

Medicines *Matters*

A guide to mechanisms for the prescribing,
supply and administration of medicines

July 2006

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Medicines Matters

A guide to mechanisms for the prescribing, supply and administration of medicines

1. Background

This publication is a brief guide for staff working in NHS trusts, NHS foundation trusts, primary care trusts (PCTs) and other health and social care organisations, describing the mechanisms available for the prescribing, supply and administration of medicines which help to support the development of new/enhanced roles or service redesign. It also outlines the aims of the continuing work of the Department of Health's (DH) non-medical prescribing programme.

As this booklet is not intended to be a detailed guide, it refers the reader to additional sources of information and reference, as required. It is a brief guide to good practice, highlighting appropriate mechanisms that can be used when developing new/enhanced roles or redesigning services.

The mechanisms available for the prescribing, supply and administration of medicines are:

- Patient Specific Directions
- Patient Group Directions (PGDs)
- Specific exemptions covering supply or administration - as contained in medicines legislation
- Nurse Independent Prescribing
- Pharmacist Independent Prescribing
- Supplementary prescribing by nurses, pharmacists optometrists, physiotherapists, radiographers and chiropodists/podiatrists

More detailed information on these mechanisms is summarised in a matrix form in the Appendix.

2. What is a Patient Specific Direction?

A Patient Specific Direction is the traditional written instruction, from a doctor, dentist, nurse or pharmacist independent prescriber, for medicines to be supplied or administered to a named patient. The majority of medicines are still supplied or administered using this process.

In primary care, this might be a simple instruction in the patient's notes. Examples in secondary care include instructions on a patient's ward drug chart.

As a Patient Specific Direction is individually tailored to the needs of a single patient, it should be used in preference to a Patient Group Direction (PGD) wherever appropriate.

3. What is a Patient Group Direction?

A Patient Group Direction (PGD) is a written instruction for the supply or administration of a **licensed** medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. This should not be interpreted as indicating that the patient **must** not be identified; patients may or may not be identified, depending on the circumstances.

A PGD is drawn up locally by doctors, pharmacists and other health professionals and must meet certain legal criteria. Each PGD must be signed by a doctor or dentist, as appropriate, and a pharmacist, and approved by the organisation in which it is to be used, typically a PCT or NHS trust.

PGDs can only be used by the following registered healthcare professionals, acting as named individuals:-

nurses, midwives, health visitors, paramedics, optometrists, chiropodists and podiatrists, radiographers, orthoptists, physiotherapists, pharmacists, dieticians, occupational therapists, prosthetists and orthotists, and speech and language therapists.

Each PGD has a list of individuals named as competent to supply/administer under the direction. A senior person in each profession locally should be designated with the responsibility to ensure that only fully competent, registered and trained professionals operate within directions. The National Prescribing Centre (NPC) has developed an outline competency framework for local use. It should be noted that not every practitioner is expected to use PGDs. Patient and service need should be considered when deciding who needs to use them.

A PGD can include a flexible dose range so the healthcare professional can select the most appropriate dose for the patient.

Medicines can be used outside the terms of their Summary of Product Characteristics (SPC) (so called 'off-license' use), provided such use is supported by best clinical practice. The PGD should state when the product is being used outside the terms of the SPC and why this is necessary.

The majority of clinical care should be provided on an individual, patient specific basis. The supply and administration of medicines under PGDs should be reserved for the limited number of situations where this offers an advantage for patient care (without compromising patient safety). The use of PGDs must also be consistent with appropriate professional relationships and accountability, i.e. the nurse or other health professional must act within their own expertise and competence.

Since 2003, many non-NHS organisations have been able to use PGDs. They are:

- Independent hospital agencies and clinics registered under the Care Standards Act 2000
- Prison healthcare services
- Police services
- Defence medical services

PGDs can also be used for services funded by the NHS but provided by the private, voluntary or charitable sector. Further guidance on the use of PGDs in the private sector is available from the Medicines and Healthcare Products Regulatory Agency (see section 15 below).

There are no specific national training programmes for PGDs, but individual organisations must ensure that people supplying/administering medicines under a PGD are competent to do so.

