



Principles & Practice of Nurse Prescribing

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Chapter 1

The policy and professional context of nurse prescribing

RPS Competency Framework for All Prescribers (2021a)

This chapter will address the following professional competencies:

- **Competency 8: Prescribe professionally**

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

At the point of registration, the registered nurse will be able to:

- 1.1 understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates and fulfil all registration requirements.

Chapter aims

After reading this chapter, you will be able to:

- explain the pertinence and benefits of prescribing to professional nursing;
- outline the core professional standards underpinning prescribing;
- discuss the pertinence of the prescribing competence framework. (RPS, 2021a)

Introduction

Within the Nursing and Midwifery Council, The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (NMC, 2018a) it is recognised that nurses are required to:

Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations.

However, prescribing is not within the scope of practice of everyone on the register. Nursing associates or level two registered nurses don't prescribe, but they may supply, dispense and administer medicines. Only nurses and midwives who have successfully completed a further qualification in prescribing following their registration can prescribe. Nurse and midwife proficiencies (NMC, 2018a, 2019a) aim to provide registrants with the knowledge and skills from which to continuously develop, for example by being equipped to progress to the prescribing qualification.

Prescribing by nurses was legally established in 1992 in the UK after reports suggested prescribing would improve efficiency and quality (DHSS, 1986; DoH, 1989). The legislation underpinning this development (detailed in Chapter 2) took six years to come into effect and, more than 25 years later, prescribing is well established with approximately 90,000 prescribers on the Nursing and Midwifery Council (NMC) register (Table 1.1, NMC, 2021).

With countries

Area	2017	2018	2019	2020	2021	5 year +/-
V100 / V150 Community Practitioner Nurse Prescriber						
United Kingdom	40,612	40,748	40,879	41,049	41,301	+689
England only	32,849	32,709	32,839	32,949	33,169	+320
Scotland only	3,421	3,506	3,397	3,370	3,323	-98
Wales only	2,620	2,763	2,836	2,912	2,969	+349
NI only	1,437	1,499	1,534	1,560	1,582	+145
V200 Extended Formulary Prescriber						
United Kingdom	1,449	1,375	1,292	1,211	1,152	-297
England only	1,243	1,187	1,113	1,045	990	-253
Scotland only	183	170	158	148	143	-40
Wales only	12	10	11	9	9	-3
NI only	2	2	2	2	2	0

Area	2017	2018	2019	2020	2021	5 year +/-
V300 Nurse Independent/Supplementary Prescriber						
United Kingdom	36,983	40,041	43,717	47,899	50,693	+13,710
England only	30,853	33,305	36,308	39,755	41,878	+11,025
Scotland only	3,914	4,336	4,762	5,221	5,641	+1,727
Wales only	1,318	1,477	1,612	1,762	1,903	+585
NI only	672	709	809	911	1,013	+341
TOTAL	79,044	82,164	85,888	90,159	93,146	+14,102
<i>Please note: Some of the figures are lower than stated because registrants with different types of prescribing qualifications are counted twice</i>						

Table 1.1 Number of prescribers in the NMC register (NMC, 2021)

As per Table 1.1, these prescribers are split between community practitioner nurse prescribers, known as V100 or V150 prescribers, who can prescribe from a limited formulary, and nurse independent prescribers, V300, who can prescribe from the full British National Formulary (BNF), with the exception of some specific controlled drugs (NMC, 2018c). The table also shows a decline in the V200 prescriber, a qualification which has been superseded by the V300 and is no longer available. This represents a steady expansion of professional autonomy and accountability with nurses and midwives now expected to have the skills to progress to a prescribing qualification immediately following registration (NMC, 2018c) and potentially undertake full formulary (V300) prescribing after one year post-registration experience. Some people are describing this as ‘prescribing ready’ at the point of registration.

Like most professional regulators, the Nursing and Midwifery Council sets standards of practice and education which enables entry onto the professional register as a nurse or midwife. Legal statutes give the NMC the authority to define both the requirements of educational programmes and the competencies or proficiencies that need to be achieved. The over-arching objective of the Council is the protection of the public, which is done by setting standards of education, training, conduct and performance and ensuring the maintenance of those standards.

