

# Information paper

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## **Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers.**

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## Introduction

This 4<sup>th</sup> edition is a fully revised document for all physiotherapist prescribers. .

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 guidance applies to **all** HCPC annotated physiotherapist prescribers, not just CSP members.

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. Each section of this guidance carries equal weight and the document is not ordered in any priority order. You should comply with this Practice Guidance, other local and national guidance, guidance issued by the Chartered Society of Physiotherapy (CSP), and with any statutory requirements applicable to your prescribing practice

The advice in this document applies to all sectors of health and social care provision in the United Kingdom where prescribing activities occur, in both NHS and private services, 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.

## Background

Physiotherapist prescribers must understand the various medicines frameworks available to them (see Appendix 1). 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 that are authorised prescribers.

*The Misuse of Drugs Act 1971* controls all substances, not just medicines that are considered 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’.

This Practice Guidance focusses on the professional and legal act of ‘prescribing’ medicines, which is restricted to those physiotherapists that hold an additional HCPC prescribing annotation. Other medicines frameworks exist that permit all physiotherapists to supply and administer some medicines.

### Types of physiotherapist prescribing

Physiotherapists may be supplementary prescribers (SP) or they may be dual-qualified supplementary/independent prescribers (SP/IP).

Between 2005-2013, physiotherapists 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.

From August 2013, physiotherapists qualified as both independent and supplementary prescribers and have a dual SP/IP annotation. Supplementary prescribers are currently able to undertake a short conversion course to add IP to their existing 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 practice.

<http://hcpc-uk.org/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. These 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 delivered by a physiotherapist.

The physiotherapy profession covers a very broad and diverse range of specialties. Prescribing may be required by a physiotherapist working in any of these specialist areas. 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 one prescribing physiotherapist will be focused only within their chosen specialist area of practice.

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.”*

Physiotherapists are not permitted to prescribe medicines for animals.

## 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. Prescribing practice is currently considered an advanced practice activity. It will be part of an advanced practitioner's individual scope of practice subject to appropriate education, training and competence in prescribing activities.

The post-registration educational programme in prescribing ensures advanced practice 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 is a requirement for continuing registration as a prescriber. Physiotherapist prescribers must only prescribe within their scope of practice and understand that if they change clinical areas they may require a period of training before they are competent to prescribe in a new area of practice.

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 and Professional Liability Insurance (PLI)

Since July 2014, HCPC registrants are required to hold adequate indemnity to practice in order to maintain their registration. Indemnity may be provided by an employer, a professional organisation or another commercial insurer.

Prescribing is an accepted part of physiotherapy practice but may only be performed by physiotherapists who hold an addition HCPC prescriber annotation.



When physiotherapists are working under a 'contract of employment' where prescribing is an expected part of the role, the employer is vicariously liable for prescribing acts and omissions.

When physiotherapists are self-employed or contractors where prescribing is an expected part of the role, the physiotherapist is required to hold their own indemnity for their own work.

Physiotherapists who are members of the CSP have PLI as a benefit of membership to cover their own work, subject to policy terms and conditions. Members must be HCPC registered and working lawfully within the scope of physiotherapy practice.

## SECTION 1 – PRINCIPLES OF GOOD PRESCRIBING PRACTICE

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>

Physiotherapist prescribers should follow the common competency framework for all prescribers to evaluate their prescribing practice <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>

### **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 and Care 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 local, national and/or professional guidance 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 prescribe medicines and understand which types of medicine you are permitted to prescribe within that framework.
- 1.5 You must ensure you have appropriate indemnity cover in place to cover all your work, including prescribing.

## **Practice Guidance 2: Accountability**

- 2.1 You are professionally accountable for your own prescribing decisions, including actions and omissions. 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 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, and within any national and local formularies that are in place where you work.
- 2.3 You must also inform the relevant authorities if you have any formal regulatory restrictions placed on your prescribing activity, for example, if the HCPC puts conditions on your prescribing practice.

## **Practice Guidance 3: Assessment**

- 3.1 You must undertake an appropriate assessment of the patient, including a history and relevant examination and, where possible, access 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 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

- 3.5 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
- 3.6 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.