More detailed advice on PGDs is available from the National Prescribing Centre website at www.npc.co.uk, and in *Health Service Circular (HSC) 2000/026 Patient Group Directions [England only]*, available from www.dh.gov.uk/publications.

National template PGDs are accessible via the National Electronic Library for Health website at www.nelh.nhs.uk.

4. What are the ‘specific exemptions’ in medicines legislation for the supply or administration of medicines?

A number of health professions – for example, midwives, chiropodists/ podiatrists, optometrists, paramedics – have specific exemptions in medicines legislation to supply or administer medicines. Provided the requirements of any conditions attaching to those exemptions are met, a PGD as outlined above is not required. For specific exemptions for each professional group, please refer to the Appendix.

For example, registered chiropodists/ podiatrists have exemptions under medicines legislation for parenteral administration of a number of prescription only medicines (POMs), including bupivacaine and lignocaine. Further details are available within the Appendix.

5. What is the *Nurse Prescribers’ Formulary* for Community Practitioners? (formerly District Nurses and Health Visitors)

The *Nurse Prescribers’ Formulary* (NPF) for Community Practitioners (formerly District Nurses and Health Visitors), is the formulary used by community practitioner prescribers- see part XVIIIB(i) of the Drug Tariff. In addition, school nurses can now train and qualify

to prescribe from the Community Practitioners' Formulary. The Formulary contains 13 POMs, some pharmacy (P) and general sales list (GSL) medicines, and a list of dressings and appliances relevant to community nursing and health visiting practice. There are more than 29,000 community practitioner nurse prescribers in England registered with the Nursing and Midwifery Council (NMC). Training to prescribe from the NPF is integrated into the specialist practitioner programme for community practitioners, so all newly qualifying community practitioners are also entitled to undertake training to qualify them to prescribe from the NPF, dependent on clinical need. Further information is available in the Drug Tariff, the British National Formulary, the National Prescribing Centre website at www.npc.co.uk and Nursing and Midwifery Council (NMC) Standards of Proficiency for nurse and midwife prescribers at <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645> .

6. What is Nurse and Pharmacist Independent Prescribing?

From 1 May 2006 Nurse Independent Prescribing (formerly Extended Formulary Nurse Prescribing) was expanded. This allows nurses to prescribe any **licensed** medicine for any medical condition that a nurse prescriber is competent to treat, including some Controlled Drugs. It allows virtually any licensed medicine in the British National Formulary (see part XVIIIB(ii) of the Drug Tariff) to be prescribed. Section 8 and 9 below contains further information on the prescribing of Controlled Drugs by nurse independent and supplementary prescribers.

Pharmacist Independent Prescribing was also introduced on 1 May and allows pharmacists to prescribe any **licensed** medicine for any medical condition that a pharmacist prescriber is competent to treat. This allows access to virtually the whole of the British National Formulary with the exception of Controlled Drugs and unlicensed medicines.

All first level registered nurses, registered midwives, registered specialist community public health nurses and registered pharmacists may train to be Independent Prescribers. However, the DH Guide to Implementation and the NMC Standards of Proficiency for nurse and midwife prescribers state that nurses put forward for prescribing training must have at least three years' post-registration experience. Pharmacists should have at least two years' experience following their post-registration year.

The development of Independent Prescribing is part of a drive to make better use of nurses' and pharmacists' skills and to make it easier for patients to get access to the medicines that they need. Nurse and Pharmacist Independent Prescribing is an important part of developing their role in delivering frontline care and a patient-centred service.

Higher education institutions (HEIs) provide a specific programme of preparation and training for independent prescribing. These programmes are approved by the Nursing and Midwifery Council and the Royal Pharmaceutical Society of Great Britain (RPSGB)

Nurses who successfully complete the programme must register their prescribing qualification with the NMC before they can start prescribing. For further information visit www.nmc-uk.org. Pharmacists must similarly register their qualification with the RPSGB see www.rpsgb.org.uk.