Pre-registration nurses are measured against a number of outcomes within seven platforms (NMC, 2018b). Platform four relating to providing and evaluating care is explicit in that nurses must be able to *apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration* (NMC, 2018b, p12). Similarly, midwife proficiencies (NMC, 2019a, p21), divided into domains rather than platforms, state that at the point of registration midwives must demonstrate *knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration*.

Annotation on the NMC register as a nurse or midwife prescriber requires the successful completion of an NMC approved post-registration prescribing programme in order to meet the necessary standards of prescribing programmes. Within these standards the NMC (2018c) has adopted the Royal Pharmaceutical Society (RPS) Competency Framework for All Prescribers as their proficiency standards for nurse prescribing. The revised version of the RPS Competency Framework was produced and adopted in 2021. The adoption of this Competency Framework demonstrates a commitment to an interdisciplinary approach to developing prescribing proficiency (NMC, 2018c). This book will therefore consider the NMC Future Nurse: Standards of Proficiency for Registered Nurses (NMC, 2018b), Standards for Prescribing Programmes (NMC, 2018e) and the RPS (2021a) Competency Framework for All Prescribers.

This chapter starts with a brief overview of the policy context, benefits and outline of the different types of prescribing qualifications. It then moves onto the topic of the standards and competencies relevant to nurse prescribing. While this embeds principles of safe and effective medicines management, the focus is on prescribing and, in particular, community practitioner nurse prescribing (coded on the NMC register as V100 and V150). Next, the RPS Competency Framework for All Prescribers will be discussed. This framework includes prescribing in relation to assessment and consultation, ethical issues, legal issues, professional issues, accountability, evidence-based practice, public health, team working, record keeping, pharmacology, prescription writing and numeracy. The chapter will end with a discussion of scope of practice.

Scenario 1.1

You work in a busy community nursing team and have recently moved to a health centre so are no longer GP attached. You have visited Mrs A and assessed her as needing some new dressings, paracetamol and BM (blood sugar) testing strips. In the past, you would have printed off the prescription and asked the GP to sign it so it could be processed that day. However, now that your team has moved, the GPs are refusing to do this. You ask the district nurse to write the prescription as she has the prescribing qualification. However, she says she is not able to prescribe unless she has assessed the patient.

A brief history of nurse prescribing

The need for nurses to prescribe first became apparent in a review of community nursing services in the 1980s. Similar to Scenario 1.1, as part of the review of 'neighbourhood nursing' (DHSS, 1986) Baroness Cumberlege witnessed 'well-informed and qualified nurses' standing outside GPs' doors to get prescriptions signed, sometimes having written the prescription themselves (Cumberlege, 2003, p10). The review team was also alarmed to find that house-bound people were waiting in pain and discomfort for the prescription they needed, with particularly lengthy delays in

some areas. Nurse prescribing was a logical response to an identified health need and to some extent the authorisation of existing practice.

Throughout the gradual development of nurse prescribing, there have been mixed views from other professional organisations. The initial recommendations were modest as they ‘anticipated the hostility from both the medical and pharmaceutical professions’ (Cumberlege, 2003, p12). Initially, prescribing was approved for only specialist community practitioners (health visitors and district nurses) from a limited choice of items contained in a Nurse Prescribers’ Formulary (NPF). This is now known as V100 prescribing, when the programme is undertaken within a district nurse or specialist community public health programme; or V150 if undertaken as a standalone programme by any qualified nurse or midwife. After legislation was passed, nurse prescribing was piloted in England in 1994, followed by its introduction in the other UK countries. The legislation in Scotland to allow district nurses, health visitors and practice nurses with a recognised qualification to prescribe from a limited formulary was passed in 1996 (The National Health Service (pharmaceutical services) (Scotland), (General Medical supplies) (Scotland), and (Charges for Drugs and Appliances) (Scotland) Amendment Regulations). Subsequent expansion of prescribing rights has been achieved in incremental stages assisted by a variety of mechanisms across the four UK countries including research, audit, service evaluation and consultation (Latter *et al.*, 2005a, 2005b; MHRA, 2005, 2006; i5 Health, 2015).

