

Information paper

Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the safe use of medicines. (3rd Edition)

reference PD026

issuing function Practice and Development

date of issue Oct 2016

Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the safe use of medicines

Introduction	4
Background.....	6
Administration Framework.....	6
Supply and Administration Frameworks	6
Prescribing Frameworks.....	7
Categories of Medicine.....	7
Types of physiotherapist prescribing	10
Standards for prescribing	10
The scope of physiotherapy prescribing	10
Scope of practice and competency in prescribing	11
SECTION 1 – PRINCIPLES OF GOOD PRESCRIBING PRACTICE	13
Practice Guidance 1: License to prescribe	13
Practice Guidance 2: Accountability	14
Practice Guidance 3: Assessment.....	14
Practice Guidance 4: Clinical Need	16
Practice Guidance 5: Consent.....	17
Practice Guidance 6: Communication	18
Practice Guidance 7: Record Keeping.....	19
Practice Guidance 8: Evidence based prescribing / Prescribing in the patient’s best interests.....	19
Practice Guidance 9: Delegation	20
Practice Guidance 10: Information given to patients about their medicines	21
Practice Guidance 11: Clinical Management Plans.....	22

Practice Guidance 12: Transcribing.....	23
Practice Guidance 13: Electronic Prescribing.....	23
Practice Guidance 14: Writing NHS prescriptions	24
Practice Guidance 15: Writing private prescriptions	25
Practice Guidance 16: Reviewing Prescriptions	26
Practice Guidance 17: Repeat Prescriptions	26
SECTION 2 – SPECIAL PRESCRIBING CIRCUMSTANCES	27
Practice Guidance 18: Family, Friends and close Colleagues.....	27
Practice Guidance 19: Children.....	28
Practice Guidance 20: Unlicensed medicines	28
Practice Guidance 21: Mixing of Medicines.....	29
Practice Guidance 22: Off-label use of medicines.....	29
Practice Guidance 23: Remote Prescribing.....	30
Practice Guidance 24: Prescribing on the recommendation and/or at the request of others.....	31
Practice Guidance 25: Use of patient’s own medicinal products	31
Practice Guidance 26: Working and/or travelling with sports teams and/or organisations	32
Practice Guidance 27: Controlled Drugs	34
Practice Guidance 28: Simultaneous Prescribing and Administration	36
SECTION 3 – MEDICINES GOVERNANCE.....	38
Practice Guidance 29: Instructions for supplying and/or administration	38
Practice Guidance 30: Dispensing	39
Practice Guidance 31: Storage.....	40
Practice Guidance 32: Transportation	40
Practice Guidance 33: Disposal	40
Practice Guidance 34: Error Reporting.....	41
Practice Guidance 35: Reporting Unexpected Effects and Adverse Reactions	41
Practice Guidance 36: Access to supplies/stocks of medicines	41

Practice Guidance 37: Complementary, Herbal and Homeopathic products.	42
SECTION 4 – CLINICAL GOVERNANCE	44
Practice Guidance 38: Governance Structures	44
Practice Guidance 39: Clinical Audit	44
Practice Guidance 40: Prescribing Analysis	45
Practice Guidance 41: Learning from incidents and errors	45
Practice Guidance 42: Risk Management	46
Practice Guidance 43: Continuing Professional Development	46
Practice Guidance 44: Poor Performance	46
Practice Guidance 45: Safety of NHS Prescription Pads	47
Practice Guidance 46: Links with Pharmaceutical Companies / Conflict of interest	47
Practice Guidance 47: Gifts and Benefits	48
Practice Guidance 48: NHS/ Private Practice Prescribing boundaries	48
Practice Guidance 49: Checking Registrations and Annotations	48
Glossary	50
Acknowledgements	58

Introduction

This 3rd edition incorporates minor revisions and updates. Independent prescribing by physiotherapists is in place across the whole of the United Kingdom. Limited prescribing of seven controlled drugs is in place in Great Britain, with Northern Ireland considering its future developments in this area.

This Practice Guidance provides information which should underpin the decision-making and actions of physiotherapists who are annotated with the Health and Care Professions Council (HCPC) either as independent and/or supplementary prescribers.

This document is 'guidance'. 'Guidance' is information which a physiotherapist has a duty to consider and is expected to take into account as part of their decision making process. This document provides advice on the behaviours and conduct expected of physiotherapists who are annotated on the HCPC register as a Supplementary and/or Independent prescriber. 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 order.

If a physiotherapist 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 Chartered Society of Physiotherapy (CSP), 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 physiotherapist prescriber will be expected to justify any decision to act outside the terms of this guidance, and in particular if the physiotherapist-prescriber 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 individual 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 physiotherapists outside of the UK and therefore a physiotherapist permitted to independently and/or supplementary prescribe in the UK cannot perform this activity outside of UK jurisdiction.

Changes in this 3rd Edition:

- Reference to NICE Guidance NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes
- Re-numbered from Practice Guidance 21 onwards for clarity.
- Minor changes to Practice Guidance in this edition are marked by a * next to the Practice Guidance number and occur at:
 - 5.1 and 10.1,10.2 (consent requirements)
 - 21.5 (mixing)
 - 26.9-26.11 and 36.3, 36.4, 36.5 (wholesale supplies/stocks)
 - 44.2 – (duty of candour)
 - 49.4 (DBS checks)

Background

Physiotherapist prescribers must understand the various medicines frameworks available to them. Three different pieces of law control the use of medicines in the UK and these laws overlap. Physiotherapists need to be aware of this because some medicines that they use in practice will be controlled by all three pieces of law.

The Human Medicines Regulations 2012 controls the use of all products defined as medicines, the frameworks for their use and those professions which are authorised prescribers.

The Misuse of Drugs Act 1971 controls all substances, not just medicines that are considered to be open to abuse and dangerous. These substances are collectively referred to as 'controlled drugs'.

The Misuse of Drugs Regulations 2001 categorises controlled drugs to ensure that patients who require controlled drugs for prescribed medical needs can have access to them under special prescribing controls known as 'scheduling'.

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 physiotherapist 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 physiotherapist. A senior doctor and a senior pharmacist, in conjunction with the physiotherapists 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 physiotherapist 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 no Exemptions that apply to physiotherapists.

Prescribing Frameworks

Supplementary Prescribing. This allows a physiotherapist to prescribe in partnership with a doctor or dentist, as well as supply and administer medicines to individual named patients. The medicines to be used must be defined in writing within a Clinical Management Plan 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 only 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 physiotherapist to autonomously prescribe, as well as supply and administer medicines to individual named patients appropriate to the needs of the named patient. The legislation for non-medical independent prescribing is different in places to that for medical prescribing, therefore doctors and non-medical independent prescribers may not be directly comparable with each other. Physiotherapist independent prescribing can be used to prescribe any licensed medicines, mixed medicines and a limited list of seven controlled drugs

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 ‘over-the-counter’ (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
- 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 written¹ Clinical Management Plan (CMP) - (nurse, pharmacist, midwife, podiatrist, physiotherapist, radiographer, optometrist)

A physiotherapist who is annotated on the Health and Care Professions Council (HCPC) register as a Supplementary Prescriber may only prescribe POMs under a

¹ The term ‘Clinical Management Plan’ is defined in law by Regulation 215 and Schedule 14 of The Human Medicines Regulations.

written Clinical Management Plan (CMP). Those annotated as both an independent and supplementary prescriber may use both frameworks.

