenced and crosschecked against the main electronic clinical record. The purpose of electronic prescribing is to reduce medicines errors and reduce patient morbidity and mortality; therefore, the prescribing record should be linked to the clinical record.

4.57 You may prescribe via computer-generated prescriptions providing the necessary software is available.

4.58 A traceable audit trail of your prescribing actions should be maintained.

4.59 When you are not prescribing with an FP10, never print off blank prescription forms from your EPS system.

Practice Guidance 14: Writing NHS Prescriptions

4.60 In order to write an NHS prescription, the medicine must be permitted to be prescribed at NHS expense. This information can be found in the Drug Tarrif. If a medicine is not available at NHS expense, it can only be prescribed against a private prescription.

4.61 Legal requirements for prescription writing including CDs can be found in the British National Formulary (BNF) section on prescription writing.

4.62 The names of the medicines must be written clearly using approved names only. You must not use abbreviations in the name of the medicine. Any abbreviations used when writing the dose, frequency etc. must be in line with the list of accepted abbreviations in the BNF.

4.63 Written prescriptions for your NHS patients should only be on an in-patient drug chart, an in-patient hospital discharge and/or clinic letter, an in-patient To-Take-Out (TTO) form, or an FP10 for dispensing in primary care.

4.64 You must never tamper with an existing prescriber's details on a prescription form or add your own prescribing details.

4.65 You must sign your prescriptions immediately after they are produced. If this is not possible (e.g. the prescription is printed in a dispensary away from your clinic room), the unsigned prescriptions must be securely stored until you can sign them. You must sign them within 24 hours.

4.66 You must never sign a blank prescription form in advance and then store them for future use.

4.67 Subject to the required changes in legislation, if you are prescribing controlled drugs this must be in accordance with current provisions of the relevant regulations.

Practice Guidance 15: Writing Private Prescriptions

4.68 You may write a private prescription for a patient who is receiving non-NHS care. When working in private practice, private prescriptions can be written for medicines that are not available on the NHS. You must not use an NHS prescription form to prescribe medicines privately. A private prescription cannot be used for NHS funded care.

4.69 A private prescription for a non-CD may be written on any document and it must contain the following:

- It must be signed in ink;
- It must contain your name and workplace address;
- The date on which the prescription was signed by you and/or the date after which it can be dispensed;
- Your profession and prescribing designation;
- The name, date of birth and address of the patient; and,
- The age of the patient if they are under 12 years old;
- Private CD prescriptions must be written on FP10 PCD.

4.70 The names of the medicines must be written clearly using approved names only. You must not use abbreviations in the name of the medicine. Any abbreviations used when writing the dose, frequency etc. must be in line with the list of accepted abbreviations in the BNF.

4.71 NHS prescription forms (FP10s) must not be used to meet the medicines needs of patients whose healthcare is being provided by the non-NHS sector. Patients receiving medicines as part of private healthcare provision are liable for the actual costs of the medicines and any private prescription charge. You must not ask the patient's GP to prescribe medicines at NHS expense that are subsequently to be administered as part of private healthcare provision.

Practice Guidance 16: Reviewing Prescriptions

4.72 You should review a patient's medication when you are starting a new medication, stopping a medication or changing a dose of a current medication.

Practice Guidance 17: Repeat Prescriptions

4.73 Repeat prescriptions are valid for six months and unless specified in writing on the prescription otherwise, the medicine may be dispensed twice within the validity of the prescription (with the exception of contraceptives, which may be dispensed six times). You should ensure that you review your patient's medication at regular intervals to ensure the prescription remains appropriate for your patient's needs.

4.74 If you issue repeat prescriptions, you should ensure that you prescribe safely and responsibly. Before signing repeat prescriptions, you must be satisfied that it is safe and appropriate to do so. You should review repeat prescriptions regularly and do not issue medicines for longer than is clinically required. You must ensure the correct dose is prescribed for medicines where the dose varies according to the stage of the treatment.

5. SECTION 2 – SPECIAL PRESCRIBING CIRCUMSTANCES

Practice Guidance 18: Family, Friends and Close Colleagues

5.1 You must not prescribe medications to treat yourself. You should be registered with your own medical and/or health practitioner who will be objective in providing you with good care.

5.2 You should wherever possible avoid prescribing for those close to you. People close to you may include your immediate family (parents, grandparents, children, grandchildren, siblings, aunts, uncles and first cousins), someone with whom you have an intimate personal relationship, your friends, and may also include colleagues with whom you regularly work. People you prescribe for should be formally under your care as your patient. If you are employed you should check your employer's policy on whether you are permitted to treat family, friends and colleagues.

5.3 You should avoid prescribing for family, friends and colleagues unless:

- No other prescriber is available to assess their clinical condition and to delay prescribing would put their life or health at risk or cause intolerable pain; and
- The treatment is immediately necessary to save life, avoid serious deterioration in their health and well-being or alleviate otherwise uncontrollable pain.