#### **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 'de-prescribing' (i.e. ceasing and/or reducing and/or changing a named medicine) is clinically indicated. Any withdrawal from medicines needs to be planned in partnership with the patient and take place over an agreed time.
- 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. 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

## **Practice Guidance 5: Consent**

- 5.1 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.
- 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 local, national and/or 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 within a CMP or using a licensed 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 You must clearly inform the patient if the medicine being prescribed is part of a properly conducted clinical research trial so the patient can consider whether they wish to be part of that trial.

## **Practice Guidance 6: Communication**

- 6.1 You must communicate your prescribing decisions with other practitioners involved in the care of the patient. This includes communication across NHS-private practice boundaries where necessary. Where possible, you should have access to other professionals' prescribing decisions where they impact upon your own decisions.
- 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 You must ensure that patient prescribing information is communicated securely, and that the risk of data loss and data misdirection is minimized.

- 6.4 You must ensure you follow all national and local guidance relating to information governance and data protection of all oral, voicemail, fax, written and other digital communication about prescribing decisions.

### **Practice Guidance 7: Record Keeping**

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.

- 7.1 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. 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**

- 8.1 You should prescribe according to the available evidence base. Evidence based prescribing involves the application of the best available evidence in conjunction with clinical decision-making based on an individual's circumstances when making prescribing decisions.

- 8.2 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 you should follow locally agreed practice based evidence or protocols.
- 8.3 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 cannot delegate your prescribing responsibilities to anyone else.
- 9.2 You may delegate the administration of a medicine that you have prescribed to another healthcare worker or to the patient themselves.
- 9.3 You are accountable for your decision to delegate the task of administration to someone else including the patient. This includes your decision-making that the person is competent to carry out the task and has received sufficient training to carry out your instructions. You are not accountable for the outcome of an action performed by another person.
- 9.4 You must keep an adequate record of when you delegate medicines administration of your prescriptions to someone else.

### **Practice Guidance 10: Information given to patients about their medicines**

- 10.1 Patients 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
  - Who to contact and how to contact them in the event of the condition worsening, or an unexpected effect of the medicine occurring.
- 10.2 Information provided must be appropriate to the patient's levels of understanding. Where practicable you should support information given to your patients in writing.
- 10.4 You should tell the patient that their TTO 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.

## **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.
- 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. 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.
- 11.5 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**

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.

- 12.1 You are accountable for your actions to transcribe existing medicines information for a named patient to a new document in a new clinical setting.
- 12.2 You must satisfy yourself that transcribing of the medicine is clinically indicated and is in the patient's best interests.
- 12.3 You are accountable for your actions and omissions when transcribing medicines and this will include any errors you make in transferring the information from one document to another.
- 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 exactly as specified in the original prescription and/or patient instructions written on patient-held medicines.
- 12.5 You should consider whether transcribing is a necessary activity and if the need to transcribe can be eliminated by reviewing and improving the care pathway.
- 12.6 You must follow any local clinical governance procedures in place if transcribing is an essential part of patient care, in particular you must consider the risks involved.
- 12.7 You must not change any details of the original prescription for the medicine when you move the information to a new document unless you are able to undertake a full review of the patient's ongoing medicines needs. In this case you are not transcribing but re-prescribing an existing medicine.

### **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 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 Any electronic prescribing software must enable the prescriptions you generate to show your individual name and prescriber number on the prescription. You must not prescribe using another professional's prescriber name and number on any e-software.

### **Practice Guidance 14: Writing NHS prescriptions**

- 14.1 You must ensure that the medicine is prescribable at NHS expense. 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 information required by law:
  - 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 You must only write prescriptions for your NHS patients on relevant approved controlled stationery. All the details listed in section 14.2 must be included.
- 14.5 You must never tamper with an existing prescriber's details on a prescription form or add your own prescribing details.
- 14.6 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.

- 14.7 You must never sign a blank prescription form in advance and then store them for future use.
- 14.8 If you are prescribing Controlled Drugs this must be in accordance with current provisions of the relevant Regulations.
- 14.9 You must not prescribe medicines at NHS expense which are subsequently to be administered as part of private healthcare provision.