POMs are restricted to those patients that a health professional has identified as an appropriate recipient. Regulations require that POMs may not be advertised to the general 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

A controlled drug is a substance that is regulated by both the *Misuse of Drugs Act* and *The Misuse of Drugs Regulations* because it is known to be particularly dangerous or open to abuse. Some medicines that physiotherapists prescribe and/or administer in their practice will be regulated as 'controlled drugs' and will have additional controls in place to monitor their use.

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. Drugs are grouped into a 'Class' - either A, B or C according to their risk level, with Class A substances the most dangerous. The 'class' of a drug mainly affects the severity of the penalty for misuse of the drug. The 'class' system does not have a practical relevance in clinical practice, but is useful background information.

The Misuse of Drugs Regulations 2001 permits the use of controlled drugs in healthcare. It uses a grouping system to reflect the different restrictions that apply to the prescription and monitoring of controlled drugs used for medical purposes. Drugs are grouped into a 'Schedule' - either 1,2,3,4 or 5, with Schedule 1 having the tightest controls.

A physiotherapist who is annotated on the HCPC register as a Supplementary Prescriber may prescribe controlled drugs under a written Clinical Management Plan. A physiotherapist who is annotated as an independent prescriber may prescribe from a limited list of seven controlled drugs:

- Temazepam (oral)
- Lorazepam (oral)
- Diazepam (oral)
- Dihydrocodeine (oral)
- Morphine (oral and/or injectable)
- Fentanyl (transdermal)
- Oxycodone (oral)

Types of physiotherapist prescribing

Appropriately qualified physiotherapists who are registered with the HCPC may apply to have their HCPC entry annotated to describe their status as a prescriber once they have completed an approved non-medical prescribing course. For the foreseeable future the HCPC will annotate the SP and IP qualifications separately.

Pre- August 2013, physiotherapists only qualified as supplementary prescribers and are annotated as SP only. A supplementary prescriber can only prescribe under a Clinical Management Plan, they cannot prescribe independently. Supplementary prescribers are currently able to undertake a short conversion course to add IP to their annotation.

From August 2013, physiotherapists qualify as both independent and supplementary prescribers and have a dual SP/IP annotation.

Standards for prescribing

The HCPC define the standards of proficiency that are required for prescribing by physiotherapists. The standards include the proficiencies required to prescribe safely and effectively. These proficiencies are in addition to the proficiencies that apply to non-prescribing physiotherapy practise.

<http://www.hcpc-uk.org.uk/publications/standards/index.asp?id=692>

The scope of physiotherapy prescribing

The purpose of individual physiotherapist-prescribing is to support and enhance the delivery of tailored physiotherapy interventions to patients that are aimed at addressing the health and well-being needs of individuals and groups related to movement, physical performance and human functioning in their widest sense, or to support the delivery of care pathways that can be effectively delivered by a physiotherapist.

Physiotherapist prescribers should not be asked to prescribe for patients to make up for short-falls in other professional prescribing groups.

Physiotherapy as a profession covers a very broad and diverse range of specialties, and therefore prescribing may be required by a physiotherapist working in any of these specialist areas. For example, there may be a need for a physiotherapist to prescribe in neurological rehabilitation, musculoskeletal pain management, women's health services, elderly care etc. Individual physiotherapists who develop specialist expertise tend to do so in one area of clinical practice only. Therefore whilst the

prescribing activity of the profession as a whole may appear broad and diverse, the individual activities of any given prescribing physiotherapist will be focused only within their chosen specialist area of practice.

Physiotherapists are not permitted to prescribe medicines for animals.

The scope of independent prescribing practice by physiotherapists is:

“The physiotherapist independent prescriber may prescribe any licensed medicine from the BNF, within national and local guidelines for any condition within the practitioner’s area of expertise and competence within the overarching framework of human movement, performance and function. They may also mix medicines prior to administration and may prescribe from a restricted list of controlled drugs as set out in Regulations.”

This means physiotherapists cannot prescribe medicines for cosmetic purposes.

Scope of practice and competency in prescribing

Medicines use and prescribing activity is fully accepted as being within the overall scope of the profession as a whole. It will be part of an individual’s scope of practice subject to appropriate education, training and competence in prescribing activities.

The post-registration educational programme in prescribing ensures physiotherapists are equipped with the principles of prescribing to enable them to be safe, effective and cost-effective prescribers. Physiotherapist 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. Physiotherapist prescribers must only prescribe within their scope of practice and understand that if they change clinical areas they will require a period of training before they are competent to prescribe in a new area of practice.

An individual’s scope of physiotherapy practice must fall within the overall scope of the profession; therefore an individual’s physiotherapy-prescribing practice must fall within the overall prescribing scope of the profession. At the current time, prescribing is not permitted by physiotherapists outside of the UK and therefore a physiotherapist permitted to independently prescribe in the UK cannot perform this activity outside of UK jurisdiction.

Prescribers must have sufficient education, training and competence to:

- Assess a patient’s clinical condition
- Undertake a thorough history, including medical history and medication history (including over-the-counter 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, benefit and outcomes of the medication
- Prescribe if the patient agrees
- Monitor the patient's condition, including any response to the medication prescribed
- Give lifestyle advice as appropriate
- Refer to other professionals if necessary

Prescribing is a professional skill that applies equally to all professions who undertake such responsibility. Physiotherapists should be familiar with the **NICE Guidance NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes**

<http://www.nice.org.uk/guidance/ng5>

SECTION 1 – PRINCIPLES OF GOOD PRESCRIBING PRACTICE

This section provides guidance on good prescribing practice. Having achieved the competencies for prescribing, physiotherapists are expected to follow this advice in their practice. The guidance provided in this document applies to *all* settings in which a physiotherapist may prescribe – within the NHS, private practice, prison service, armed forces, sporting settings or any other health and social care sector.

The CSP considers it good practice, that where physiotherapists are employed, that the employing organisation signs off all protocols and procedures. Where possible physiotherapist prescribers should follow organizational-level policies and procedures and should only create local department level procedures where no national or organizational policy or procedure is in existence.

Practice Guidance 1: License to prescribe

- 1.1 You must only prescribe once you have successfully completed an HCPC approved prescribing programme, and had your entry on the register of the Health Professions Council annotated to show your prescribing status as a supplementary and/or independent prescriber.
- 1.2 You should comply with this Practice Guidance, other guidance issued by the CSP, 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.
- 1.3 You must only prescribe within your own defined scope of practice and clinical specialty.
- 1.4 You must understand which legal framework you are using to supply and administer and/or prescribe medicines, understand which types of medicine you are permitted to prescribe within that framework and ensure that those to whom you delegate aspects of supply/administration are aware of which framework your instruction is given under.