5.4 You must not prescribe a controlled drug for someone close to you unless no other prescriber is available to assess the patient's clinical condition and to delay prescribing would put the patient's life or health at risk, or cause intolerable pain. Any controlled drugs (CD) prescribed must be on the limited list of CDs available for paramedics to prescribe at the time.

5.5 You should be able to justify your decisions to prescribe for those close to you. You should record the nature of your relationship and the special circumstances that necessitated your action of prescribing for family and friends.

Practice Guidance 19: Children

5.6 Medicines are potent treatments and prescribing them can present significant risk to patients. This is especially so for children, whose responses may differ from adults. You must have relevant education, training and competence in treating children in order to prescribe for them. You should recognise the unique implications of prescribing for children and young people. Caution should also be taken when prescribing for pregnant and lactating women.

5.7 When prescribing for children, local formulary should be followed, and registrants should be aware of relevant information sources.

Practice Guidance 20: Unlicensed Medicines

5.8 Medicines are classified as unlicensed if they do not hold a UK Marketing Authorisation issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). If you are a paramedic practising as a supplementary prescriber you may prescribe unlicensed medicines that are defined within a written CMP, but if you decide to do so you must:

- Be satisfied that an alternative, licensed product would not meet the patient's needs;
- Be satisfied that there is a sufficient evidence-base for using the unlicensed medicine to demonstrate safety and efficacy;
- Record the medicine prescribed and the reasons for using an unlicensed product in the patient's notes; and,
- Clearly explain to a patient if and why you will be prescribing an unlicensed medicine.

5.9 A paramedic independent prescriber must only prescribe licensed medicines listed within the BNF. You must not prescribe unlicensed medicines.

Practice Guidance 21: Off-label / Off-license Use of Medicines

5.10 An off-label/off-license medicine is a medicine which has a UK marketing authorisation but is being used for an indication not included within this marketing authorisation. Details of this can be found within the BNF or within the medicines Summary of Product Characteristics (SPC).

5.11 If you are an independent and/or supplementary prescriber, you may prescribe medicines for off-label use, but if you decide to do so, you should:

- Be satisfied that a licensed alternative is not available which includes your proposed usage within its SPC;
- Be satisfied that there is a sufficient evidence-base for using the medicine in an off-label way to demonstrate safety and efficacy. Where the manufacturer's information is of limited help, the necessary information should be sought from another reliable and reputable source;
- Record the medicine prescribed and the reasons for using an off-label product in the patient's notes;
- Explain to the patient in broad terms why you are using the medicine in an off-label way.

5.12 It is often necessary in paediatric practice to use licensed medicines in off-label ways. You must consult the BNF for Children or other appropriate guidelines before prescribing for children.

Practice Guidance 22: Mixing of Medicines

5.13 Medicines are also rendered unlicensed if they are mixed together prior to administration. The law defines 'mixing' as the combination of two or more licensed medicines together, where one is not the diluent for the other, for the purposes of administering them to an individual patient. Paramedic independent prescribers may mix medicines prior to administration where necessary/indicated.

5.14 Paramedic prescribers will be permitted to mix medicines and instruct others to mix medicines as per Human Medicines Regulations Part 20 (2018).

5.15 Mixing of medicines must be done according to best practice guidelines and be done on the basis of patient need only, never for practitioner convenience. Paramedics undertaking mixing of medicines must do so within their organisation's governance framework.

Practice Guidance 23: Remote Prescribing

5.16 Most prescribing should occur on the basis of a face-to-face consultation with your patient. Remote prescribing occurs if you issue a prescription based on a telephone, e-mail, fax, video-link, web-based or other non-face-to-face contact with a patient and would be an exceptional circumstance. You should only remotely prescribe for your own patients or patients on your own caseload. You must ensure that you have an appropriate dialogue with your patient to:

- Establish the patient's current medication history;
- Carry out an adequate assessment of the patient's condition;
- Ensure there is sufficient justification to prescribe the medicines remotely, including discussing the feasibility of seeing another prescriber who can carry out a face-to-face consultation. This is particularly important when a remote consultation does not permit an adequate assessment of the patient's condition to be undertaken;
- Ensure there are no contraindications to the proposed medicine;
- Ensure arrangements are in place to provide follow-up and continuity of care;
- Ensure a clear record is made of the prescribing decision and in particular the method of remote prescribing used, e.g. instruction over the phone, e-mail etc.;
- Ensure that the primary record holder is informed; and,
- Ensure that the patient has 'sufficient information' to make an informed choice to accept your recommendation.

5.17 Where you cannot satisfy all of the conditions above, you should not use remote means to prescribe for your patient.

Practice Guidance 24: Prescribing on the Recommendation and / or at the Request of Others

5.18 You should only prescribe for patients who are under your care. You must not prescribe for any patients upon whom you have not undertaken an appropriate assessment.

5.19 If you prescribe on the recommendation of another health professional who does not have prescribing responsibilities, you must satisfy yourself that you have performed an appropriate assessment of the patient yourself in order to reach a diagnosis in order to determine if the prescription request is appropriate for the patient concerned and that the professional is competent to have recommended the medication.