Activity 1.1 will prompt you to think critically about the introduction of nurse prescribing and what it has meant for the profession.

Activity 1.1 Critical thinking: benefits of nurse prescribing

Thinking about your practice, what are some of the benefits of prescribing from a limited formulary or having a wider scope to prescribe? What do you think the research, audits and evaluation have shown? What do you think may be some of the disadvantages or challenges of its introduction?

A selection of findings from qualitative studies and reviews of nurse prescribing can be found at the end of this chapter.

As you will have seen in the answer to Activity 1.1, since its inception nurse prescribing has consistently evaluated as safe and effective, with improved patient outcomes reported (Latter and Courtenay, 2004; Latter *et al.*, 2005a; Holmes, 2006; DoH, 2006a, b; Latter *et al.*, 2010). This success combined with health policies expanding nursing roles resulted in the series of extensions to the initial programme. In May 2001, following the recommendations of the 2nd Crown Report (DoH, 1999) and a consultation period, the

government announced that nurse prescribing would be extended to more nurses and a wider range of medicines, to include: minor ailments; minor injuries; health promotion; and palliative care. An accompanying educational programme was developed and approved by the Nursing and Midwifery Council (NMC). This was known as ‘Extended Formulary Prescribing’ and denoted by the NMC as V200.

In 2003 legislation changed to allow nurses and pharmacists to also become supplementary prescribers. Nurses that had previously completed the V200 were provided an opportunity to ‘top up’ their qualification to become independent and supplementary prescribers. It was at this point from an NMC perspective that the prescribing qualification was known as V300 prescribing. After another national consultation process, further changes to regulations allowed nurses and pharmacists to be able to prescribe any licensed medicine for any medical condition they are competent to treat, including a limited range of controlled drugs for specific medical conditions (DoH, 2006a). Additional amendments to legislation in relation to the professional use of controlled drugs by pharmacists and nurses came into force in 2012 and apply in Scotland, England and Wales. The increased importance of nurse prescribing is evident in health policy (DoH, 2006c, 2009; NHS England, 2019; Scottish Government, 2017), with the remit of providing services closer to the patient, the extension of nursing (and other professionals’) roles and the emphasis on a proactive approach to health and wellbeing (Scottish Government, 2016; DHSC, 2021a, b).

Nurse prescribing continues to develop at a considerable rate and it is therefore important that you regularly access relevant websites to keep abreast of new developments. It is worth remembering that the power and responsibility to develop and implement policy within health services were devolved to the Scottish Executive and Welsh Assembly. Therefore, what is contained within the Department of Health’s website does not always apply throughout the UK. It is important that you take cognisance of these factors when undertaking your reading as publications prior to 2006 will not reflect the current situation, although will still contain valuable theories and principles. The timeline in Figure 1.1 illustrates the development of nurse and midwife prescribing, some of which will be explored further later in the book. Although NMC Standards and Competency Frameworks are the same across the four countries, each has different policies affecting prescribing. The initial Acts for nurse and midwife prescribing indicate these separate dates for all four countries, while dates of further development are mainly based on English law.

Types of prescribers

The Nursing and Midwifery Council (2018e) prescribing standards have consolidated a number of circulars and previous standards. The following types of prescribers and their associated codes are outlined in Table 1.2.

