PRESCRIPTION, SUPPLY AND ADMINISTRATION OF DRUGS BY OPHTHALMIC PROFESSIONALS

Recent and proposed changes in policy and legislation will allow professionals other than doctors and dentists to prescribe drugs, and allow a wider range of professionals to administer and supply drugs without a prescription. The following is a brief account of current and future developments. Further information can be found on the websites listed below. Advice should be sought from relevant national and local authorities before making changes to local policies and practice.

DEFINITIONS

Prescribe To authorise in writing the supply of a medicine (usually, but not necessarily, a prescription-only medicine) for a named patient

Administer To give a medicine by either introduction into the body, whether by direct contact with the body or not, (e.g. orally or by injection) or by external application (e.g. application of an impregnated dressing)

Supply To provide a medicine to a patient / carer for administration

Dispense To make up or give out a clinically appropriate medicine to a patient for self-administration or administration by another, usually a professional. In the case of prescription-only medicines, dispensing must be in response to a legally valid prescription and is normally, but not exclusively, carried out in a registered pharmacy by or under the supervision of a pharmacist. The act of dispensing is combined with advice about safe and effective use.

For a definition of a dispensed medicinal product and more detailed information about prescriptions and the administration medicines in hospitals see pages 4 & 10 of *Medicines, Ethics and Practice Guide number 28* (July 2004). This can be accessed on the website of the Royal Pharmaceutical Society of Great Britain at www.rpsgb.org.uk under ‘society publications’, or directly at http://www.rpsgb.org.uk/pdfs/MEP28s1-1.pdf and http://www.rpsgb.org.uk/pdfs/MEP28s1-2a.pdf

PRESCRIBING DRUGS

The preferred way for patients to receive prescription-only medicines (POMs) is for an appropriately qualified health care professional to **prescribe** for an individual patient on a one-to-one basis. The legislation surrounding the use of medicines, which is designed to protect patient safety, was built around this and the traditional model of prescribing. In other words, a doctor (or dentist) assessed a patient and if a medicine was necessary, wrote a prescription. A pharmacist then dispensed the medicine to the patient against that prescription. There are some long-standing exemptions to this in medicines legislation that allow certain health care professionals (e.g. midwives, optometrists) to sell, supply and / or administer specific medicines directly to patients. These exemptions are still valid and are used in practice.

Extension of prescribing

Following recent legislation to enable **extension of prescribing responsibilities**, some registered nurses, midwives and pharmacists can now prescribe drugs. There are two categories of prescribers:

- **independent prescribers** who are responsible for the initial assessment of the patient and drawing up a treatment plan. The independent prescriber also has the authority to prescribe the medicines required as part of the plan. All non-medical independent prescribers are restricted to drugs in a limited formulary, e.g. Nurse Prescribers Formulary (NPF) used by district nurses & health visitors
- **supplementary prescribers** who are authorised to prescribe for patients whose condition had been diagnosed or assessed by an independent prescriber, within the parameters of an agreed clinical management plan. An independent prescriber must be a doctor or dentist, and the

supplementary prescriber must work in agreement with the independent prescriber and the patient. The clinical management plan must be included and be an integral part of the patient's medical record, and must state the local or national prescribing guidelines that are to be observed. Unlicensed medicines and controlled drugs are currently restricted from supplementary prescribing, although this is likely to change. Otherwise there are no restrictions on access to the formulary.

The extension of prescribing responsibilities was rolled out nationally in 1999, with appropriately trained district nurses and health visitors prescribing as independent prescribers from a limited formulary. In April 2002, the scope of nurse prescribing was expanded to allow a wider range of nurses to prescribe from an extended formulary (the Nurse Prescribers Extended Formulary). Most recently, in April 2003, supplementary prescribing for nurses and pharmacists was introduced. It is expected that the extension of prescribing responsibilities will continue so that, in the longer term, more health care professionals will have the option of prescribing when delivering services to patients.

Optometrist's are seeking both independent and supplementary prescribing rights. (See http://www.npc.co.uk/ for current competencies.) Nurses, whatever their specialisation, can undertake Extended Nurse Prescribing and/or Supplementary Prescribing. All new prescribers, whether independent or supplementary, must undertake an approved programme of training and certification, including a programme of continuing professional development in their area of prescribing.