Prescribing training courses are centrally funded through the Strategic Health Authority (SHA) Workforce Directorates. The training for nurses and pharmacists is spread over a period of six months, and consists of at least 26 days training and 12 days learning in practice. A designated medical practitioner must supervise the student and provide support, and there are elements of self-directed learning. A buddying system using another qualified independent prescriber may also be very beneficial. Previous learning can be taken into account through the Accreditation of Prior Learning (APL), at the discretion of the HEI, and some elements of the course can be delivered through distance learning. All participants must pass the end of course assessments.

The RPSGB is currently considering the content of the training programme for pharmacists, including the length of the programme. It is intended that the first courses from HEIs will be available from late 2006

7. What is supplementary prescribing?

Supplementary prescribing was introduced in April 2003 for nurses and pharmacists. It was extended to physiotherapists, chiropodists/podiatrists, radiographers and optometrists in May 2005.

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

Following agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. There is no formulary for supplementary prescribing, and no restrictions on the medical conditions that can be managed under these arrangements. This mechanism of prescribing will be helpful for nurse and pharmacist prescribers when they are newly qualified. It will also be appropriate in specific situations, for instance

- when working within a team where a doctor is accessible
- for specific long-term conditions
- for mental health and
- for situations involving Controlled Drugs.

Supplementary Prescribers can prescribe **Controlled Drugs** and **unlicensed medicines** in partnership with a doctor, where the doctor agrees within a patient's CMP. From July 2006 chiropodists/podiatrists physiotherapists, radiographers and optometrists are also able to prescribe Controlled Drugs as supplementary prescribers, but only where there is a patient need and the doctor has agreed in a patient's CMP.

The training for supplementary prescribing is incorporated into Nurse and Pharmacist Independent Prescribing. Many HEIs are offering the supplementary prescribing elements of the course as multi-disciplinary training for nurses, pharmacists, and AHPs,

which the professions have found valuable. The exception is optometrists, who follow a programme more specific to the eye. All professional groups must register their supplementary prescribing qualification with their regulatory body before beginning to prescribe.

8. What is the situation with the supply and administration of Controlled Drugs?

Nurses can **supply** and **administer** some Controlled Drugs (CDs) under the terms of a PGD. PGDs can be used for the supply and administration of Schedule 4 and Schedule 5 Controlled Drugs – with the exception of anabolic steroids. In addition, but limited to nurses in accident and emergency departments and in coronary care units in hospitals, diamorphine can be supplied/administered for the treatment of cardiac pain.

Paramedics, chiropodists/podiatrists, orthoptists, physiotherapists and radiographers can supply and administer Schedule 4 and Schedule 5 CDs under the terms of a Patient Group Direction, with the exception of anabolic steroids,. Occupational therapists and prosthetists and orthotists were added to the list of those who can supply and administer Schedule 4 and 5 Controlled Drugs under a Patient Group Direction from July 2006.

9. What is the situation with the prescribing of Controlled Drugs independently?

Following agreement by the Home Office's Advisory Council on the Misuse of Drugs (ACMD), changes to regulations on 1 May 2006 enable nurse independent prescribing of some Controlled Drugs. Nurse Independent Prescribers can prescribe **13** Controlled Drugs independently, but only for specific medical conditions. These include diamorphine and morphine for palliative care and post-operative pain relief. A list of these Controlled Drugs and medical conditions is contained in the Drug Tariff (see part XVIIlbii) and from September 2006, also in the BNF. For further information visit www.ppa.org.uk and www.bnf.org.uk .

Nurse Independent Prescribers are also able to prescribe lower strength P and GSL medicines containing codeine phosphate and dihydrocodeine tartrate.

Pharmacists Independent Prescribers cannot at present prescribe any Controlled Drugs independently.

10. How do I choose the most appropriate option?

Separate legal requirements govern the prescribing, supply and administration of medicines. Decisions to adopt one process or a mix of the arrangements outlined above will be influenced by different clinical situations, and different staff groups. Before deciding to undertake, or encourage staff to attend, lengthy training courses, it is worth

checking which would be the most appropriate option in your particular circumstances. The summaries below can help with these decisions.