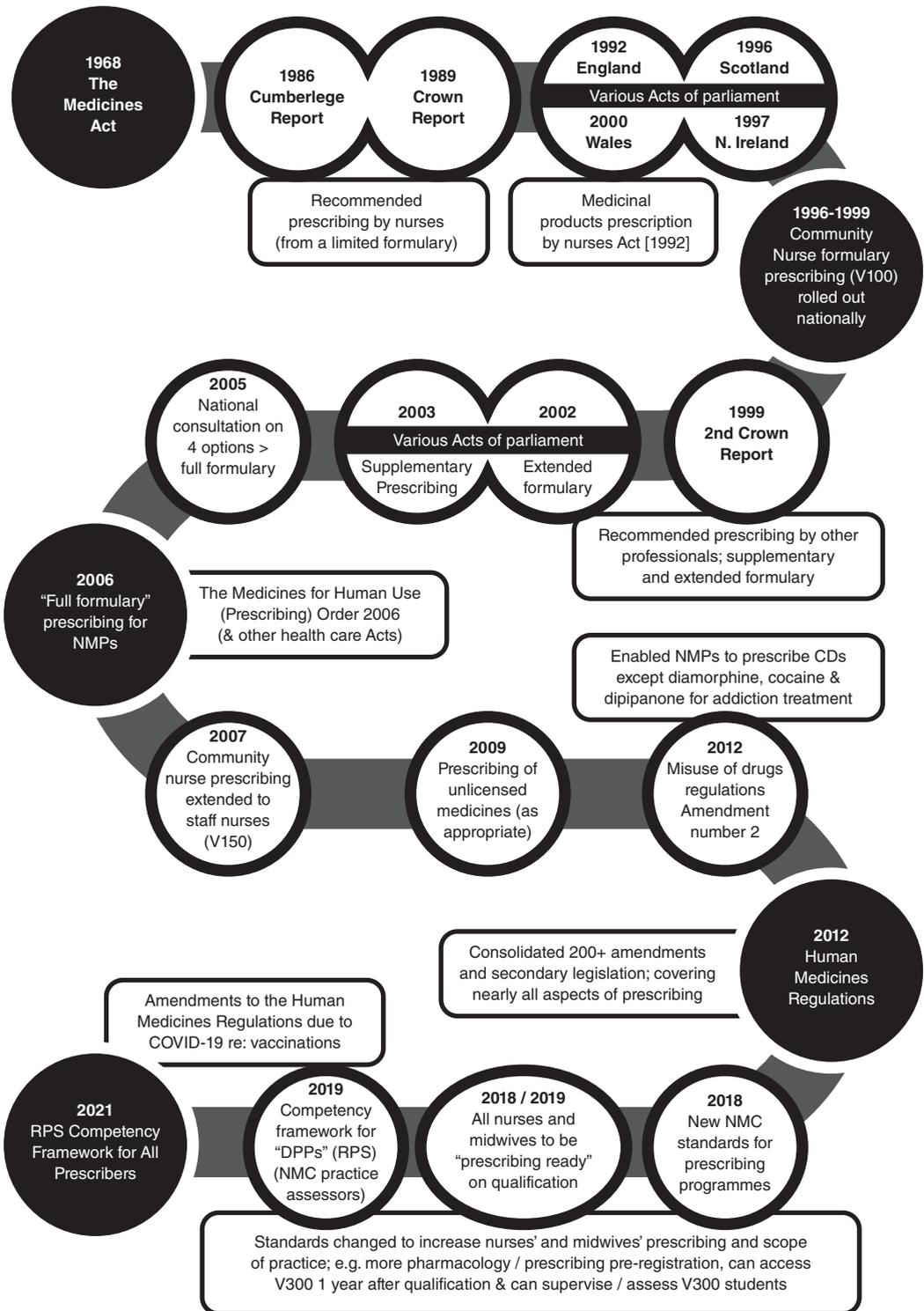


Figure 1.1 Prescribing timeline

NMC Code	Title Description	Formulary
V100	Community practitioner nurse prescriber. As part of the Specialist Qualification Practice (SPQ) (District Nursing/General Practice Nursing, etc.) standards or taught within a Specialist Community Public Health Nursing course (health visitors, school nurses, etc.)	Nurse Prescriber's Formulary
V150	Community practitioner nurse or midwife prescriber; prescribing from the Nurse Prescriber's Formulary; as a standalone course, not linked to a specialist, public health or other post-registration nursing programme	Nurse Prescriber's Formulary
V200	Nurse or midwife independent prescriber who initially was only able to prescribe from an extended formulary, prior to the changes in legislation in 2003 to include supplementary prescribing. V200 prescribers can now prescribe as independent prescribers on the same basis as V300 prescribers but are not able to act as supplementary prescribers. The V200 prescribing programmes are no longer offered	British National Formulary (with the exception of some controlled drugs)
V300	Nurse or midwife independent and supplementary prescriber; the current qualification for all prescribing courses for nurses or midwives who can prescribe any medicine for any condition within their competence with the exception of some controlled drugs (for the purposes of addiction treatment). V300 also includes supplementary prescribing which is for those who choose to work in partnership with a doctor or dentist to implement a clinical management plan in agreement with the individual being prescribed for; and allows all drugs to be prescribed within the CMP	British National Formulary (with the exception of some controlled drugs) as independent prescriber; and full British National Formulary as supplementary prescriber