### **Practice Guidance 15: Writing private prescriptions**

- 15.1 You must not use NHS prescribing forms to write private prescriptions. Private prescriptions may be used where the patient chooses to pay for their medicines in full, or where the medicine is not available on the NHS. Patients receiving medicines as part of private healthcare provision are liable for the actual costs of the medicines and any private prescription charge.
- 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.

### **Practice Guidance 16: Reviewing medicines & Repeat 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.



- 16.2 You must ensure that a repeat prescription is safe and appropriate for your patient.
- 16.3 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 17: Family, Friends and close Colleagues.**

- 17.1 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.
- 17.2 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.
- 17.3 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.

### **Practice Guidance 18: Children**

- 18.1 You must have relevant education, training and competence in treating children in order to prescribe for them as their responses to medicines may differ from adults.
- 18.2 You must make reference to relevant to the BNF for Children and other national and local documents that address medicine management issues in paediatrics.

### **Practice Guidance 19: Unlicensed medicines**

A medicine is classified as unlicensed if it does not hold a UK Marketing Authorization issued by the MHRA. (This is not the same as off-label use, see below)

- 19.1 A physiotherapist supplementary prescriber 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 patients notes.
  - You must clearly explain to a patient if you will be prescribing unlicensed medicine.
- 19.2 A physiotherapist independent prescriber must not prescribe unlicensed medicines.

## **Practice Guidance 20: Mixing of Medicines**

Licensed 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.

- 20.1 If you are a physiotherapist independent prescriber you may mix medicines prior to administration.
- 20.2 If you are a physiotherapist supplementary prescriber, you may mix medicines defined within a written CMP prior to administration.
- 20.3 You may prescribe that two medicines are mixed, and delegate that someone else administers the medicines according to your prescription.
- 20.4 You must not mix controlled drugs prior to administration to the patient.
- 20.5 You must only mix medicines according with relevant national and local guidelines. Before mixing medicines you should
- Be satisfied that an alternative, premixed and/or licensed product would not meet the patient's needs.
  - Be satisfied that there is a sufficient evidence base for mixing the medicines to demonstrate safety and efficacy.
  - Record the medicines prescribed and the reasons for mixing them product in the patients notes.
- 20.6 Mixing of medicines must only occur for the identified benefit of patients. You must not mix medicines solely for your own convenience.

## **Practice Guidance 21: Off-label use of medicines**

An off-label medicine does 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

- 22.1 Independent and/or supplementary prescribers 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 patients 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.
- 22.2 You must consult the BNF for Children before prescribing off-label for children. Pharmaceutical companies do not usually test their medicines on children and consequently cannot apply their Marketing Authorizations for their products to use in children. It is often necessary in paediatric practice to use licensed medicines in off-label ways.

## **Practice Guidance 22: Remote Prescribing**

Most prescribing should occur after a face-to-face direct 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. Remote prescribing should not be an ordinary occurrence for first time prescription of medicines but may be appropriate for some repeat prescriptions.

- 22.1 You must ensure that you have an appropriate discussion 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 all the information they ask for to make an informed choice to accept your recommendation.

22.2 You should not remote-prescribe controlled drugs.

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

### **Practice Guidance 23: Prescribing on the recommendation and/or at the request of others**

23.1 You must not prescribe for patients for whom you have not undertaken an appropriate assessment. Where someone else asks you to prescribe because they can't, it is in reality a new referral to you.

23.2 You must ensure you undertake a reasonable assessment of the patient to ensure prescribing is appropriate and you must make your own records.