Nurse Independent Prescribing and Pharmacist Independent Prescribing is appropriate in the following circumstances:

- The nurse or pharmacist is competent to assess, diagnose and make treatment decisions for the patient
- For conditions that the nurse or pharmacist independent prescriber is competent to treat independently
- The nurse or pharmacist works remotely from a doctor, seeing patients independently

Nurse and Pharmacist Independent Prescribing is not suitable for prescribing for complex medical conditions or for patients with several co-morbidities.

Supplementary prescribing is most useful in the following circumstances:

- Patients with long-term conditions, who can be managed by a supplementary prescriber between reviews by the doctor
- The supplementary prescriber is competent to manage the patient's condition
- There is a close working partnership between the independent prescriber (doctor) and the supplementary prescriber, and the supplementary prescriber has access to the same common patient record.

Supplementary prescribing is not suited to emergency, urgent or acute prescribing situations because an agreed clinical management plan is needed before prescribing can begin.

Use of PGDs is appropriate in the following circumstances:

- The medicines to be given, and the circumstances under which they should be given, can be clearly defined in the written direction
- There are 'high volume' groups of patients who present for treatment, such as people needing vaccines, or 'routine' treatments such as eyedrops before clinical examination
- Medicines are to be supplied and administered by one of the registered health professionals allowed to use PGDs.

PGDs are not suitable where a range of different medicines needs to be given to the patient at the same time. They may only be used by a registered healthcare professional in one of the professions listed in section 3. Professionals work under PGDs as named individuals, and no delegation of the supply or administration of medicines is permissible.

Use of exemptions for supply and administration is most appropriate in the following circumstances:

- The health professional is delivering specific care within their area of expertise and the range of medicines specified in legislation meets patients' needs.

11. Who can administer medicines?

Any suitably trained member of staff in health or social care can administer medicines that have been prescribed, by an authorised prescriber, for an individual patient. The medicines can then only be given to that named patient. This principle applies to registered and non-registered staff at all levels. However, non-registered staff cannot administer medicines using a PGD, and cannot train to prescribe medicines.

12. What are the continued professional development requirements?

Nurse and Pharmacist Independent Prescribers and Supplementary Prescribers will be expected to keep up-to-date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of relevant medicines. For nurses, Continued Professional Development (CPD) should be incorporated into their personal practice profile, as evidence to renew their registration with the NMC. For pharmacists they will be required to demonstrate CPD in their area of prescribing practice. AHP registrants will have to meet the requirements of the Standards for CPD of the Health Professions Council (HPC). The National Prescribing Centre has developed outline frameworks for 'Maintaining Competency in Prescribing'.

CPD support is available from the National Prescribing Centre www.npc.co.uk.

Independent and Supplementary prescribing must be included in employing organisations, overall clinical governance framework, in order to ensure that nurses, pharmacists and AHPs practice safely and competently and within organisational requirements. Further guidelines can be found within the Implementation Guides for Independent and Supplementary prescribing at: www.dh.gov.uk/nonmedicalprescribing.

13. What is the next stage in the Department of Health non-medical prescribing programme?

The next stage of the project aims to:

- Implement and promote Nurse and Pharmacist Independent Prescribing
- Take forward a consultation on optometrist independent prescribing
- Refine the training framework for Pharmacist Independent Prescribing
- Consider the prescribing needs of new and emerging roles, in light of the impact of the Foster Review

Patient safety remains the paramount consideration in any further expansion of non-medical prescribing.

A high-level programme board, chaired by the Chief Nursing Officer, oversees the programme and a DH project team is responsible for delivery.

The NHS National Practitioner Programme projects and experience feed into this project team www.wise.nhs.uk

14. Who is involved in changing prescribing legislation?

The Commission on Human Medicines (CHM) (formerly Committee on Safety of Medicines) is an independent advisory committee, established under section 4 of the Medicines Act 1968. CHM advises the UK Licensing Authority on the quality, efficacy and safety of medicines in order to ensure that appropriate standards to safeguard public health and safety are met and maintained.

The Medicines and Healthcare products Regulatory Agency (MHRA) the Licensing Authority. It is an executive agency of the DH, responsible for ensuring that medicines and healthcare products meet appropriate standards of safety, quality, performance and effectiveness, and are used safely. Proposals to change medicines legislation are subject to statutory consultation and those consultations are arranged and undertaken by the MHRA, on occasions jointly with the DH. The MHRA provides information from the consultations to aid CHM in formulating its advice to Ministers. Once Ministers have reached their decision, any necessary amendments to medicines regulations are arranged by the MHRA.