For further information about supplementary prescribing see:-
Supplementary Prescribing A resource to help healthcare professionals to understand the framework and opportunities at www.npc.co.uk/nurse_pres.htm

SUPPLY AND ADMINISTRATION OF PRESCRIPTION ONLY MEDICATIONS (POMs) WITHOUT PRESCRIPTION

There are some situations where patients may benefit, without their safety being compromised, from having a prescription-only medicine supplied and / or administered directly to them by a range of health care professionals without the legal necessity of a prescription signed by an independent prescriber and dispensed by a pharmacist. This can be achieved in one of two ways:

Patient Group Direction (PGD)

Patient Group Directions (PGDs) were introduced in August 2000 to replace patient group protocols and constitute a legal framework which allows certain designated health care professionals to supply and administer medicines to **groups of patients** that fit the criteria laid out in the PGD. A health care professional can **supply** (for example, provide an inhaler or tablets) and / or **administer** a medicine (for example, give an injection or a suppository) directly to a patient without the need for a prescription or an instruction from a prescriber. Where medicines are supplied under the remit of a patient Group Direction, patients must be counseled and provided with a patient information leaflet.

Using a PGD is not a form of prescribing. The legal definition of a PGD is:

> *'a written instruction for the sale, supply and / or administration of named medicines in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment.'*

Guidance issued along with the definition sets the overall context in which PGDs should be viewed:

> *'... PGDs should be reserved for those limited situations where this offers an advantage for patient care without compromising patient safety, and where it is consistent with appropriate professional relationships and accountability.'*

PGDs fit best within services where medicines use follows a predictable pattern and is less individualised. PGDs are generally most appropriate to manage a specific treatment episode (or episodes) where supply or administration of a medicine is necessary. However, for a PGD to be valid,

certain criteria must be met both in terms of the patient group that the PGD can be used for, and in how the PGD itself is drawn up. In ophthalmic practice PGDs can be used for administration of eye drops for ocular examination and for defined and limited treatment episodes such as topical antibiotics following removal of a corneal foreign body.

All PGD's must be agreed by the relevant Trust/s, and be reviewed every two years.

Currently midwives, nurses, pharmacists, optometrists, orthoptists, podiatrists and chiropodists, radiographers, physiotherapists, ambulance paramedics, dieticians, prosthetists and orthotists, occupational therapists and speech and language therapists are able to use PGDs. This may be extended to other registered professional groups in the future. Individual practitioners using the PGD must be named on a list held by the local Trust or other employing authority. Unlike extended prescribing, health care professionals entitled to work with a PGD require no additional formal qualification, but the National Prescribing Centre has now published a competency framework and training and assessment of competence is likely to become standard practice. Organisations also have a responsibility to ensure that only fully competent, trained health care professionals use PGDs.

Further information about PGDs can be found in the document;
Patient Group Directions A practical guide and framework of competencies for all professionals using patient group directions, published by the National Prescribing Centre, at
http://www.npc.co.uk/publications/pgd/pgd.htm

Patient Specific Direction (PSD)
All administration and supply of drugs not covered by a prescription or a PGD must be issued through a **Patient Specific Direction.** A PSD is used once a patient has been assessed by a prescriber and that prescriber, (doctor, dentist or independent nurse prescriber) instructs another health care professional in writing to supply or administer a medicine directly to that named patient or to several named patients. This might be a simple instruction in the patient's notes, an instruction on a clinic list containing names of patients attending that clinic or an instruction on a patient's ward drug chart. Generally speaking, PSDs do not require an assessment of the patient by the health care worker instructed to supply and or administer the medication. Where a Patient Specific Direction exists, there is no need for a Patient Group Direction.

It is best practice although not a requirement that all staff who administer eye drops under PSDs should receive appropriate training and assessment of competence and protocols and guidelines should be agreed with the Trust.

SUMMARY

The law now permits the prescription, administration and supply of medications to ophthalmic patients by a number of ophthalmic professionals, and further extension of prescribing rights is planned.

After training and certification nurses and pharmacists may become independent or supplementary prescribers, and in the future this may be extended to optometrists.

Under a Patient Group Direction (PGD) nurses, orthoptists and optometrists can administer and supply eye medications without a prescription.

Under a Patient Specific Direction (PSD) a doctor, dentist or independent nurse prescriber must give a written instruction to another health care professional to supply or administer a medicine to a named patient or patients.

For further information see: http://www.npc.co.uk/
http://www.rpsgb.org.uk/