Practice Guidance 2: Accountability

- 2.1 You are professionally accountable for your own prescribing decisions, including actions and omissions. You cannot delegate this accountability to any other person nor can any other person accept accountability on your behalf for your actions. As an independent prescriber you are wholly responsible for all aspects of the prescribing process. As a supplementary prescriber you are wholly responsible for your decision to prescribe or use the medicines listed within the written CMP. The decision to include medicines in a CMP may be shared between you and the medical prescriber.
- 2.2 You must only prescribe within your level of education, training and competence, acting in accordance with the HCPC's Standards of Proficiency, the CSP's Code of Professional Values and Behaviours and Standards of Physiotherapy Practice.
- 2.3 If you move to another area of practice you may need to undertake further training in order to establish your competency to prescribe in your new clinical specialty.
- 2.4 You must inform anyone who needs to know about any limitations to your prescribing practice. In particular, other practitioners with dispensing responsibilities. For example, your employer may operate a specific prescribing formulary and may not allow you to prescribe outside of this formulary. This restricted formulary would only apply to your NHS practice for that employer.
- 2.5 You must also inform the relevant authorities if you have any formal regulatory restrictions placed on your prescribing activity, for example, if the HCPC forbids you to prescribe controlled drugs.

Practice Guidance 3: Assessment

- 3.1 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, where possible, accessing a full clinical record including medication and allergy history.

- 3.2 You must prescribe only where you have relevant knowledge of the patient's health and medical history commensurate with the prescribing decisions you are taking.
- 3.3 You must ensure you have considered the patient's current medication and any potential interactions with other medicines.
- 3.4 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.
- 3.5 You should ensure you consider the effects of your patient's lifestyle which may affect the safety of the medicines you prescribe. This will include:
- The effects of smoking, caffeine, alcohol
 - The effects of 'recreational' or 'street' drugs or those used to enhance physical or sporting performance
 - The effects of over-the-counter medicines including herbal preparations
- 3.6 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 to be made in order to assist your prescribing decisions. These may include:
- Blood haematology
 - Blood biochemistry tests e.g. liver, thyroid and/or kidney function
 - Radiological investigations
- 3.7 You may be asked to assess and prescribe in out-of-hours or on-call² settings. You must 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 which leads to a diagnosis.

² If you are on-call, the patients 'under your care' are the patient population for whom you are on-call for, for the duration of your on-call period.

Practice Guidance 4: Clinical Need

- 4.1 You must only prescribe where you have assessed the patient and there is a genuine clinical need for the prescription of medicines.
- 4.2 You must 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 withdrawal from medication at their choice. Any withdrawal from medicines needs to be planned in partnership with the patient and take place over an agreed time period.
- 4.3 You should never prescribe for your own convenience, or simply because a patient demands that you do.
- 4.4 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
 - Satisfy yourself that the patient understands how to take the medicine as prescribed
- 4.5 You must only prescribe for patients who are part of your own caseload or under your own care. You should not prescribe for patients simply because you are the only prescriber available.

Practice Guidance 5: Consent

- 5.1* You must explain your role as a non-medical prescriber 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. Your patient must be actively involved in the information exchange and must be provided with the information that they ask for, given in a manner they can understand³.
- 5.2 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.
- 5.3 You must act in accordance with Department of Health, CSP and employer guidance on the obtaining and documenting of consent.
- 5.4 You must clearly explain to a patient if you will be prescribing unlicensed medicines or using a medicine in a way not specified within the Summary of Product Characteristics. 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.
- 5.5 The patient should be provided with any relevant Patient Information Leaflet (PIL) about the medicine you propose to prescribe, if appropriate, in order to assist them in making an appropriate decision. In in-patient settings where a PIL may not be routinely supplied, patients can request such information if they wish and should be supplied with the information they require.
- 5.6 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.

³ Montgomery v Lanarkshire Health Board [2015] UKSC 11

Practice Guidance 6: Communication

- 6.1 You must communicate, using the most appropriate media, effectively with other practitioners involved in the care of the patient. This includes communication across NHS-private practice boundaries where necessary. You must refer the patient to another prescriber when it is necessary to do so.
- 6.2 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.
- 6.3 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-private practice boundaries where it is necessary to ensure that clinicians have appropriate information to inform their prescribing practice.
- 6.4 You must make it clear to the patient that prescribing activity cannot be undertaken in isolation. You should inform anyone else who may be in a position to prescribe for that patient of your actions to avoid prescribing errors. This is most likely to be the patient's general medical practitioner, but may also include other health and social care professionals. If the patient refuses to consent to you sharing such information you must offer an explanation of the risks of not doing so. If the patient continues to refuse to give consent, you must consider which course of action, including not to prescribe, would be in the best interests of the patient. This must be documented in their records.
- 6.5 You must know what medication the patient is currently taking including Over-The-Counter and herbal preparations before prescribing new medicines and you must take steps to ensure you have access to the primary source of prescribing information, which is likely to be the GP record.

Practice Guidance 7: Record Keeping

- 7.1 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) must occur at the time of contact with the patient in order to ensure contemporaneous activity is captured in the clinical record.
- 7.2 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.
- 7.3 In supplementary prescribing, the doctor/dentist and supplementary prescriber must share access to, consult and, wherever possible, use the same common patient record.
- 7.4 Records should include the prescription details, together with relevant details of the consultation with the patient.
- 7.5 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.

Practice Guidance 8: Evidence based prescribing / Prescribing in the patient's best interests

- 8.1 You should ensure that your prescribing practice is appropriate, responsible and in the patient's best interests. Every medicine that is prescribable will have an evidence base recommending its use and you should be aware of the current evidence supporting the use of a given medicine.

- 8.2 You should prescribe according to the available evidence base. Evidence based prescribing involves the application of the best available evidence when making prescribing decisions. Reference to the evidence base can minimize the risk of adverse drug reactions and ensure the most appropriate medicine is chosen for a patient's needs.
- 8.3 You should use national sources of evidence as your primary source of evidence-based prescribing. Where you can clearly demonstrate that a national source of evidence is not available, then locally agreed practice based evidence or protocols should be followed.
- 8.5 You must ensure your prescribing is appropriate and responsible by ensuring you
- are familiar with the current national sources of evidence for the medicine
 - 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.
 - 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 and weight.

Practice Guidance 9: Delegation

- 9.1 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 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 instructions⁴. You are not accountable for the outcome of an action performed by another person.

⁴ In in-patient settings within corporate structures it is assumed that suitable governance arrangements will be in place to monitor the competence of staff to whom you delegate administration of medicines, even if you do not know the personal identity of that person. An example of this would be where you write a prescription on a hospital drug chart and the medicine is administered by a succession of nurses during subsequent shifts.