The DH is responsible for any necessary amendments to NHS regulations arising from the extension of prescribing responsibilities.

The Home Office has responsibility for the prescribing of Controlled Drugs, under the terms of the Misuse of Drugs Act and Misuse of Drugs Regulations. The Home Office is advised by the Advisory Committee on the Misuse of Drugs (ACMD).

15. Where can I find further information?

Department of Health website

The DH website is regularly updated and has comprehensive information on all aspects of prescribing. A section on 'Non-Medical Prescribing' can be found in the 'Policy and guidance A-Z'. This includes "Improving Access to Medicines – the DH guide to implementation of nurse and pharmacists independent prescribing" April 2006. www.dh.gov.uk/nonmedicalprescribing

PRODIGY

PRODIGY guidance on common conditions and symptoms managed in primary care is available in a variety of formats. Full guidance provides concise information to support decision-making in the consultation and more detailed background information for use as a learning resource.

Quick reference guides summarise the key management options and link these to concise supporting information and prescription details.

PRODIGY Patient Information Leaflets (PILs) provide guidance for people who are not healthcare professionals and give an overview of the condition, side effects, advice on self-management, information on treatment options and sources of further help.

PRODIGY Drugs – lists the drugs recommended by PRODIGY, and links them to the condition and situation in which they are recommended.

www.prodigy.nhs.uk

Medicines and Healthcare products Regulatory Agency (MHRA)

The MHRA website contains information about the legal framework governing the prescribing, supply and administration of medicines.

www.mhra.gov.uk

Other useful websites

British National Formulary (BNF)

<http://bnf.org/bnf/>

Examples of Patient Group Directions (PGDs)

www.portal.nelm.nhs.uk

Medicines Partnership Programme

www.medicines-partnership.org

National Electronic Library for Health

www.nelh.nhs.uk

NHS Drug Tariff for England and Wales

http://www.ppa.org.uk/ppa/edt_intro.htm

NHS National Practitioner Programme

www.wise.nhs.uk

National Prescribing Centre

www.npc.co.uk

Nursing and Midwifery Council

www.nmc-uk.org

Prescribing news

www.nurse-prescriber.co.uk

Royal Pharmaceutical Society of Great Britain

www.rpsgb.org

16. Glossary of terms

Administration. Medicines legislation does not specifically address the issue of administration of medicines except where the product is for injection. Then it may only be:

- Self-administered
- Administered by a doctor or, subject to certain limitations, an independent nurse prescriber or supplementary prescriber
- Administered by anyone acting in accordance with the Patient Specific Directions of a doctor or, subject to certain limitations, an independent nurse prescriber or supplementary prescriber.

Non-registered staff in health and social care can administer medicines that are appropriately prescribed on a patient specific basis. However, the following principles apply:

- Registered health professionals, such as doctors and nurses, have a duty of care and are professionally and legally accountable for the care they provide, including those tasks they delegate to non-registered staff. If expecting non-registered staff to administer medicines, those delegating the duty must ensure that they are competent to do so safely. Non-registered staff are accountable for their own practice.
- The employing organisations have a legal duty of care and are responsible for ensuring that the staff they employ are properly trained and undertake only those responsibilities specified in agreed job descriptions.
- Non-registered staff **cannot** work under a Patient Group Direction

Legal Classification of Licensed Medicines

Prescription only medicine (POM)

POMs require a prescription to be written, usually by a doctor, dentist, nurse or other approved prescriber.

Pharmacy medicine (P)

P medicines can only be sold through a registered pharmacy under the personal supervision of a pharmacist i.e. the pharmacist needs to be present before a P medicine can be sold.

General Sales List medicine (GSL)

GSL medicines are deemed even safer than P medicines and can be sold in general shops as well as through pharmacies, albeit often in small quantities. All of the products are sold in manufacturers' original packs.

Over the counter medicine (OTC)

Not a legal classification but a generic term that covers both GSL and P medicines.