Practice Guidance 25: Controlled Drugs

Please note: Some controlled drugs present a risk of dependence for patients taking these medicines. CD prescribing must be considered very carefully and not be undertaken in isolation.

5.20 If you are a supplementary prescriber working within a written CMP, you may prescribe any controlled drug listed (scheduled 2–5) within the CMP.

5.21 If you are an independent prescriber, subject to changes to Misuse of Drugs Regulations, you may prescribe from a limited list of controlled drugs deemed necessary to ensure patients are able to access optimal and timely treatment subject to current legislation in force at the time of the prescription.

5.22 You must not prescribe a controlled drug for yourself.

5.23 You must not prescribe controlled drugs for someone close to you unless;

- No other prescriber is available to assess the patient's clinical condition and to delay prescribing would put the patient's life or health at risk, or cause intolerable pain; and,
- You must be able to justify your decisions to prescribe controlled drugs for those close to you. You must record the nature of your relationship and the special circumstances that necessitated your action of prescribing controlled drugs to those close to you.

5.24 You must know who your local Controlled Drugs Accountable Officer (CDAO) is and comply with any local monitoring and/or inspection requests that the CDAO may make.

5.25 You must follow the Standard Operating Procedures (SOPs) that are in place within your organisation for the prescription and handling of CDs according to Regulations, and SOPs must include procedures for: prescribing CDs, administering CDs, recording any adverse reactions.

5.26 If you are a supplementary and/or independent prescriber, you may instruct another person to administer CDs in accordance with your valid prescription and in accordance with national guidance.

5.27 You must ensure that:

- In-patient prescribing of CDs is recorded on the Medicines Administration Record (MAR) or in-patient sheet in accordance with local policies;
- CDs for patients being discharged are written on locally approved To-Take-Out (TTO) sheets;
- Out-patient prescribing must be on an FP10PCD; and,
- Out-patient prescribing by supplementary prescribers is on the relevant FP10SS form.

5.28 You must only prescribe CDs at the time of clinical need and you must not prescribe more than is needed for the immediate clinical need and in any event for no more than a 30-day supply.

5.29 You may use computer-generated prescriptions for controlled drugs, providing the necessary software is in place and that there is an audit trail of your prescribing practice. Your signature must be hand-written.

5.30 You should be aware of patients receiving CDs from other sources, i.e. general practice, out of hours, emergency department.

5.31 When making decisions about prescribing CDs take into account:

- The benefits of controlled drug treatment;
- The risks of prescribing, including dependency, overdose and diversion;
- All prescribed and non-prescribed medicines the person is taking (particularly any centrally acting agents) and whether the person may be opioid naïve;
- Evidence-based sources, such as NICE and the BNF, for prescribing decisions when possible – https://www.nice.org.uk/guidance/ng46[4].

[4] NICE (2015) https://www.nice.org.uk/guidance/ng15

5.32 All private CD prescribers require a separate six (6) digit prescriber code for private CD prescriptions (this is different to your unique NHS prescriber code). This ensures that there is a clear separation between NHS and private CD prescribing, and if you prescribe in both NHS and private settings you must keep your two prescriber codes separate.

Practice Guidance 26: Prescribing Medicines Associated with Dependency or Abuse

5.33 Prescribing of psychoactive drugs is a major clinical activity and a key therapeutic tool for influencing the health of patients. But often their use can lead to a patient becoming dependent or suffering withdrawal symptoms.

5.34 Paramedic prescribers are advised to read relevant guidance on prescribed medicine dependence.

Practice Guidance 27: Simultaneous Prescribing and Administration

5.35 Simultaneous prescribing and administration should be undertaken only where local policy and practice would support this with adequate governance in place due to the increased risk which this process carries for the patient. You should ensure wherever possible that a second person checks that your prescription is what is administered to the patient. The second 'checker' need not be a prescriber or registered health professional themselves but should be able to verify that the correct medicine is being supplied to the patient.

Practice Guidance 28: Antimicrobial Resistance

5.36 When treating patients with infections and prescribing antimicrobial medicines paramedics must take the requirements of antimicrobial stewardship and antimicrobial resistance into consideration, in line with national and local guidance. When considering prescribing antimicrobial medicines, paramedics should follow local prescribing guidelines for primary and secondary care, based on expert microbiological advice from microbiologists or antimicrobial pharmacists, and/or nationally published best practice guidance.

5.37 The outline curriculum framework for Allied Health Professions undertaking a prescribing course includes learning outcomes related to antimicrobial resistance which are complemented by the Public Health England antimicrobial prescribing and stewardship competences which is essential for all prescribers to demonstrate. Furthermore, good infection prevention and prudent antimicrobial use are essential to ensure safe and effective care for all, through the use of vaccinations and hand hygiene for example. Effective prevention of infection must be part of the everyday practice for all health care professionals as preventing infections helps to reduce the need for antimicrobials. HEE educational materials on antimicrobial resistance and sepsis can be used to support learning.

https://www.hee.nhs.uk/our-work/antimicrobial-resistance[5]
https://www.hee.nhs.uk/our-work/sepsis-awareness
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHAIprescrcompetencies__2_.pdf

[5] Department of Health (2015) The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance

6. SECTION 3 – MEDICINES GOVERNANCE

6.1 These medicines governance arrangements apply to all settings. The guidance in this section will apply alongside any organisational policies and/or procedures that the organisation may have in place.