- 9.2 You must not delegate the administration of any medicine that is to be supplied under a PGD. Medicines listed within a PGD can only be administered by the registered health professionals named on the PGD.
- 9.3 When delegating the administration of a medicine to someone else you should record in an appropriate record the name and profession that you delegated the administration to, what you have asked them to administer and how you have asked them to administer it.
- 9.4 Where this information 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

- 10.1* Patients, or those authorizing treatment on behalf of the patient, should be given ***all the information they ask for*** 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 the medicine works
 - How long to take the medicine for
 - How to stop taking the medicine
- 10.2* Information provided must be appropriate to the patient's levels of understanding. Your patient must be actively involved in the information exchange and must be provided with the information that they ask for, given in a manner they can understand⁵.
- 10.3 Where practicable you should support information given to your patients in writing.
- 10.4 You should tell the patient that their medicine will come supplied with a manufacturer Patient Information Leaflet (PIL) which will give them additional information. In in-patient settings where the PIL is not routinely supplied, patient's can request such information if they wish.

⁵ Montgomery v Lanarkshire Health Board [2015] UKSC 11

- 10.5 You must inform the patient if you propose to prescribe or use any medicine that is unlicensed (including the use of 'mixed' medicines), where there is little research or other evidence of current practice to support your proposed use of the medicine, or where the use of the medicine is innovative.

Practice Guidance 11: Clinical Management Plans

- 11.1 If you are prescribing as a Supplementary Prescriber you must prescribe in accordance with a patient's individual written clinical management plan (CMP). For a CMP to be legally valid, the independent prescriber must only be a doctor or a dentist.
- 11.2 Where standard written CMPs are in place as a starting point, you must tailor them to reflect the individual patient's personal, medical and medicines history. The CMP must be agreed with you by a medical prescriber, and with the consent of the patient, before supplementary prescribing begins. This could be in the form of a signature, or for an electronic record, a recordable indication of agreement.
- 11.3 The supplementary prescriber and independent prescriber may agree to modify a CMP in the light of a patient's changing needs, and may also decide to terminate the use of a CMP if it is no longer appropriate. The supplementary prescriber should always refer back to the independent prescriber if the patient's condition changes such that the current CMP is no longer appropriate.
- 11.4 Within supplementary prescribing you must never prescribe medicines in the absence of a written clinical management plan which has been agreed with the independent prescriber and with the consent of the patient. The independent prescriber may agree verbally to a CMP providing that it is confirmed by fax or secure email in writing **before** prescribing occurs, and is formally recorded within two working days.
- 11.6 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

- 12.1 In some circumstances you may be asked to transfer medicines information from one document to another, a process known as transcribing. Transcribing should not be a routine or regular occurrence. If you transcribe, you are accountable for your actions and omissions and this will include any errors you make in transferring the information from one document to another.
- 12.3 You should satisfy yourself that transcribing is a necessary activity that cannot be eliminated by reviewing and improving the care pathway. If transcribing must occur, you should ensure that the activity meets local clinical governance requirements.
- 12.4 Any transcription must include
- Patient's full name
 - Date of birth
 - Name of medicine
 - Drug dosage, strength, timing, frequency and route of administration.

Practice Guidance 13: Electronic Prescribing

- 13.1 If you prescribe using e-Prescribing software you must also be using a compatible electronic clinical record software package that allows your prescribing activities to be referenced and cross-checked 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 must be linked to the clinical record.
- 13.2 You may prescribe via computer-generated prescriptions providing the necessary software is available.
- 13.3 A traceable audit trail of your prescribing actions must be maintained.
- 13.4 You must never print off blank prescriptions in advance and then store them for future use.

Practice Guidance 14: Writing NHS prescriptions

- 14.1 In order to write an NHS prescription, the medicine must be permitted to be prescribed at NHS expense. You should check the BNF if you are not sure if a medicine is available on the NHS. If a medicine is not available at NHS expense, it can only be prescribed against a private prescription.
- 14.2 Your written prescription must contain the information required by law such as:
- 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
 - The name and address of the patient
 - The age of the patient if they are under 12 years old
- 14.3 The names of the medicines must be written clearly using approved names only. You must not use abbreviations in the name of the medicine.
- 14.4 A non-repeat prescription is valid for six months after the date of signing, however you should ensure that the medicines prescribed are appropriate for the patient's needs as you have assessed them, therefore the reasons for any significant delay between assessment and prescription dispensing should be documented.
- 14.5 You must only write prescriptions for your NHS patients on an in-patient drug chart, an in-patient hospital discharge and/or clinic letter, an in-patient TTO form, or an FP10 for out-patients. You must only use the FP10's that have been issued specifically to you for your NHS practice and that show your name and HCPC registration number on them. All the details listed in section 14.2 must be included.
- 14.6 You must never tamper with an existing prescriber's details on a prescription form or add your own prescribing details.
- 14.7 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.

- 14.8 You must never sign a blank prescription form in advance and then store them for future use.
- 14.9 If you are prescribing Controlled Drugs this must be in accordance with current provisions of the relevant Regulations.

Practice Guidance 15: Writing private prescriptions

- 15.1 You may write a private prescription for a patient who is receiving non-NHS care. 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.
- 15.2 A private prescription 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
 - The name and address of the patient
 - The age of the patient if they are under 12 years old
- 15.3 The names of the medicines must be written clearly using approved names only. You must not use abbreviations in the name of the medicine.
- 15.4 NHS prescription forms (FP10's) 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 which are subsequently to be administered as part of private healthcare provision.

Practice Guidance 16: Reviewing Prescriptions

- 16.1 You should review a patient's medication regularly and in particular when you are starting a new medication, stopping a medication or changing a dose of a current medication.

Practice Guidance 17: Repeat Prescriptions

- 17.1 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.
- 17.2 If you issue repeat prescriptions you must 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 should ensure the correct dose is prescribed for medicines where the dose varies according to the stage of the treatment.

SECTION 2 – SPECIAL PRESCRIBING CIRCUMSTANCES

Practice Guidance 18: Family, Friends and close Colleagues.

- 18.1 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.
- 18.2 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 on your caseload as your patient. If you are employed you must check your employer's policy on whether you are permitted to treat family, friends and colleagues.
- 18.3 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
 - The treatment is immediately necessary to save life, avoid serious deterioration in their health and well-being or alleviate otherwise uncontrollable pain.
- 18.4 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
- 18.5 You must be able to justify your decisions to prescribe for those close to you. You must record the nature of your relationship and the special circumstances that necessitated your action of prescribing for family and friends.

Practice Guidance 19: Children

- 19.1 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 must recognise the unique implications of prescribing for children and young people. Caution should also be taken when prescribing for pregnant and lactating women.
- 19.3 You should make reference to relevant documents that address medicine management issues in paediatrics.