Table 1.2 Types of nurse and midwife prescribers

The two main types of prescribing (V100/V150 and V300) entail different programmes of study to be approved by the Nursing and Midwifery Council. While the NMC (2018c) standards for education are less detailed than previous, they outline different entry criteria between the two courses and specify that a pharmacology and a calculations exam are required. Both courses involve achieving the same competencies contained in the Competency Framework for All Prescribers (RPS, 2021a).

Professional Standards

The NMC Code (NMC 2018a) statement 18.1 sets out common standards of conduct and behaviour for nurses on the register and expects all registrants to:

prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.

Prior to entering the register individuals will undertake an NMC approved education programme to achieve the required outcomes. There are 103 pre-registration nursing standard statements on seven ‘platforms’ and 188 midwifery standard statements across six domains. As outlined previously, the expectation upon registration for both is to be able to demonstrate the ability to progress to a prescribing qualification following registration (NMC, 2018b, 2019a). If registrants choose to progress to a prescribing qualification and undertake a further preparation programme the NMC (2018e) states:

For all categories of prescribers, the RPS Competency Framework applies in full and demonstration of all those competencies contained within it must be achieved in order to be awarded prescriber status. (NMC, 2018e, p5)

A Competency Framework for All Prescribers (CFAP) (RPS, 2021a)

A previous Competency Framework for prescribers was published in 2012, by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) to support all prescribers to prescribe effectively. It was recognised that a common framework was needed, whether the prescriber was a medical doctor, nurse, pharmacist or other allied health professional, due to the challenges associated with safe and effective prescribing. **NICE** have backed the RPS in updating the framework in collaboration with all the prescribing professions UK wide. The updated Competency Framework for All Prescribers (CFAP) was first published for all regulators, professional bodies, prescribing professions in 2016 and an overview of the development process is available on the Royal Pharmaceutical Society’s website. As it is important for competency frameworks to reflect current practice, it is reviewed at regular intervals, with a revised version consulted upon and published in 2021. NMC approved prescribing programmes will be expected to embed the most current version of the CFAP.

The NMC (2018b) reminds that these competencies also need to be maintained after the qualification is achieved and the CFAP (RPS, 2021a) is used for the initial prescribing programme as well as to structure ongoing development as a prescriber. There are 76 prescribing competency statements across ten core areas (RPS, 2021a). Many of these competencies overlap with outcomes nurses are expected to achieve at the point of registration, although at that point nurses cannot legally prescribe (NMC, 2018e). Undertaking a thorough assessment to underpin safe decision-making for the individuals in your care is one of the key considerations whether a prescribing decision is made or not (NMC, 2018a, 2018e; RPS, 2021a).

The steps to prescribing competence

The visual accompanying the RPS (2021a) competencies shows the person (being prescribed for) in the centre surrounded by two layers of prescribing. For a more practical interpretation, the broad competencies (RPS, 2021a) are depicted in Figure 1.2 as a stepped approach to prescribing. This model starts with clinical governance-related competences at the base recognising that governance forms the foundation of professional considerations from which you can proceed on the prescribing journey. An episode of prescribing will finish with governance as well, for example, in documentation, reflecting on your prescribing decisions and undertaking continuing professional development.

As a nurse, governance is underpinned by the Code (NMC, 2018a). For example, the principles of only prescribing within your scope of practice and competence, accepting responsibility and understanding the legal and ethical implications of prescribing are considered first. While some of the prescribing governance competencies are concerned with improving prescribing practice, they broadly cover topics that are before or after encounters with people for whom you may be prescribing. Like the RPS (2021a) visual, these ‘steps to prescribing competence’ in Figure 1.2 also place the person at the centre of your practice, as a reminder that they should be considered *at every step* of the process. While this model includes all ten broad competency statements, a more practical consultation model (RAPID-CASE) is introduced in Chapter 3 as a way to logically frame your assessment and decision-making for individuals in your care.

