University of Plymouth

PEARL **https://pearl.plymouth.ac.uk**

Faculty of Health: Medicine, Dentistry and Human Sciences School of Health Professions

2004

Supplementary Prescribing by Pharmacists: A new opportunity?

Sewell, GJ

http://hdl.handle.net/10026.1/3727

European Journal of Hospital Pharmacy

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Supplementary prescribing by pharmacists: A new opportunity?

Professor Graham Sewell

For some years, UK hospital pharmacists have undertaken various prescribing activities including the prescribing of parenteral nutrition, hospital discharge medicines and chemotherapy support medication. This activity was normally sanctioned through local agreements and protocols endorsed by senior medical staff. However recent changes in UK legislation have recognised the role of non-medical health-care professionals in prescribing and have provided a legal framework to regulate these responsibilities at national level. Supplementary prescribing was implemented in April 2003 following the publication of a government – commissioned report on the Review of Prescribing, Supply and Administration of Medicines, and extensive consultation with expert bodies and the public.

Supplementary prescribing (SP) is defined as "a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patients agreement." Clearly, the independent prescriber is responsible for making a diagnosis, initiating treatment and defining the clinical management plan. The supplementary prescriber normally prescribes in response to a repeat prescription or the need to adjust treatment to optimise response or manage toxicity. The supplementary prescriber may select the dose, frequency, product and route of administration within the limits set out in the clinical management plan.

Supplementary prescribing rights are currently restricted to registered pharmacists, nurses and midwives who have completed an approved training programme, although the list of eligible professions is likely to be extended in the future. All medicines fall within the scope of SP with the exception of controlled drugs (for example opioid analgesics) and unlicensed medicines (unless used in a clinical trial), where changes to additional legislation are required.

Pharmacists wishing to become supplementary prescribers must complete and pass a training programme, which complies with standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB), before their name on the professional register can be annotated to show they are a supplementary prescriber. The training programme comprises 25 days theoretical training plus 12 days learning in practice under the supervision of a designated medical practitioner. Key areas in the SP indicative syllabus include:

- Consultation and decision making
- Influences on, and psychology of, prescribing
- Prescribing in a team context
- Update on relevant aspects of basic and applied therapeutics
- Principles and methods of monitoring
- Evidence-based practice and clinical governance in relation to independent and supplementary prescribing
- Legal, policy, professional and ethical aspects
- Prescribing in the public health context

The reader is referred to the RPSGB website for further information on the syllabus: www.rpsgb.org

SP by pharmacists is ideally suited to the management of chronic conditions in the primary care setting. The role of the SP pharmacist in the hospital setting is less clear, although SP as part of wider medicines management initiatives is becoming established in a number of clinical specialities. These include nutrition, care of the elderly, mental health, oncology, anticoagulant clinics and the management of surgical patients, among others. The increasing role of hospital pharmacists in prescribing/transcribing discharge medication (and the implied medication review that is integral with the process), is not covered by SP.

Barriers to hospital pharmacist SP, such as finding medical practitioners willing to supervise the clinical component of training and obtaining professional insurance cover for SP, have generally been resolved. However, at a time when hospital pharmacists in the UK are in short supply, it is crucial that the SP role for pharmacists is clearly identified, ideally as part of an integrated medicines management strategy. The development of SP will come under intense scrutiny from hospital managers, patient groups and other healthcare professionals. Careful, strategic planning is required if SP is to enhance the clinical role of hospital pharmacists and enable them to deliver real benefits to patients.

Author:
Graham Sewell
Professor of Clinical Pharmacy
Kingston University and Pharmacy Consultant,
Plymouth Hospitals NHS Trust, UK
Department of Pharmacy, Kingston University
Surrey, KT1 2EE, UK
G.J.Sewell@kingston.ac.uk