RPSGB response to the public consultation – Independent prescribing of controlled drugs by nurse and pharmacist independent prescribers

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, a role that is expected to soon become statutory under new legislation. The primary objectives of the RPSGB are to lead, regulate, develop and represent the profession of pharmacy.

The RPSGB welcomes the opportunity to respond to this consultation on 'Independent Prescribing of Controlled Drugs by Nurse and Pharmacist Independent Prescribers'.

It is the view of the RPSGB that appropriately trained pharmacists should be able to prescribe any appropriate medicines for any condition that they are competent to treat. We believe that independent prescribing by pharmacists should be restricted by the competence of the pharmacist and by local healthcare need, rather than by legislation.

Therefore, the RPSGB strongly supports proposals to expand prescribing of controlled drugs (CDs) by nurse and pharmacist independent prescribers and is of the opinion that nurse and pharmacist independent prescribers should be able to prescribe any CDs from Schedules 2, 3, 4 and 5 of the Misuse of Drugs Regulations 2001 (as amended) according to their competence. Extending prescribing powers to include CDs will give patients improved access to the care they need and will make full use of nurse and pharmacists' skills. We believe that there are robust safeguards in place to ensure that patient safety will not be compromised as a result of the changes.

Our detailed comments on the proposals and the reasons for these are outlined below

Proposals for the expansion of prescribing of controlled drugs by nurse and pharmacist independent prescribers

The RPSGB fully supports the proposals to allow independent prescribing of any CD from Schedules 2, 3, 4 and 5 by nurse and pharmacist independent prescribers according to their competence. We believe this to be the most appropriate option for making it easier for patients to access the CDs they need, increasing patient choice and for making the best use of pharmacists' skills without compromising patient care.

The reasons supporting this view are as follows:

- The revised Code of Ethics for pharmacists states that pharmacists must make the care of patients their first concern, exercise their professional judgement in the interests of patients and the public and develop their professional knowledge and competence. The Code requires that pharmacists recognise the limits of their professional competence, practise only in those areas in which they are competent to do so and refer to others where necessary. In addition to the Code of Ethics, the RPSGB has also developed professional standards and guidance for pharmacist prescribers. This document expands on the principles of the Code of Ethics to set out the specific professional responsibilities of pharmacist prescribers. It states that "You must prescribe only within your level of expertise and competence and not prescribe outside of your clinical knowledge of either

the condition, or the medicines required to treat that condition". Failure to comply with these professional obligations may put a pharmacist's registration at risk.

- The RPSGB has also developed a clinical governance framework for pharmacist prescribers which all pharmacist prescribers are encouraged to work within.

- Pharmacist prescribers must complete an accredited education and training programme, accredited by the RPSGB. The duration of study is between 25 and 27 days including attendance at classes. Students also have to complete an additional 12 to 14 days learning in practice supervised by a medical practitioner.

- Continuing professional development (CPD) now requires all pharmacists to keep a record of their learning. For pharmacist prescribers, a proportion of this learning record has to be related to their role as a pharmacist prescriber.

- Following the Shipman Inquiry there have been significant changes in legislation which governs the management of CDs to strengthen safeguards and improve monitoring arrangements. Since July 2006 the validity of CD prescriptions for Schedule 2, 3 and 4 CDs has been reduced to 28 days and good practice guidelines advise that no more than 30 days supply of these CDs should be supplied at any one time. In addition standardised prescription forms now have to be used for the private prescribing of Schedule 2 or 3 CDs, which means that this prescribing can also be monitored in a similar manner to NHS prescribing.

- Pharmacists who qualify as independent pharmacist prescribers can also practise as supplementary prescribers should they wish to do so. As a pharmacist supplementary prescriber pharmacists can prescribe any CD as long as it is included in the clinical management plan specific to that patient. It is inequitable that pharmacists can prescribe CDs as a supplementary prescriber (and indeed sell some Schedule 5 CDs over-the-counter), but they cannot prescribe these drugs as independent prescribers.

The RPSGB does not support the alternative options for action, namely restricting the Schedule 2 and 3 CDs that can be prescribed by nurse and pharmacist independent prescribers or limiting the medical conditions for which these CDs can be prescribed. Limited formularies are difficult to keep up to date and the processes for making changes to them are lengthy and cumbersome. Such formularies do not enable flexible arrangements for treating patients to meet local needs. Limited formularies and / or restrictions on the medical conditions for which CDs can be prescribed can also result in professionals being uncertain about what they can or can't prescribe in defined circumstances which can lead to situations where patient care could be compromised.

Principles underpinning the expansion of prescribing of CDs by nurses and pharmacists

The RPSGB supports the principles governing non-medical prescribing detailed in the consultation document. However, we note that one of the principles states that 'prescribing and dispensing must always be separate for controlled drugs'. Whilst we agree with the underlying intention of this principle we believe that:

a) this principle should apply to all professionals who can prescribe and dispense i.e. pharmacists, dispensing doctors
b) there may be exceptional circumstances where it is in the patient's best interest for the professional to both prescribe and dispense. These exceptional

circumstances should align with those outlined by the General Medical Council in regards to self-prescribing:

- No other person with the legal right to prescribe or dispense is available

And only then if that treatment is necessary to:

- Save life
- Avoid serious deterioration in the patient's health
- Alleviate otherwise uncontrollable pain

Prescribing of Diamorphine, Cocaine or Dipipanone for the management of addiction

The RPSGB notes that Government is not presently minded to take action to enable nurse and pharmacist prescribers to apply for a licence to prescribe diamorphine, cocaine or dipipanone for the treatment of addiction. The RPSGB would support further consideration of this matter in the future and believes that provided robust safeguards are in place, similar to those currently placed on medical practitioners, changes to the current legislative restrictions could be made without compromising patient care or public safety.

Timing of implementation

The RPSGB believes that the extension of prescribing rights for nurse and pharmacist independent prescribers to prescribe any CD from Schedules 2, 3, 4 and 5 should take effect immediately. We believe that robust systems are in place at a local level for the management of CDs. Since January 2007, in England, Accountable Officers have been in place and have the remit of monitoring the management of CDs within their area. RPSGB Inspectors also undertake checks on the management of CDs within community pharmacies as part of their monitoring visits. Similar arrangements for Scotland are expected to be implemented in 2007.