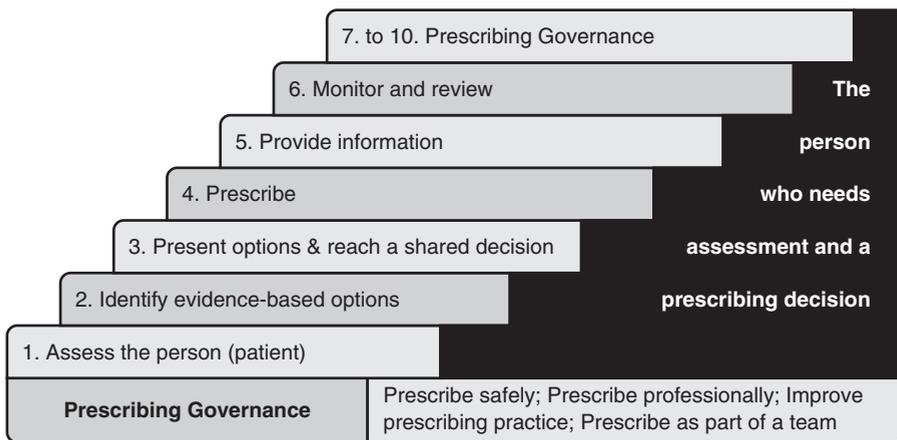


Figure 1.2 The steps to prescribing competence (based on RPS, 2021a)

Activity 1.2 Reflection

Thinking about your practice, what are some of the models, tools, frameworks you currently use to inform your practice? What would be the benefits from using a model designed for prescribing competence? What would be the barriers?

There is no answer provided for Activity 1.2, but this will be further explored as you progress through Chapter 3.

Applying the framework

We have outlined some of the professional requirements of prescribing courses and the framework containing the competencies that need to be achieved. Applying the steps to prescribing competence is illustrated in the chapters to follow by using a fictitious family (Activity 1.3: Scenario). The characters within this scenario are revisited throughout the book with the aim of exploring a variety of decision-making or prescribing situations across the life span.

Activity 1.3 Scenario: the de Silva family

Mohammad (Mo) and Cathryn (Cath) have been married for ten years and have three children living at home. Cath's dad passed away recently and he was the main carer for her mum (Mrs Fiona Smith), an 84-year-old who has mild dementia and now lives with the family. Mo is currently unemployed, with minor health problems, although he has smoked for 20 years and is prone to coughs and colds. Cath is normally well, but has found life more challenging since their third child, especially with her mum living with them. Sana is their 15-year-old daughter and is still in school, Sam is four years old and has just started infant school, while Milly has just turned six weeks.

The needs of this family will be explored in the context of an example professional role (e.g. as a health visitor, school nurse, practice nurse, staff nurse or district nurse).

In this instance, you are a health visitor who is undertaking the six-week review. While you are there, Cath asks you to prescribe some paracetamol for her mum. She says she doesn't have time to take her to the doctors' surgery and she thinks her leg wound is playing up.

Starting with the bottom step, what are some of the governance aspects of this request that you would need to consider?

Possible answers to this activity can be found at the end of this chapter and further elements of this model will be explored in subsequent chapters.

Chapter summary

This chapter explored the historic development of prescribing leading up to current standards of education and competence. An overview of the timeline and types of prescribing were discussed. The prescribing competence framework was presented alongside an adapted model to aid future prescribing decisions. To put this model in context the de Silva family were introduced as an example scenario that can be revisited bearing in mind

(Continued)

(Continued)

the steps to prescribing competence. In this instance, prescribing governance needs to be at the forefront and act as the basis for which prescribing practice can be developed. The next chapter explores these principles to a greater depth in relation to the legal and ethical aspects of prescribing.

Activities: suggested answers and discussion points

Answer to Activity 1.1 Critical thinking: benefits of nurse prescribing

The benefits of nurse prescribing have been demonstrated through ongoing research and reviews.