Practice Guidance 20: Unlicensed medicines

- 20.1 A medicine is classified as unlicensed if it does not hold a UK Marketing Authorization issued by the MHRA. If you are a physiotherapist 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 of 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.
 - You must clearly explain to a patient if you will be prescribing unlicensed medicine.
- 20.2 A physiotherapist independent prescriber must only prescribe licensed medicines listed within the BNF. You must not prescribe unlicensed medicines.
- 20.3 You must not supply and/or administer unlicensed medicines using a PGD or any other written protocol.

Practice Guidance 21: Mixing of Medicines

- 21.1 Medicines are rendered unlicensed if they are mixed together prior to administration. The law defines 'mixing' as the combination of two or more licensed medicines together for the purposes of administering them to an individual patient. If you are a physiotherapist independent prescriber you may mix medicines prior to administration.
- 21.2 If you are a physiotherapist Supplementary Prescriber you may mix medicines that are defined within a written CMP.
- 21.3 You must not supply and/or administer mixed medicines to a patient using a PGD or any other written protocol.
- 21.4 A PSD can give an instruction to mix medicines prior to administration to a named individual patient.
- 21.5* You must not mix controlled drugs prior to administration to the patient.

Practice Guidance 22: Off-label use of medicines

- 22.1 An off-label medicine does not hold a UK Marketing Authorization issued by the MHRA, but is used in a way that is not described within the medicine's Summary of Product Characteristics.
- 22.2 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 must:
 - 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
 - You should explain to a patient in broad terms why you are using the medicine in an off-label way.
 - You should make a clear, accurate and legible record of your reasons for using a medicine in an off-label manner.

22.3 Pharmaceutical companies do not usually test their medicines on children and consequently cannot apply their Marketing Authorisations for their products to use in children. It is often necessary in paediatric practice to use licensed medicines in off-label ways. You must consult the BNF for Children before prescribing for children.

22.4 You may supply and/or administer off-label medicines using a PGD.

Practice Guidance 23: Remote Prescribing

23.1 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. You should only remote-prescribe for your own patients or patients on your own case-load. 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 care record holder is informed.
- Ensure that the patient has 'sufficient information' to make an informed choice to accept your recommendation.

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

- 23.3 Where a medicine has not been prescribed before, you should not prescribe remotely if you have not assessed the patient, except in life-threatening situations.

Practice Guidance 24: Prescribing on the recommendation and/or at the request of others

- 24.1 You should only prescribe for patients on your own caseload / under your overall care. You must not prescribe for any patients upon whom you have not undertaken an appropriate assessment. You must not prescribe for a patient unknown to you simply because you are the only prescriber available except in an absolute emergency where the patient's life is in imminent danger.
- 24.2 If you prescribe on the recommendation of another health professional who does not have prescribing rights, 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.
- 24.3 You do not necessarily have to conduct a face-to-face consultation with the patient but you must ensure an appropriate assessment has taken place in order to gain enough sufficient information upon which to make your prescribing decision. Where you cannot satisfy yourself of this, you should not prescribe on the recommendation of others.

Practice Guidance 25: Use of patient's own medicinal products

- 25.1 Patients may have their own supply of medicines that they seek your advice on. These medicines are the patient's own property and you must not remove them from the patient without their permission. These medicines may
- Have been prescribed by another prescriber,
 - Have been bought over the counter
 - Be herbal or homeopathic preparations that may , or may not, be subject to regulation under The Human Medicines Regulations

- Be complementary products

25.2 You may ask to see such products, or the patient may ask you about their suitability for continued use. Provided you are educated, trained and competent to do so you may

- Check that the products are suitable for the patient to use and if they are not you should advise the patient of this.
- Explain how the medicine should be taken, including explaining any direction given by another prescriber in the case of prescribed medicines. If the patient is not taking the medicine as directed, you should advise of any changes needed to achieve this.
- Give advice on dose alteration, including stopping medication. If this relates to a POM product prescribed by another professional you must have access to the primary medical record in order to record the change you have made to a prescribed medicine.
- Advise a patient that a given product may not be suitable for the patient's needs or may cause an interaction with other products that may cause unexpected effects for the patient.

25.3 You must not take a patient's own medicine from them in order to supply and/or administer that same medicine to another patient.

Practice Guidance 26: Working and/or travelling with sports teams and/or organisations

Sports physiotherapists from time to time carry supplies of a range of medicines with them for the use of the team when they travel either at home or overseas with teams.

A: Supply and/or Administration of OTC medicines:

26.1* OTC medicines (legally classified as General Sale List- GSL) are not subject to any requirement to have their sale or supply supervised by a pharmacist or prescriber. The only restrictions are in regard to the pack sizes that may be made available to the public. You must ensure that if you provide OTC medicines to your athletes as part of your physiotherapy management of the athlete, you are educated, trained

and competent to provide any associated advice that may be necessary.

26.2* You must record the medicine supplied and any advice given in the athlete's physiotherapy record.

B: Supply and/or Administration of POM medicines:

26.3 Instructions given to you to supply and/or administer medicines to a patient must be given in writing and a record kept. Oral instructions should not be accepted except in a life-threatening emergency. If you act on an oral instruction must make a record of the circumstance and record the instruction was and who gave it to you.

26.4 Remote instruction occurs if you receive an instruction based on a telephone call, e-mail, fax, text-message, video-link, web-based or other non face-to-face contact with the prescriber. Written remote-instructions (e-mail, fax) must be printed off and collated with the patient's clinical record. This should be followed up with an appropriate written prescription signed by the prescriber.

26.5 Non-written remote prescriptions such as text-messaging may become increasingly common. If you supply and administer on the basis of a text message from a prescriber you should obtain a second signatory to your clinical record to confirm that your record of the prescription agrees with the text message. The text message should be regarded as patient-confidential information and should be deleted from the receiving handset after transcription to, and countersigning of, the clinical record.

26.6 Local policies must be in place to ensure that use of web-based and/or portable products for communication are secure and provide a robust audit trail. Clinical governance procedures should be in place to support such practice.

C: Prescribing:

26.7 You may prescribe for athletes and/or delegates of your organisation ***within the UK*** if you are registered as a supplementary and/or independent prescriber.

26.8 If you are a supplementary prescriber you may prescribe ***within the UK*** in accordance with the written CMP. All athletes within a sporting team / organisation could have a written CMP in place to allow you to prescribe for the patient in circumstances where a doctor is not present.

- 26.9 If you are an independent prescriber you may prescribe ***within the UK*** any licensed medicine, mix medicines and prescribe from a limited list of controlled drugs for athletes / delegates within your organisation.
- 26.10 Independent and/or Supplementary prescribing is not lawful outside of the United Kingdom. You must not prescribe POMs when working outside of the UK as foreign pharmacists will not be permitted to dispense against your prescription.