6.2 In addition, paramedics are expected to demonstrate that they meet the Royal Pharmaceutical Society document 'A Competency Framework for all Prescribers'[6]. Training is available to support you through this, i.e. the e-learning for healthcare (eLfH).

'Clinical Pharmacology and Prescribing' and 'Paramedics' programmes.
https://www.e-lfh.org.uk/programmes/clinical-pharmacology-and-prescribing/
https://www.e-lfh.org.uk/programmes/paramedics/

Practice Guidance 29: Prescribing for Supplying and / or Administration

6.3 If you instruct another person to supply and/or administer medicines on your behalf, you should ensure that the individual is educated, trained and competent to do so.

Practice Guidance 30: Dispensing

6.4 Dispensing is the preparation and supply of a medicine in accordance with the instructions contained within a prescription. Dispensing is generally performed by a pharmacist or pharmacy technician. You should ensure the separation of prescribing and dispensing of medicines whenever possible. You should not normally dispense against a prescription that you have written.

Practice Guidance 31: Transportation

6.5 You may transport medicines from the dispensing pharmacy to their place of use. You must display appropriate health and safety information on your vehicle if the medicine requires it, e.g. medical gases.

6.6 Where medicines are left in a vehicle, appropriate security arrangements must be in place. Medicines should be in a secure container, and the vehicle itself must be locked.

Practice Guidance 32: Disposal

6.7 You must dispose of used, partially used and unused medicines in accordance with current legislation and your local employer policy.

6.8 If there is no local employer policy in place, you must return all medicines to a pharmacist for safe disposal.

[6] Royal Pharmaceutical Society (2016) A Competency Framework for all Prescribers https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf

Practice Guidance 33: Error Reporting

6.9 If you discover that you have made an error in prescribing, you must take immediate action to prevent potential harm to the patient, and you must report the error as soon as possible according to local protocols.

6.10 If you think there is an error in a prescription that has been written and/or dispensed by someone else, you must seek clarification of the prescriber's wishes before administering the medicine. You should also report the error according to local protocols.

Practice Guidance 34: Reporting Unexpected Effects and Adverse Reactions

6.11 If a patient experiences an adverse reaction, this should be reported via the Yellow Card Scheme. Details of this can be found in the BNF or via the MHRA website. Details of the adverse reaction and suspected drug should be recorded in the patients notes.

6.12 You should inform your patients that they can report adverse reactions independently to the Yellow Card Scheme.

6.13 You should report adverse reactions via the Medicines and Healthcare Products Regulatory Agency website at www.mhra.gov.uk and any untoward incidents can be reported to the National Reporting and Learning Scheme (NRLS). http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/.

Practice Guidance 35: Complementary, Herbal and Homeopathic Products

6.14 Complementary, herbal and homeopathic products may interact with other medicinal products and/or laboratory tests. You should ensure you obtain, and record, information from the patient as to whether they are using any such products. Where there is evidence to support doing so, you may need to advise that your patient stops using a complementary, herbal or homeopathic product prior to starting/taking a conventional medicinal product or undergoing a medical and/or surgical procedure.

7. SECTION 4 – CLINICAL GOVERNANCE

7.1 Patient safety is of paramount importance within all aspects of prescribing and medicines management. Paramedics must practise within the law, to a high professional standard, and ensure that they strive continuously to improve the quality of care that they offer to patients. Poor professional performance needs to be identified and rectified at an early stage. The guidance in this section will apply alongside any organisational policies and/or procedures that the organisation may have in place.

Practice Guidance 36: Governance Structures

7.2 If you are employed, you must follow the governance arrangements that are in place. Arrangements should be in place for:

- Clear lines of responsibility and accountability for overall quality of clinical care;
- Development of quality improvement programmes such as clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care, access to appropriate CPD programmes;
- Management of risk;
- Procedures to identify and remedy poor performance; and,
- Competency frameworks for prescribing.

Practice Guidance 37: Clinical Audit

7.3 Clinical audit is an important part of clinical governance. If you practise both as an independent and supplementary prescriber, you should audit independent and supplementary prescribing activities separately.

7.4 If you are practising as a supplementary prescriber, you should ensure that you participate in regular (normally at least annually) meetings with your medical independent prescriber.

7.5 Prescribing should be audited as per local policy.

7.6 You should monitor how patients respond to treatment and how many follow-up visits are taking place (planned or unplanned representations to the same or another health provider). Systems should be put in place to ensure that patients who do not attend (DNA) for their follow-up appointments with services the patient is referred to are followed up (e.g. by telephone, letter, text message or email).

7.7 If you are practising as a supplementary prescriber, you should audit your practice to ensure that the patient's CMP is being followed.