23.3 You must only prescribe within your own prescribing responsibilities. Prescribing is a non-delegable activity. You must not prescribe because someone else tell you to do so on his/her authority

### **Practice Guidance 24: Controlled Drugs**

24.1 You must read and be familiar with NICE Guideline [NG46] Controlled Drugs: Safe use and management (2016) <https://www.nice.org.uk/guidance/ng46>

- 24.2 If you are a supplementary prescriber working within a written Clinical Management Plan (CMP) you may prescribe any controlled drug listed within the CMP. All controlled drugs can be included within a CMP.
- 24.3 If you are an independent prescriber, you may only prescribe from a limited list of seven controlled drugs:
- Temazepam (oral)
  - Lorazepam (oral)
  - Diazepam (oral)
  - Dihydrocodeine (oral)
  - Morphine (oral and injectable)
  - Fentanyl (transdermal)
  - Oxycodone (oral)
- 24.4 You must know and make contact with your local Controlled Drugs Accountable Officer (CDAO) and comply with any local monitoring and/or inspection requests that the CDAO may make.
- 24.5 You must follow the Standard Operating Procedures (SOPs) that are in place within your organisation for the usage of CDs according to Regulations. SOPs must include procedures for:
- Prescribing CDs
  - Administering CDs
  - Recording any adverse reactions
- 24.6 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.
- 24.7 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.
- 24.8 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.

- Primary Care prescribing is on the appropriate form.
- 24.9 You must remember that the validity of prescriptions for Schedule 2,3 and 4 CDs is 28 days.
- 24.10 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.
- 24.11 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.
- 24.12 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.
- 24.13 You must apply local and national policies, procedures and guidelines relevant to controlled drug prescribing in your prescribing practice.
- 24.14 You must consider prescribing strategies, including de-prescribing plans, to ensure safe prescribing of controlled drugs.
- 24.15 You must discuss common side effects associated with controlled drugs you have prescribed, including the risks of dependence and tolerance, with your patient before prescribing occurs.
- 24.16 You must consider whether controlled drug prescribing is necessary at the time you make the prescribing decisions, or if alternative medicines may be more appropriate.
- 24.17 You must consider whether the dose, timing and route of the controlled drug that you prescribe is appropriate for the patient and condition being treated.
- 24.18 You must understand the circumstances where controlled drug prescribing is not appropriate and where it may be necessary to deprescribe and/or switch the patient to alternative medicines.
- 24.19 You should discuss patient/carer expectations for continued controlled drug prescribing and ensure that you only prescribe controlled drugs when clinically indicated, in accordance with best practice guidance.

- 24.20 You should understand controlled drug prescribing policy decisions in your areas of work and ensure you participate in multi-professional prescriber networks to ensure controlled drugs are prescribed appropriately.

## **Practice Guidance 25: Simultaneous Prescribing and Administration**

This creates opportunities for errors to occur particularly in non-hospital settings. It should only occur in exceptional and rare circumstances.

- 25.1 You should ensure where possible that a pharmacist dispenses the medicines you have prescribed to the patient prior to administration.
- 25.2 If you intend to prescribe and simultaneously administer medicines to a patient, you must have a second checker to verify your prescription.
- 25.3 If you intend to prescribe and simultaneously administer injectable medicines to a patient, your second checker must be a registered health professional.

## **Practice Guidance 26: Antimicrobial prescribing and stewardship**

Physiotherapist prescribers should follow Public Health England competencies to evaluate their antibiotic prescribing practice: *Antimicrobial prescribing and stewardship competencies* (2013)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/253094/ARHA|prescrcompetencies\\_2\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHA|prescrcompetencies_2_.pdf)

Physiotherapist prescribers should be familiar with NICE Guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (2015) <https://www.nice.org.uk/guidance/ng15>

- 26.1 You should apply local and national policies, procedures and guidelines relevant to infection control in your prescribing practice.
- 26.2 You should follow local and national approaches to support optimal prescribing of antimicrobials and manage antimicrobial resistance.
- 26.3 You should ensure you have considered reasonable self-management strategies relevant to the treatment of self-limiting conditions before prescribing antibiotics.

- 26.4 You should discuss common side effects associated with commonly administered antibiotics.
- 26.5 You should record any patient allergy to antibiotics in the patient record.
- 26.6 You should consider whether prescribing is necessary at that point in time or if delayed prescribing is more appropriate.
- 26.7 You should ensure the dose, timing and route of antibiotic that you prescribe is appropriate for the patient and condition being treated.
- 26.8 You should understand the circumstances where it may be necessary to switch from intravenous to oral routes of antibiotic prescribing.
- 26.9 You should discuss patient/carer expectations and/or demands for antibiotic prescribing and ensure that you only prescribe antibiotics when clinically indicated.
- 26.10 You should understand the antimicrobial treatment policy decisions in your area of work and ensure that you participate in multi-professional prescriber networks to ensure that antibiotics are prescribed appropriately.