D: Wholesale Supplies^{6*}

- 26.11* You must not order, or receive, wholesale (bulk) supplies of Prescription Only Medicines, from a pharmacy or other wholesaler for your team and/or organisation.
- 26.12* You must not order, or receive, wholesale (bulk) supplies of Prescription Only Medicines, from a pharmacy or other wholesaler, on behalf of your team/organisation's Medical Officer.
- 26.13* You must ensure that your team/organization's requirement for wholesale (bulk) supplies of Prescription Only Medicines is made and received by a registered medical/dental practitioner or pharmacist only. Physiotherapists are not legally allowed to receive stocks in their own right or on behalf of a doctor. In order to comply with the law, the supply should only be made directly to the doctor. Wholesale suppliers themselves need to ensure that orders for Prescription Only Medicines are only supplied to persons who are legally able to receive them.

Practice Guidance 27: Controlled Drugs

- 27.1 If you are a supplementary prescriber working within a written Clinical Management Plan (CMP) you may prescribe any controlled drug listed within the CMP.
- 27.2 If you are an independent prescriber, you may prescribe from a limited list of seven controlled drugs:
- Temazepam (oral)
 - Lorazepam (oral)

⁶ Section 249 and Schedule 22 of The Human Medicines Regulations 2012

- Diazepam (oral)
 - Dihydrocodeine (oral)
 - Morphine (injectable)
 - Fentanyl (transdermal)
 - Oxycodone (oral)
- 27.3 You must not prescribe a controlled drug for yourself.
- 27.4 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.
 - 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.
- 27.5 You must know who your local pharmacist Accountable Officer (AO) is and comply with any local monitoring and/or inspection requests that the AO may make.
- 27.6 You must follow the Standard Operating Procedures (SOPs) that are in place within your organisation for the usage of CDs according to Regulations and SOPs must include procedures for:
- Prescribing CDs
 - Administering CDs
 - Recording any adverse reactions
- 27.7 If you are 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.
- 27.8 You must ensure that any prescription for a controlled drug is completed on the correct prescription form and contains all the information required commensurate with the Schedule of the controlled drug being prescribed, which will in all cases include the patient's NHS number or other unique identifier.
- 27.9 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
- Out-patient prescribing by supplementary prescribers is on the relevant FP10SS form

- 27.10 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. You must remember that the validity of prescriptions for Schedule 2,3 and 4 CDs is 28 days.
- 27.11 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. Where patient sticky-labels are used they must be tamper evident labels and you must sign or initial over the sticky label to indicate that the sticky label relates to the patient for whom your prescription is intended.
- 27.12 If any part of your prescription for a CD is hand-written, you must write it yourself and not ask any other person to write all or part of the prescription for you.
- 27.13 Private prescriptions for CDs must include your unique 6 digit private prescriber code, which will be different to your unique NHS prescriber code. If you prescribe in both NHS and private settings you must keep your two prescriber codes separate.

Practice Guidance 28: Simultaneous Prescribing and Administration

- 28.1 Prescribing and/or supply followed by simultaneous administration of a medicine to the patient creates the opportunity for errors to occur. If you prescribe for a patient, where possible a pharmacist should supply the medicine to the patient prior to administration.
- 28.2 If you intend to prescribe and simultaneously administer the medicines to a patient you must ensure this is in the patient's best interests. 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.

- 28.3 If you use PGD to supply and administer medicines you should consider the need to have a 'second checker' to ensure that the patient receives the correct medicine.

SECTION 3 – MEDICINES GOVERNANCE

These medicines governance arrangements apply to all settings. This covers private practice settings, including where part of your home is your private practice, as well as NHS and other hospital, clinic and occupational health settings. The guidance in this section will apply alongside any organizational policies and/or procedures that the organisation may have in place.

Prescribing is a professional skill that applies equally to all professions who undertake such responsibility. Physiotherapists should be familiar with the **NICE Guidance NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes**

<http://www.nice.org.uk/guidance/ng5>

Practice Guidance 29: Instructions for supplying and/or administration

- 29.1 You should check that the direction to supply and/or administer medicines to your patient is appropriate according to your assessment of the patient's needs. If you have any concerns with regard to the instructions given, you must consult the prescriber before administering the medicine to the patient.
- 29.2 If you instruct another person to supply and/or administer medicines on your behalf, you must ensure that the individual is educated, trained and competent to do so. Where you believe this not to be the case, you may refuse to instruct another person to supply and administer on your behalf.
- 29.3 When supporting patients to self-administer medicines, you must ensure that they are able to do so safely and ensure that you have followed any local policy in place relating to supporting patients to take their own medicine.
- 29.4 Instructions given to you to supply and/or administer medicines to a patient must be given in writing and a record kept. Oral instructions should not be accepted except in a life-threatening emergency. If you act on an oral instruction must make a record of the circumstance and record the instruction was and who gave it to you.

- 29.5 Remote instruction occurs if you receive an instruction based on a telephone call, e-mail, fax, text-message, video-link, web-based or other non face-to-face contact with the prescriber. Written remote-instructions (e-mail, fax) must be printed off and collated with the patient's clinical record. This should be followed up with an appropriate written prescription signed by the prescriber.
- 29.6 Non-written remote prescriptions such as text-messaging may become increasingly common. If you supply and administer on the basis of a text message from a prescriber you should obtain a second signatory to your clinical record to confirm that your record of the prescription agrees with the text message. The text message should be regarded as patient-confidential information and should be deleted from the receiving handset after transcription to, and countersigning of, the clinical record.
- 29.7 Local policies must be in place to ensure that the use of web-based and/or portable products for communication are secure and provide a robust audit trail. Clinical governance procedures should be in place to support such practice.

Practice Guidance 30: Dispensing

- 30.1 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 must ensure the separation of prescribing and dispensing of medicines whenever possible. You should not normally dispense against a prescription that you have written.
- 30.2 You should not dispense medicines unless there is a local policy in place, agreed by the Clinical Governance Lead, to endorse your actions.
- 30.3 If you do dispense, you must understand the medicine you are dispensing, its therapeutic effect, correct dosage, side-effects and contra-indications. You should be able to inform the patient what to expect when taking the medicine and how to report any unexpected effects.
- 30.4 You should only dispense if you are educated, trained and competent to do so. A record must be kept of your dispensing actions and you should ensure that an audit trail is present and visible.

Practice Guidance 31: Storage

- 31.1 You should ensure all medicinal products are stored in accordance with the information within the Summary of Product Characteristics / Patient Information Leaflet or information found on the label. Some medicines may require refrigerated storage.
- 31.2 Medicines can only be stored in 'lockable business premises' prior to delivery to the patient. When not in use, medicines should be stored in lockable containers or cabinets or otherwise returned to a Pharmacy department for safe-keeping.
- 31.3 NHS staff: You must not store medicines at home unless you must have the written permission of your employer to do this which describes the exceptional circumstances that require you to store medicines in your home, and you must have suitable lockable storage facilities in place.
- Home-based Private practice: You must only store medicines in lockable containers that constitute 'lockable business premises' which are within the business part of your premises.
- 31.4 All storage environments must meet the prevailing storage requirements and it is your responsibility to find out what these requirements are. You must ensure correct storage policies are in place and are being adhered to.
- 31.5 You must not store controlled drugs under any circumstances.