7.8 You should ensure that the prescriptions you write are clear and legible.

7.9 You should seek your patients' experiences of your prescribing where possible.

Practice Guidance 38: Prescribing Analysis

7.10 You should ensure that you have information about national guidelines (e.g. NICE guidelines, NSFs), local guidelines, local agreements and formularies to ensure you make the best prescribing decision for your patients.

7.11 If you are prescribing within the NHS, you should engage with your local Medicines Management Committee and follow policies and procedures with regards to governance and audit.

Practice Guidance 39: Learning from Incidents and Errors

7.12 You should record all incidents and/or errors with your local reporting systems to facilitate national reporting where required.

7.13 You should review incidents within your local team and/or medicines management committee (or equivalent) to enable learning and where necessary change practice.

Practice Guidance 40: Risk Management

7.14 You should ensure that you have an appropriate risk management programme in place. This should include clinical risk management and patient safety (including the National Reporting and Learning Service http://www.nrls.npsa.nhs.uk), confidentiality, safety of prescription pads and a system for handling errors and complaints.

Practice Guidance 41: Continuing Professional Development

7.15 You must remain up to date with appropriate knowledge and skills to enable you to prescribe competently and safely within your scope of practice as per HCPC standards.

Practice Guidance 42: Poor Performance

7.16 You should be aware of the local procedures and policies in place for identifying poor prescribing practice.

Practice Guidance 43: Safety of NHS Prescription Pads

7.17 NHS FP10s are classed as secure stationery. Each prescription has a serial number and has specific anti-theft and anti-forgery features. Prescription pads will be ordered by the NHS Trusts via a secure ordering system and supplied to the named professional they relate to. You are responsible for the safety of your named prescription pad. You must take all reasonable and responsible steps to prevent its loss or inappropriate use. You should only use one prescription pad at a time.

7.18 You should keep a record of the first and last serial number of the prescriptions in the pads issued to you. If a whole prescription pad is lost or stolen, you must report the serial numbers of the missing prescriptions.

7.19 At the end of each working day, you should record the serial number of the first remaining prescription in your current pad. If your current pad is lost or stolen after you last used it, the relevant serial number of unused prescriptions must be reported.

7.20 Prescription pads should be stored in locked areas when not in use. You should not store prescription pads away from your place of work. In particular, you should not store pads at home or in your vehicle except when travelling between places of work.

Security and Safe Handling of Prescription Pads

7.21 The following link provides additional guidance, originally published by NHS Protect on the steps which should be taken to optimise the security of prescription pads:

https://cfa.nhs.uk/resources/downloads/guidance/fraud-awareness/Security_of_Prescription_forms_Updated_August_2015.pdf

Please also refer to the Implementation Guidance, Annex C.

Practice Guidance 44: Links with Pharmaceutical Companies / Conflict of Interest

7.22 If you have a commercial or financial interest in any pharmaceutical product or company, then you should ensure that your patients have access to this information where relevant and you should ensure that your interest does not affect your ability to prescribe in the patient's best interest alone.

7.23 You must not allow your own or your employer's (if applicable) commercial or financial interests in a pharmaceutical company or product to influence the way you advise your patients.

7.24 You must declare any conflict of interest in a 'register of interests' either within your personal portfolio or within your employer's hospitality register which should be produced on request for audit purposes.

Practice Guidance 45: Gifts and Benefits

7.25 Your prescribing choice for your patient must be based solely on clinical suitability and cost effectiveness, working within any local formulary that you may be obliged to follow.

7.26 The advertising and promotion of medicines is strictly regulated. You must not accept personal gifts that are given to influence your prescribing activity, nor must you solicit or accept a gift or inducement to influence your prescribing patterns.

7.27 You may accept hospitality for a professional or scientific meeting, but such hospitality must be reasonable in level and subordinate to the main purpose of the meeting.

7.28 You may accept awards and/or grants to attend educational events offered by pharmaceutical companies that enable you to undertake CPD relevant to your practice. You must follow your employer's policy on receiving gifts and hospitality. If you do not have an employer, you must consider whether it is appropriate to accept gifts or hospitality in response to your prescribing activities.

Practice Guidance 46: NHS / Private Practice Prescribing Boundaries

7.29 You must not ask the patient's GP to prescribe medicines at NHS expense that are subsequently to be administered as part of private healthcare provision. If you do ask a GP to do this, they are within their rights to refuse to do this.

Practice Guidance 47: Checking Registrations and Annotations

7.30 You must provide evidence of your valid registration as a paramedic with the HCPC to your employer/those using your prescribing services.

7.31 You should provide evidence of your valid status as an independent prescriber annually to your employer/those using your prescribing services.