## 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.

The CSP considers it good practice, 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 27: Dispensing**

Dispensing is the preparation and supply of a medicine in accordance with the instructions contained within a prescription and is generally performed by a Pharmacist or Pharmacy Technician. Supplying a prepacked medicine is not dispensing.

- 27.1 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.

### **Practice Guidance 28: Storage**

- 28.1 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.
- 28.2 Medicines must 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.
- 28.3 Employed workers: You must not store medicines at home unless you have the written permission of your employer 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 store medicines in lockable containers that constitute 'lockable business premises' which are within the business part of your premises.

- 28.4 All storage environments must meet the prevailing storage requirements of the medicine 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.
- 28.5 You must not store controlled drugs under any circumstances.

### **Practice Guidance 29: Transportation**

- 29.1 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.
- 29.2 You must ensure medicines left in your vehicle are in a secure container and the vehicle must be locked.

### **Practice Guidance 30: Disposal**

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

### **Practice Guidance 31: Error Reporting**

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

### **Practice Guidance 32: Reporting Unexpected Effects and Adverse Reactions**

- 32.1 You must report any adverse reaction to a medicine you have prescribed using the MHRA Yellow Card Scheme. Yellow cards are found in the back of the British National Formulary and also online at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk).
- 32.2 You should inform your patients that they can report adverse reactions independently to the Yellow Card Scheme.

### **Practice Guidance 33: Access to supplies/stocks of medicines you prescribe**

- 33.1 You may obtain the POM medicines needed for administration to your individually named patient by providing a valid prescription for the named medicine to a pharmacist.
- 33.2 You cannot obtain wholesale (bulk) stocks of POM medicines to store ahead of prescription and/or supply to your patients in the course of your business.
- 33.3 You may obtain wholesale (bulk) stocks of any GSL medicine needed in the course of your business.
- 33.4 You may obtain wholesale (bulk) stocks of any P class medicines needed in the course of your business.

### **Practice Guidance 34: Complementary, Herbal and Homeopathic products.**

Complementary, herbal and homeopathic products may interact with other medicinal products and/or laboratory tests.

- 34.1 You should advise your patient to stop using a complementary, herbal or homeopathic product prior to starting a conventional medicinal product or undergoing a medical and/or surgical procedure where there is supporting evidence.
- 34.2 You may only prescribe medically classified homeopathic products in accordance with an appropriate prescribing framework. 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.
- 34.3 You must not recommend products known to be harmful to patients. 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.

## 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. The guidance in this section will apply alongside any organisational policies and/or procedures that the organisation may have in place.

Employing organisations, both within the NHS and private/independent providers must have clinical governance arrangements in place to ensure safe use of medicines. Employed physiotherapists must work within the employer's policies and procedures for prescribing.

### Practice Guidance 35: Governance Structures

35.1 You must follow the governance arrangements that are in place within your workplace for safe prescribing practice. 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 36: Clinical Audit

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

36.2 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

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

- 36.4 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.
- 36.5 You should seek your patients' experiences of your prescribing where possible.

### **Practice Guidance 37: Prescribing Analysis**

- 37.1 You should ensure that you have information about national guidelines, local guidelines, local agreements and formularies to ensure you make the best prescribing decision for your patients.
- 37.2 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 38: Learning from incidents and errors**

- 38.1 You should record all incidents and/or errors with your local reporting systems to facilitate national reporting where required.
- 38.2 You should review incidents within your local team and/or medicines management structures to enable learning and where necessary change practice.

### **Practice Guidance 39: Risk Management**

- 39.1 You should ensure that you have an appropriate Risk Management programme in place for prescribing. This should include clinical risk management and patient safety confidentiality, safety of prescription pads and a system for handling errors and complaints.