Practice Guidance 32: Transportation

- 32.1 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.
- 32.2 You should not leave medicines unattended in your vehicle at any time

Practice Guidance 33: Disposal

- 33.1 You must dispose of used, partially used and unused medicines in accordance with current legislation and your local employer policy.
- 33.2 If there is no local employer policy in place, you should return all medicines to a Pharmacist for safe disposal.

Practice Guidance 34: Error Reporting

- 34.1 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.
- 34.2 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 35: Reporting Unexpected Effects and Adverse Reactions

- 35.1 If a patient experiences an adverse reaction to a medication they have been prescribed, you should record this in the patient notes, notify the prescriber (if you did not prescribe the drug) and notify the MHRA via the Yellow Card Scheme immediately. Yellow cards are found in the back of the British National Formulary and also online at www.yellowcard.gov.uk.
- 35.2 You may also inform the patient that they can report adverse reactions independently to the Yellow Card Scheme.
- 35.3 You can also report adverse reactions via the Medicines and Healthcare Products Regulatory Agency (MHRA) website at www.mhra.gov.uk and any untoward incidents can be reported to the National Patient Safety Agency (NPSA) <http://www.npsa.nhs.uk>

Practice Guidance 36: Access to supplies/stocks of medicines

- 36.1 You may obtain the medicines needed for administration to your individually named patient against a valid prescription for the named medicine that is dispensed by a Pharmacist.

- 36.2 You may obtain a stock of medicine ahead of its administration to your patient when you are using a Patient Group Direction (PGD) as the legal framework of medicines use and the named medicine is listed within the PGD.
- 36.3* You are not permitted to obtain wholesale (bulk) stocks of POM medicines to store prior to prescription and or supply to your patients in the course of your business. (See Practice Guidance 26).
- 36.4* You may obtain wholesale (bulk) stocks of any GSL medicine needed in the course of your business.
- 36.5* You may obtain wholesale (bulk) stocks of any P class medicines which is needed for the purpose of administration in the course of your business as a physiotherapist⁷.

Practice Guidance 37: Complementary, Herbal and Homeopathic products.

- 37.1 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 that you should do 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.
- 37.2 Some herbal and homeopathic preparations are classed as medicines and are classified as POM, P or GSL depending on their action and route of administration. You may only prescribe and/or supply and administer these products in accordance with an appropriate prescribing and/or supply and administration framework.
- 37.3 The MHRA regulates other herbal products under the Traditional Herbal Registration (THR) scheme and other homeopathic products under the National Rules Scheme (NRS). Other products may not be subject to regulation of their quality, safety or efficacy. You should only recommend

⁷ Regulations 249 and 250 of the Human Medicines Regulations 2012.

these products if you have suitable education, training and experience to do so.

- 37.4 The MHRA holds a list of complementary, herbal and homeopathic products that are known to, or may have, interactions with medicinal products and you must be aware of these before recommending that a patient takes a complementary product in addition to, or as a substitute for, any currently prescribed medicine. Some herbal preparations are prohibited or restricted in their use in humans due to known toxic and/or harmful effects, and you must not recommend these products to your patients.

SECTION 4 – CLINICAL GOVERNANCE

Patient safety is of paramount importance within all aspects of prescribing and medicines management. Physiotherapists must practise within the law, to the required 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 38: Governance Structures

38.1 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.
- Competency frameworks for prescribing

Practice Guidance 39: Clinical Audit

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

39.2 If you are supplementary prescriber you should ensure that you participate in regular (normally at least annually) meetings with your medical independent prescriber partner.

- 39.3 You should audit how many of the patients for whom you have prescribed medication have required medical follow-up, and how many have been successfully managed within the physiotherapy pathway. You should also audit those patients for whom you took an active decision not to prescribe for
- 39.4 You should monitor how patients respond to treatment and how many follow-up visits are taking place. Systems should be put in place to ensure that patients who do not attend ('DNA') for their appointments are followed up (e.g. by telephone, letter, text message or email).
- 39.5 If you are a supplementary prescriber you should audit your practice to ensure that the patient's CMP is being followed.
- 39.6 You should ensure that the prescriptions you write are clear and legible. You should audit how many times a pharmacist contacts you to query what was written.
- 39.7 You should seek your patients' experiences of your prescribing where possible.

Practice Guidance 40: Prescribing Analysis

- 40.1 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.
- 40.2 If you are prescribing within the NHS, your activity should be included in the reports on the quality of clinical care to local Clinical Governance Committees or their equivalent.

Practice Guidance 41: Learning from incidents and errors

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

- 41.2 You should review incidents within your local team and/or medicines management structures to enable learning and where necessary change practice.

Practice Guidance 42: Risk Management

- 42.1 You should ensure that you have an appropriate Risk Management programme in place. This should include clinical risk management and patient safety (including the NPSA National Reporting and Learning Scheme), confidentiality, safety of prescription pads and a system for handling errors and complaints.

Practice Guidance 43: Continuing Professional Development

- 43.1 You must remain up-to-date with appropriate knowledge and skills to enable you to prescribe competently and safely within your scope of practice.
- 43.2 You should ensure that your prescribing CPD is in line with your current or future practice, including your role as a prescriber.
- 43.3 You should record you CPD in a format that easily enable you to demonstrate your fitness to practise as a prescriber.
- 44.4 You should ensure that you set aside sufficient time to access programmes and resources to meet your prescribing CPD needs. This may include Peer Review sessions. You should include reflective learning in your CPD portfolio.

Practice Guidance 44: Poor Performance

- 44.1 You should be aware of the procedures place for identifying poor prescribing practice.
- 44.2* You must be aware of your individual 'duty of candour' obligations if you become aware of poor prescribing practice.

Practice Guidance 45: Safety of NHS Prescription Pads

- 45.1 NHS FP10's 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 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.
- 45.2 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.
- 45.3 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.
- 45.4 Prescription pads should be stored in locked areas when not in use. You should not store prescription pads away from your place or work. In particular you should not store pads at home or in your vehicle except when travelling between places of work.

Practice Guidance 46: Links with Pharmaceutical Companies / Conflict of interest

- 46.1 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.
- 46.2 You must not allow your own, or your employer's (if applicable) commercial or financial interests in a pharmaceutical company or product influence the way you advise your patients.
- 46.3 You must declare any conflict of interest in a 'register of interests' either within your personal portfolio, or within your employers Hospitality Register which should be produced on request for audit purposes.