7.32 You must only prescribe in accordance with the type of annotation awarded to you.

GLOSSARY

Administration	Process by which a medicine is introduced into, or applied onto, the patient's body.
Advice	The act of giving information to service users pertaining to aspects of the condition for which they are seeking intervention. The information given may be an opinion or recommendation relating to suggested future intervention or actions. The information may include guidance to seek the opinion of another health professional. The information is given to the service user to consider, and the service user may choose whether to act on the advice given or not.
Clinical governance	Quality assured activities that ensure that pre-determined clinical standards that have been set are maintained by practitioners and are evident within health care settings.
Clinical Management Plan (CMP)	A written plan (which may be amended from time to time, and at least yearly) relating to the prescribing for an individual patient which is agreed by the patient, the independent prescriber (a doctor or dentist only) and the supplementary prescriber who is to prescribe medicines under the plan. Licensed medicines including off-label and black triangle products, unlicensed medicines and controlled drugs may be included in a CMP. A CMP may be for a named medicine or a group of medicines, e.g. non-specified NSAIDs.
Commissioner	Person or organisation that requests and/or funds a service or activity.
Competence	The ability of an individual to demonstrate their capability in a certain skill area at a defined level of ability at a set point in time.
Competencies	The component skills that describe and define the actions and activities required in order to demonstrate competence in a skill area.
Controlled drug	A medicine subject to control by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001.
CoP	The College of Paramedics.
Dispensing	To label and supply from stock. The activities undertaken, in response to formal orders, when medicines are issued to the place where they will be used, or supplied directly to the patient.
Disposal	The removal and destruction (including denaturing) of medicines that are no longer required or are no longer suitable for their intended use and/or the removal of unwanted medicines or waste materials from the clinical site.
GSL	General sale medicines (commonly known as GSL medicines) are those that can be sold at retail outlets that can 'close so as to exclude the public'.
Guidance	Document containing recommendations for the use of a particular treatment and/or modality, the circumstances when it should be used and the population/patient groups who should receive it. Health professionals have a duty to take guidance fully into account where it is published, but they are not bound by its contents and may deviate from it where there is a clear indication to do so. A guidance document may impose a duty on a health provider to fund the treatment and/or intervention.

Guideline	A wide-ranging recommendation dealing with the management of a disease condition. A guideline document does not impose a duty on a health provider to fund the treatment of the disease condition.
HCPC	Health and Care Professions Council.
KSF	Knowledge and Skills Framework.
Licensed medicine	A medicine with a valid marketing authorisation (product licence) in the UK.
Marketing authorisation (MA)	Formal approval by the MHRA to place a medicinal product on the UK market, formerly known as 'product licence'. Defines the terms, conditions and/or patient groups that the product may be used for. Use of a medicine outside of the terms of the MA is known as 'off-label' use of the product.
Medical prescriber	A doctor or dentist who can independently prescribe both licensed and unlicensed medicines, and who may instruct another health professional to administer such medicines to patients under the terms of a PSD.
Medicinal product	Any substance or combination of substances presented as having properties for treating or preventing disease in human beings (the first/presentational limb). Any substance or combination of substances which may be used in, or administered to, human beings, either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis (the second/functional limb)[7]
Medicinal purpose	Any one or more of: • treating or preventing disease; • diagnosing disease or ascertaining the existence, degree or extent of a physiological condition; • contraception; • inducing anaesthesia; • otherwise preventing or interfering with the normal operation of a physiological function, whether permanently or temporarily, and whether by terminating, reducing, postponing, increasing or accelerating the operation of that function, or in any other way.
Medicine	A substance that claims to, or has the actual function of, treating or preventing disease in humans or animals.
Mixing	The combining of two or more medicinal products, together where one is not the diluent of the other for the purposes of administering them to meet the needs of a particular patient. Mixed medicines are unlicensed.
MHRA	Medicines and Healthcare Products Regulatory Agency
NHS	National Health Service
NHS prescription charge	Tax paid by patients for medicines or other treatments prescribed for them by an NHS 'appropriate practitioner' and supplied at NHS expense. Some patients are exempt from paying prescription charges and receive the medicines free of charge. Prescription charges are set by the Government and do not directly reflect the production costs and/or retail prices of the medicine.

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506397/a_guide_to_what_is_a_medicinal_product.pdf