Patient Specific Directions or **Patient Group Directions** are the written instruction to supply and/or administer medicines or treatment (explained in detail in sections 2 and 3).

POM and **P** medicines can only be sold or supplied at registered pharmacy premises by or under the supervision of a pharmacist. **POMs** are subject to the additional requirement that they are sold or supplied in accordance with an appropriate practitioner's prescription. An 'appropriate practitioner' is a doctor, dentist, nurse independent prescriber, pharmacist independent prescriber or supplementary prescriber. **GSL** medicines can be sold from a wider range of premises, such as supermarkets, provided those premises can be closed to exclude the public (i.e. they are lockable) and the medicines are prepacked. There are, however, a number of exemptions from these restrictions. For further information visit www.mhra.gov.uk.

Prescribing means ordering the use of a medicine or other treatment.

Repeat Prescribing. The National Prescribing Centre has produced guidance and a resource of repeat prescribing, *Saving time, helping patients: A good practice guide to quality repeat prescribing*, available on the NPC Publications section of the NPC website at www.npc.co.uk.

Sale, Supply and Administration of Medicines. One of the responsibilities of the MHRA is to enforce the provisions of the Medicines Act 1968 and associated secondary legislation. The law regulates the sale, supply and administration of all medicines available in the UK. Each medicine is assigned to one of three legal categories – prescription only medicine (POM), pharmacy (P) or general sales list (GSL). These classifications determine how medicines can be supplied to the public.

Appendix: Prescribing, supply and administration of medicines

| Health Professional | Independent Prescribing | Supplementary Prescribing | Able to supply or administer under Patient Group Directions? | Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order] | Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order] | Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order] |
|---------------------|-------------------------|---------------------------|--|--|---|---|
| Doctor | YES | N/A | N/A | N/A | N/A | N/A |
| Dentist | YES | N/A | N/A | N/A | N/A | N/A |
| Pharmacist | YES | YES | YES | (1) In relation to opticians (see below) (2) sale or supply of amyl nitrate to those to whom cyanide salts may be sold for purpose of antidote to cyanide poisoning | N/A | N/A |
| Nurse | YES | YES | YES | N/A | YES if in the course of an occupational health scheme | YES if in the course of an occupational health scheme |

| Health Professional | Independent Prescribing | Supplementary Prescribing | Able to supply or administer under Patient Group Directions? | Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order] | Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order] | Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order] |
|---------------------|--|---------------------------|--|---|---|---|
| Midwife | YES - if Nurse Independent Prescriber | YES | YES | <p>Sale or supply of POMs containing any of the following substances-</p> <ul style="list-style-type: none"> *Chloral hydrate *Ergometrine maleate *Pentazocine hydrochloride *Triclofos sodium. <p>Sale or supply only in the course of their professional practice and in the case of Ergometrine maleate only when contained in a medicinal product which is not for parenteral administration</p> | N/A | <p>POMs containing any of the following substances but no other POM substance:</p> <ul style="list-style-type: none"> *Diamorphine *Ergometrine maleate *Lignocaine *Lignocaine hydrochloride *Morphine *Naloxone hydrochloride *Oxytocins, natural and synthetic *Pentazocine lactate *Pethidine hydrochloride *Phytomenadione *Promazine hydrochloride. <p>The administration shall be only in the course of their professional practice and in the case of Promazine hydrochloride, Lignocaine and Lignocaine hydrochloride shall be only while attending on a woman in childbirth.</p> |

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| Health Professional | Independent Prescribing | Supplementary Prescribing | Able to supply or administer under Patient Group Directions? | Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order] | Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order] | Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order] |
|---------------------|-------------------------|---------------------------|--|---|---|---|
| Optometrist | NO | YES | YES | POMs which are not for parenteral administration and which- (a) are eyes drops and are POMs by reason only that they contain not more than 0.5% Chloramphenicol, or (b) are eye ointments and are POMs by reason only that they contain not more than 1% Chloramphenicol, or (c) are POMs by reason only that they contain any of the following substances: *Atropine sulphate *Bethanecol chloride *Carbachol *Cyclopentolate hydrochloride *Homatropine hydrobromide *Naphazoline hydrochloride *Naphazoline nitrate *Physostigmine salicylate *Physostigmine | N/A | N/A |