### **Practice Guidance 40: Continuing Professional Development**

- 40.1 You must remain up-to-date with appropriate knowledge and skills to enable you to prescribe competently and safely within your scope of practice.
- 40.2 You should ensure that your prescribing CPD is in line with your current or future practice, including your role as a prescriber.
- 40.3 You should record your CPD in a format that easily enable you to demonstrate your fitness to practise as a prescriber.

- 40.4 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 41: Safety of NHS Prescription Forms**

FP10's are classed as secure stationery. NHS Protect publishes guidance: Management and control of prescription forms: A guide for prescribers and health organisations (2018) <https://cfa.nhs.uk/fraud-prevention/fraud-guidance>

- 41.1 You must take all reasonable and responsible steps to prevent loss or inappropriate use of your prescription pad. You should only use one prescription pad at a time. You are responsible for the safety of your named prescription pad.
- 41.2 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.
- 41.3 You should record the serial number of the first remaining prescription in your current pad at the end of each working day. If your current pad is lost or stolen after you last used it, the relevant serial number of unused prescriptions must be reported.
- 41.4 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.
- 41.5 You must never print off blank prescriptions in advance and store them for future use.

### **Practice Guidance 42: Conflict of interest**

- 42.1 You must ensure any interest you have in any pharmaceutical product or company does not affect your ability to prescribe in the patient's best interest alone.
- 42.2 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 on medicines.
- 42.3 You must declare any conflict of interest in a 'register of interests' either within your personal portfolio, or within your employer's Hospitality Register which should be produced on request for audit purposes.

- 42.4 You must follow the any national Guidance on identifying and managing conflict of interest relating to your prescribing practice. For example, NHS England guidance <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/>
- 42.5 You should voluntarily declare any activities undertaken with the Pharmaceutical industry in accordance with the Association of British Pharmaceutical Industry (ABPI) Disclosure register.

### **Practice Guidance 43: Gifts and Benefits**

- 43.1 You must not solicit or accept personal gifts that are given to influence your prescribing activity.
- 43.2 You may accept awards and/or grants to attend educational events offered by pharmaceutical companies that enable you to undertake CPD relevant to your prescribing practice. Where required these must be declared under the relevant conflict of interest policy.
- 43.3 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 44: Checking Registrations and Annotations**

- 44.1 You must provide evidence of your valid registration as a physiotherapist with the HCPC to your employer / those using your prescribing services.
- 44.2 You should provide evidence of your valid status as a prescriber annually to your employer / those using your prescribing services.
- 44.3 You must only prescribe in accordance with the type of annotation awarded to you.

## Appendix 1 - Legal Basis of Physiotherapist prescribing

Section 214 (3) of The Human Medicines Regulations (2012) as amended, defines a physiotherapist SP and physiotherapist IP as 'appropriate practitioners' for the supply of Prescription Only Medicines. This legislation applies UK wide.

Regulation 6C of The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015 states '*A registered physiotherapist independent prescriber may prescribe any of the following [listed medicines] controlled drugs for the treatment of organic disease or injury provided that the controlled drug is prescribed to be administered by the specified method*'.

This legislation is Great Britain wide so does not apply in Northern Ireland.

### 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

## Appendix 2 - 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
- Nurse independent prescriber
- Pharmacist independent prescriber
- Optometrist independent prescriber
- Physiotherapist independent prescriber
- Podiatrist independent prescriber
- Therapeutic radiographer independent prescriber.
- Paramedic independent prescriber.
- Supplementary prescriber acting under a written<sup>1</sup> Clinical Management Plan (CMP) - (nurse, pharmacist, podiatrist, physiotherapist, therapeutic and diagnostic radiographer, optometrist, dietitian)

A physiotherapist who is annotated on the Health and Care Professions Council (HCPC) register as a Supplementary Prescriber may only prescribe POMs under a written Clinical Management Plan (CMP). Those annotated as both an independent and supplementary prescriber may use both frameworks.

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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 2,3,4 or 5.

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 controlled drugs:

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

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

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

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

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

Practice Guidance for Paramedic Independent and Supplementary Prescribers (2018). *College of Paramedics*. London.

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