Non-medical prescriber (NMP)	Nurses, pharmacists and some allied health professional groups who have successfully completed a profession and mechanism-specific education programme and who are registered on the appropriate statutory register for their professional group, and against whose name is recorded an annotation signifying they are permitted by the relevant law to prescribe, supply and administer medicines as either an independent and/or supplementary prescriber. The limits of their prescribing permissions are determined by law and are not the same for each professional group, especially with regard to unlicensed medicines and controlled drugs.
NPSA	National Patient Safety Agency (Now part of NHS England).
Off-label/license medicines	Use of a medicine outside its licensed indications (as contained within the SPC). Off-label use only applies to medicines that are already licensed, i.e. hold a valid Marketing Authorisation.
Over the counter (OTC)	Description of a medicine that can be supplied without a written prescription from a variety of outlets, including self-selection without supervision, by a patient.
Pharmacy medicines	A pharmacy medicine is a medicinal product that can be sold from a registered pharmacy premises by a pharmacist or a person acting under the supervision of a pharmacist. Together with general sale medicines, pharmacy are collectively known as over the counter (OTC) or non-prescription medicines. The sale of some of these medicines is associated with additional legal and professional considerations.
Patient Group Direction (PGD)	A written instruction for the sale, supply or administration of a named medicine in a defined clinical situation to groups of patients who may not have been identified before presenting for treatment. In order to be valid, a PGD must meet specific legal criteria.
Paramedic	A person who is registered on the HCPC register under article 5 of the Health Professions Order 2001 and entitled to practise using the protected title of 'paramedic'.
Patient Specific Direction (PSD)	A prescription from a doctor, dentist, or other independent/supplementary prescriber for a medicine to be administered to a named patient by another health professional. The patient must be individually identified on the PSD. The prescription must be signed and dated by the doctor/dentist or other independent/supplementary prescriber. Unlicensed medicines may be administered under a PSD provided it has originated from a doctor or dentist. A PSD is not a standard proforma that is drawn up by a paramedic for a doctor to sign. This may be one way of indicating the desired prescription, but the doctor is free to amend or alter this in any way they see fit, as they will have accountability for any medicines prescribed.
Prescribe	LEGAL: to request in writing, in the appropriate manner, the supply and administration of a prescription-only medicine for use by a named patient. Only 'appropriate practitioners' may prescribe. The Human Medicines Regulations 2012 define the professional groups classed as 'appropriate practitioners'. Paramedics are authorised as independent prescribers. GENERAL: to authorise in writing, in the appropriate manner, the supply and administration of any medicinal product(s), for use by a named patient, at public expense. LAY: to advise on the use of a product, especially by an authorised person or to recommend especially as a benefit.

Prescribing	Issuing prescriptions for the medical treatment of a single individual by an 'appropriate practitioner'. A pharmacist is legally required to be involved in the sale and/or supply of the medicine identified within a written prescription. Therefore 'prescribing' is a process by which medicines are supplied to a patient involving at least two separate persons – the prescriber and the pharmacist.
Prescription	LEGAL: a written instruction by an appropriate practitioner for the supply and administration of the medicinal products listed within it. A written tool against which POMs may be supplied. A prescription is issued by an 'appropriate practitioner' under or by virtue of the National Health Service Act 1977 (England)/the National Health Service (Scotland) Act 1978/the Health and Personal Social Services (Northern Ireland) Order 1972.
Prescription Only Medicine (POM)	Medicines that may only be supplied and administered against a valid written 'prescription'.
Product Licence (PL)	Formal approval by the MHRA to place a medicinal product on the UK market. Now known as a 'marketeing authorisation'. Defines the terms, conditions and/or patient groups that the product may be used for. Use of a medicine outside of the terms of the PL is known as 'off-label' use of the product.
Repeat prescribing	A partnership between a patient and a prescriber that allows the prescriber to issue duplicate prescriptions at agreed intervals without the patient having to consult the prescriber at each issue.
Repeatable prescription	A prescription which authorises a pharmacist to issue a medicine more than once (e.g. supply X medicine every month for six months).
Standard	A statement on the level of proficiency expected to be demonstrated by a person professing to hold a certain skill or ability. The standards for prescribing are set and regulated by the HCPC.
Summary of product characteristics	Information available for individual licensed medicines, forming an integral part of the marketing authorisation (licence). It provides information for health professionals on how to use the medicinal product safely and effectively.
Supplementary prescriber (SP)	A professional who is registered on the appropriate statutory register for their professional group and against whose name is recorded an annotation signifying thay they are qualifed to prescribe, supply and administer medicines as a supplementary prescriber. A person responsible for the continuing care of patients who have been clinically diagnosed by an independent prescriber.
Supply	The activities undertaken, in response to formal orders, when medicines are issued to the place where they will be used or supplied directly to the patient.
Traditional Herbal Registration (THR) number	MHRA registration scheme for herbal preparations that have been assured for safety, efficacy and quality, i.e. licensing for herbal preparations. Equivalent to a Product Licence for medicines.
Unlicensed medicine	A medicine that does not have a UK marketing authorisation.

APPENDIX 1: BACKGROUND

Key Legislation and Definition of Terminology

Medicines use in the UK is controlled by the terms of the Medicines Act 1968 and The Human Medicines Regulations 2012, which provide the legislative framework for medicines use in the UK. Paramedic prescribers must understand the various medicines frameworks available to them.

Administration Framework

The Patient Specific Direction (PSD) – A PSD is a written or electronic instruction from a prescriber for a medicine to be administered to a named patient. It relates to the relationship between the prescriber and another professional. A paramedic must only administer the medicine in accordance with the instructions that are written by the prescriber. Instructions should be written, although in a genuine life-threatening emergency an oral instruction may be given.

Supply and Administration Frameworks

The Patient Group Direction (PGD) – This is not a prescribing tool for the paramedic. A senior doctor and a senior pharmacist, in conjunction with the paramedics who will use the tool, define in writing the named medicines that may be supplied and/or administered to groups of patients who may, or may not, have been individually identified prior to treatment. The PGD must be drawn up in a specific way in order to be legally valid. The paramedic, who must be named in the PGD, must supply and administer the medicine in accordance with the instructions that are written within the PGD. PGDs are not valid in all healthcare delivery settings.