| | | | | | | |
|--|--|--|--|---|--|--|
| | | | | <p>sulphate *Pilocarpine hydrochloride *Pilocarpine nitrate *Tropicamide</p> <p>Sale or supply shall be only- (a) in the course of their professional practice and (b) in an emergency.</p> | | |
|--|--|--|--|---|--|--|

| Health Professional | Independent Prescribing | Supplementary Prescribing | Able to supply or administer under Patient Group Directions? | Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order] | Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order] | Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order] |
|---------------------------------------|--------------------------------|----------------------------------|---|---|--|--|
| Arts Therapists | NO | NO | NO | NO | NO | NO |
| Dieticians | NO | NO | YES | NO | NO | NO |
| Orthoptists | NO | NO | YES | NO | NO | NO |
| Prosthetists and Orthotists | NO | NO | YES | NO | NO | NO |
| Physiotherapists | NO | YES | YES | NO | NO | NO |
| Radiographers | NO | YES | YES | NO | NO | NO |
| Speech and Language Therapists | NO | NO | YES | NO | NO | NO |
| Occupational Therapists | NO | NO | YES | NO | NO | NO |

| Health Professional | Independent Prescribing | Supplementary Prescribing | Able to supply or administer under Patient Group Directions? | Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order] | Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order] | Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order] |
|-------------------------------|-------------------------|---------------------------|--|--|---|---|
| Chiropractors and Podiatrists | NO | YES | YES | <p>Sale or supply of</p> <ul style="list-style-type: none"> * Co-dydramol 10/500 tablets; * Amorolfine hydrochloride cream where the maximum strength of the Amorolfine in the cream does not exceed 0.25% by weight in weight; * Amorolfine hydrochloride lacquer where the maximum strength of the Amorolfine in the lacquer does not exceed 5% by weight in volume; and * Topical hydrocortisone where the maximum strength of the hydrocortisone in the medicinal product does not exceed 1% by weight in weight. <p>The sale or supply shall be only in the course of their professional practice</p> | N/A | <p>POMs for parenteral administration that contain, as the sole active ingredient, not more than one of the following substances-</p> <ul style="list-style-type: none"> *Bupivacaine hydrochloride * Lignocaine hydrochloride * Prilocaine hydrochloride. <p>The administration shall be only in the course of their professional practice.</p> |

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| | | | | and (a) in the case of Codydramol 10/500 tablets the quantity sold or supplied to a person at any one time shall not exceed the amount sufficient for 3 days' treatment to a maximum of 24 tablets. | | |
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| Health Professional | Independent Prescribing | Supplementary Prescribing | Able to supply or administer under Patient Group Directions? | Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order] | Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order] | Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order] |
|---------------------|-------------------------|---------------------------|--|--|---|---|
| Paramedics | NO | NO | YES | N/A | N/A | <p>The following POMs for parenteral administration-</p> <p>(a) Diazepam 5 mg per ml emulsion for injection;</p> <p>(b) Succinylated Modified Fluid Gelatin 4 per cent intravenous infusion;</p> <p>(c) prescription only medicines containing one or more of the following substances, but no active ingredient-</p> <ul style="list-style-type: none"> *Adrenaline Acid Tartrate, *Amiodarone *Anhydrous Glucose *Benzylpenicillin *Bretylum Tosylate *Compound Sodium Lactate Intravenous Infusion (Hartmann's Solution) *Ergometrine Maleate *Frusemide *Glucose *Heparin Sodium *Lignocaine Hydrochloride *Metoclopramide *Morphine Sulphate, *Nalbuphine Hydrochloride *Naloxone Hydrochloride *Polygeline * Reteplase ** *Sodium Bicarbonate |

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| | | | | | | <p>*Sodium Chloride *Streptokinase *Tenecteplase **</p> <p>The administration shall be only for the immediate, necessary treatment of sick or injured persons and in the case of a POM containing Heparin Sodium shall be only for the purpose of cannula flushing.</p> <p>** from 18 May 2004. Also current proposal to add amiodarone</p> |
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