Benefits

- *Safe and effective.* There is considerable evidence that NMP not only has a very strong safety record but provides significant advantages to patients and the NHS as a whole (i5 Health, 2015).
- *Nurse prescribing has consistently been evaluated as safe and effective with improved patient outcomes.* Luker *et al.* (1997, 1998), DoH (2005), Latter and Courtenay (2004), Latter *et al.* (2005a, 2005b, 2010, 2011), Holmes (2006).
- *Improved patient outcomes.* Luker *et al.* (1998), Mundinger *et al.* (2000), Franklin (2006), i5 Health (2015).
- *Autonomy:* Less dependence on doctors/increased autonomy for practitioners: Luker *et al.*, 1997).
- *Improved concordance.* DoH, 2002a, 2004.
- *Cost-effective.* i5 Health, 2015.

Disadvantages/areas for concern

- *Increased responsibility/accountability:* Luker *et al.* (1997).
- *Pharmacological knowledge of nurses:* Latter *et al.* (2004).
- *Ongoing support/CPD:* i5 Health (2015, p20) found there was a significant minority of prescribers who mentioned a need for more support or that had experienced difficulty in accessing training and support.
- *Constraints:* Prescribers reported several issues impacting on their ability to prescribe effectively (i5 Health, 2015).

Answer to Activity 1.3 Scenario: the de Silva family

The NMC (2018a, e) are clear that you are not permitted to prescribe until you have completed a recognised course and the qualification has been annotated on the professional record. In this scenario, even with the qualification, as part of the competence to prescribe safely you need to be sure to only prescribe within your own scope of practice and recognise the limits of own knowledge and skill. Although it can be argued this is an over the counter medication, as opposed to a prescription-only medication, a skilled assessment should be always be undertaken (explored more fully in Chapter 3).

Other professional principles include the need to accept personal responsibility for prescribing and understanding the legal and ethical implications. In this instance, it may also be unclear who Mrs Smith is registered with so access to records could be an issue. While this request may not be currently in your remit, the professional principle of acting as part of a multidisciplinary team, communicating effectively and aiming to ensure continuity of care across care settings is also pertinent. This may involve establishing relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing, whether with the district nurse, or general practitioner or other involved in her care.

Further reading and useful websites

This chapter introduced some of the professional considerations of prescribing. These core resources are recommended to support your journey as a professional developing your prescribing.

The core source of medicines information is the British National Formulary. This is published every six months in hard copy, with the online version or app updated more frequently. The hard copy version may go out of date more quickly, but it has additional content compared with the online sources, so is highly recommended as a comprehensive information source. For prescribing purposes, you must always use the most up-to-date version, or check for changes via alerts, or the online/app versions. There is a separate BNF for Children (BNFc) and a Nurse Prescribers Formulary (NPF).

- Joint Formulary Committee (JFC) *British National Formulary* (online). London: BMJ Group and Pharmaceutical Press. <https://bnf.nice.org.uk>
- The British National Formulary for Children (BNFc). <https://bnfc.nice.org.uk>
- Community Practitioner Nurse Prescribers Formulary (NPF). <https://bnf.nice.org.uk/nurse-prescribers-formulary/>

The Nursing and Midwifery Council has a variety of pertinent information including the professional standards, information about CPD and a series of guides for practice assessors and supervisors. It is recommended to start with the standards.

- Main website. <https://www.nmc.org.uk/>
- Post-registration Standards (for Prescribers). <https://www.nmc.org.uk/standards/standards-for-post-registration/>

The NMC standards for medicines management were withdrawn in 2019, so the RCN information on this topic is recommended. It can be found on the RCN website for prescribers, along with selected resources.

- RCN: Medicines Management. <https://www.rcn.org.uk/clinical-topics/medicines-management>
- RCN: Advice Guide Non-medical prescribers. <https://www.rcn.org.uk/get-help/rcn-advice/non-medical-prescribers>

The Royal Pharmaceutical Society (RPS) publishes competency frameworks for prescribers, and their supervisors/assessors (DPPs). These frameworks, along with further resources for a range of professionals, are available from the RPS website.

- RPS Competency Framework. <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>
- RPS Medicines Optimisation Hub. <https://www.rpharms.com/resources/pharmacy-guides/medicines-optimisation-hub>