Practice Guidance 47: Gifts and Benefits

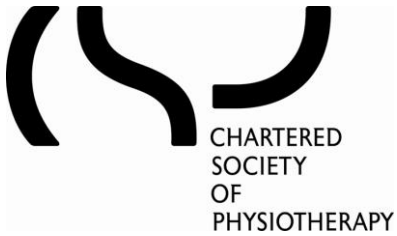
- 47.1 Your prescribing choice for your patient must be based solely on clinical suitability and cost effectiveness, working within any local formulary that you may be obliged to follow.
- 47.2 The advertising and promotion of medicines is strictly regulated. You must not accept personal gifts that are given to influence your prescribing activity nor must you solicit or accept a gift or inducement to influence your prescribing patterns.
- 47.3 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.
- 47.4 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.
- 47.5 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 48: NHS/ Private Practice Prescribing boundaries

- 48.1 You must not ask the patient's GP to prescribe medicines at NHS expense which 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 49: Checking Registrations and Annotations

- 49.1 You must provide evidence of your valid registration as a physiotherapist with the HCPC to your employer / those using your prescribing services.
- 49.2 You should provide evidence of your valid status as a prescriber annually to your employer / those using your prescribing services.



- 49.3 You must only prescribe in accordance with the type of annotation awarded to you.
- 49.4* You should provide evidence of your Disclosure and Barring Service (DBS) or equivalent check when required. Your employer will determine the frequency with which this certificate needs to be renewed. You will be required to provide a DBS (or equivalent) certificate as part of the entry requirements for a UK approved HEI prescribing programme.

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.
Appropriate practitioner	Registered professional defined within medicines legislation as being authorised to issue prescriptions for POM class medicines and/or to receive bulk supplies of POM class medicines.
Black-triangle drugs	New licensed medicines under intensive monitoring by the MHRA and subject to special adverse incident reporting requirements. The MHRA issues a monthly list of medicines subject to Black Triangle status.
Clinical Governance	Quality assured activities which 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)	<p>A written plan (which may be amended from time to time) relating to the treatment of an individual patient which is agreed by</p> <ul style="list-style-type: none"> • The patient • The independent prescriber (a doctor or dentist only) • The supplementary prescriber who is to prescribe, supply and administer (including delegated administration) medicines under the plan. <p>Licensed medicines including off-label and black triangle products, unlicensed medicines and controlled drugs may be included in a CMP. A CMP</p>

	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.
CSP	The Chartered Society of Physiotherapy
Dispensing	To label 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 disposal 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 Sales List. A medicine for which all active ingredients are listed in the relevant Human Medicines Regulations schedule, or are so classified in their marketing authorisation.
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
Independent prescriber (IP)	A professional who is registered on the appropriate statutory register for their professional group and (for non-doctors) against whose name is recorded an annotation signifying that they are qualified to prescribe, supply and administer medicines as an independent prescriber. A person responsible for the assessment of patients with undiagnosed conditions, and for decisions about the clinical management required including prescribing. They assume full accountability for the prescribing decisions they make. They may instruct another person to administer the medicines under the terms of a PSD. An independent prescriber may be a medical prescriber (doctor/dentist only) or a non-medical independent prescriber (nurse, pharmacist, optometrist, physiotherapist, podiatrist). The non-medical independent prescribing professions between them do <u>not</u> have the same rights with regard to the use of mixed medicines, unlicensed medicines, and controlled drugs. Medical prescribers have different rights to all non-medical prescribers together.
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 device	All products, except medicines, used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or disability. Examples include x-ray and other imaging equipment, pacemakers, artificial joints, anaesthetic equipment, infusion equipment, beds, wheelchairs, and surgical dressings.
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 article (but not instrument, apparatus or appliance) which is manufactured, sold, supplied, imported or exported, for use wholly or mainly in either or both of the following ways: <ul style="list-style-type: none"> • administration to one or more human beings (or animals) for a medicinal purpose • used as an ingredient, by a practitioner, pharmacy or hospital, in the preparation of a substance or article which is to be administered to one of more human beings for a medicinal purpose.
Medicinal purpose	Any one or more of: <ul style="list-style-type: none"> • 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 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.
Non-medical prescriber (NMP)	A nurse, pharmacist and some allied-health professional groups 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 rights is determined by law and not be the same for each professional group especially with regard to mixing medicines and controlled drugs.
NPSA	National Patient Safety Agency
Off-label drugs	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.
P	Pharmacy Only
Patient Group Direction (PGD)	A written instruction for the 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. This includes the requirements that only licensed medicines are included in a PGD, that the health professional [physiotherapist] named on the PGD is registered with the appropriate statutory regulator [HCPC], and that the supply and administration of the drugs listed in the PGD is not delegated to anyone else. PGDs tend to be used in hospital and primary care settings but are also valid in other non-NHS clinical settings. PGDs can include medicinal products for use outside their licensed indications (“off-label”) if their use is exceptional and justified by best clinical practice. Off-label use only applies to medicines that are already licensed. PGDs cannot be used for the administration of unlicensed products not for the use of pharmacy-prepared products as these are not fully licensed.
Physiotherapist	A person who is registered on Part 9 of the HCPC register under article 5 of the Health Professions Order 2001 and entitled to practise using the protected title of ‘physiotherapist’.
POM	Prescription Only Medicine. Such medicines may only be supplied and administered against a valid written ‘prescription’.
Patient Specific Direction (PSD)	An 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

	<p>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 [physiotherapist] 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 as they see fit as they will have accountability for any medicines prescribed.</p>
Prescribe	<p>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'. Physiotherapists are authorised as both supplementary and independent prescribers.</p> <p>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.</p> <p>LAY: to advise on the use of a product, especially by an authorised person or to recommend especially as a benefit.</p>
Prescribing	<p>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.</p>
Prescription	<p>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 POM's may be supplied. A prescription is issued by an 'appropriate practitioner' under or by virtue of the National Health</p>

	Service Act 1977 (England) / the National Health Service (Scotland) Act 1978 / the Health and Personal Social Services (Northern Ireland) Order 1972.
Product Licence (PL)	Formal approval by the MHRA to place a medicinal product on the UK market. Now known as a 'marketing 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 authorizes 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	(Previously known as the Data Sheet): 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 that they are qualified to prescribe, supply and administer medicines as an 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.

Acknowledgements

The CSP acknowledges the following documents which were informative in the creation of the first edition of this guidance for physiotherapists.

Good Medical Practice in Prescribing Medicines (2006). *General Medical Council*. London.

Standards for Medicines Management (2008). *Nursing and Midwifery Council*. London.

Standards of Proficiency for Nurse and Midwife Prescribers (2006). *Nursing and Midwifery Council*. London.

Guidance for Optometrist Prescribers (2009). *General Optical Council*. London.

The CSP acknowledges the guidance and support provided by the individuals from a variety of professions from the Department of Health Project Board for Independent Prescribing for Physiotherapists and Podiatrists during the period 2010-2013.

The CSP acknowledges the guidance and support provided by the CSP Medicines Management Advisory Group during the peer review of the 1st edition of this document.