Exemptions – This is not a prescribing tool. Specific pieces of law allow certain listed medicines to be supplied and administered to patients by certain health professional groups without the need for another appropriate prescribing or supply/administration framework. There are exemptions that apply specifically to paramedics.

http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/Paramedics/

Prescribing Frameworks

Supplementary Prescribing

This allows a paramedic to prescribe in partnership with a doctor or dentist. The medicines to be used must be defined in writing within a Clinical Management Plan (CMP) and be appropriate to the needs of the named patient. Supplementary prescribing requires the involvement of a doctor or dentist, the supplementary prescriber and the patient. The terms of use and definition of 'Clinical Management Plan' are defined in law. For a CMP to be legally valid, the independent prescriber must be a doctor or a dentist. Supplementary prescribing can be used to prescribe licensed medicines, unlicensed medicines, mixed medicines and all controlled drugs.

Independent Prescribing

This allows a paramedic to autonomously prescribe, as well as supply and administer, medicines to individual named patients appropriate to the needs of the named patient. Whilst the principles of prescribing are the same, non-medical independent prescribers are different from medical prescribers in terms of restrictions and context within which they prescribe; therefore doctors and non-medical independent prescribers are not directly comparable with each other in their activities.

Categories of Medicine

General Sales List Medicines (GSL)

These products can be sold with reasonable safety without the supervision or advice of a doctor or pharmacist and may be obtained through a variety of outlets.

All GSL medicines must hold a valid UK product license and all the active ingredients must be listed in the product. Regulations restrict the pack sizes and quantities of the medicine that may be sold without supervision.

Larger volumes may only be sold under supervision (P class) or prescription (POM class). An example of this would be paracetamol that is limited to 16 tablets under GSL terms, but may be supplied in larger quantities under P or POM terms.

Pharmacy Sale Medicines (P)

These products can be sold with reasonable safety from premises that are under the supervision of a pharmacist but without the need for a written prescription. The products may be available for self-selection by the general public, but a pharmacist is aware of the purchase at the point of sale.

Both GSL and P class medicines are known as OTC medicines as they can be sold and supplied (in some cases only at certain low volumes) without a written prescription for supply.

Prescription Only Medicines (POM)

The Human Medicines Regulations 2012 define those medicines that must be classed as POM and include those that:

- contain certain listed substances;
- are controlled drugs;
- are for parenteral (i.e. injection) administration (with the exception of insulin);
- emit radiation;
- come under other listed criteria.

POMs may only be sold, supplied and administered in accordance with a written prescription by an appropriate practitioner and dispensed from a registered pharmacy or dispensing doctor's practice.

The Human Medicines Regulations 2012 defines 'appropriate practitioner' for the purposes of issuing written prescriptions as:

- Doctor, Dentist, Vet;
- Independent Nurse Prescriber;
- Independent Pharmacist Prescriber;
- Independent Optometrist Prescriber;
- Independent Physiotherapist Prescriber;
- Independent Podiatrist Prescriber;
- Supplementary Prescriber acting under a written Clinical Management Plan (CMP) – nurse, pharmacist, podiatrist, physiotherapist, radiographer, optometrist, paramedic.

A paramedic who is annotated on the Health and Care Professions Council (HCPC) register as a Supplementary Prescriber may only prescribe POMs under a written Clinical Management Plan (CMP). Those annotated as both an independent and supplementary prescriber may use both frameworks. Regulations require that POMs may not be advertised to the public, only marketed to health professionals, and there is blanket ban on the advertising to the public of certain treatments for certain specified medical conditions such as cancer.

Controlled Drugs

The Misuse of Drugs Act 1971 controls certain types of drugs that may be liable to misuse and abuse because of their effects on users. Schedule 2 of this Act lists the drugs subject to these specific controls and it categorises the drugs into one of three classes: Class A, Class B and Class C. The term 'controlled drug' is used to refer to drugs within these three categories.

The Misuse of Drugs Regulations 2001 permits the use of controlled drugs in healthcare and further classifies controlled drugs as one of five Schedules that reflect the differing levels of control required for use of each category of drug. Controlled drugs are also subject to specific regulations pertaining to the storage and documentation required for their use.

Further changes to Home Office regulations will be required for paramedics to independently prescribe controlled drugs.

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- Good Medical Practice in Prescribing Medicines (2006). General Medical Council. London.
- Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the Safe Use of Medicines (2nd Edition). http://www.csp.org.uk/publications/practice-guidance-physiotherapist-supplementary-andor-independent-prescribers-safe-use-
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Adapted for Paramedic Independent Prescribing by:

Andy Collen

DipHE MSc FCPara

Medicines and Prescribing Project Lead, College of Paramedics

College of Paramedics
The Exchange
Express Park
Bristol Road
Bridgwater
TA6 4RR

01278 420 014
membership@collegeofparamedics.co.uk
www.collegeofparamedics.co.uk

COLLEGE OF paramedics

@ParamedicsUK

collegeofparamedics

paramedicsuk