

*Neighbourhood nursing: a focus for care* (Cumberlege Report, 1986) recommended that community nurses should be able to prescribe, as part of their everyday nursing care, from a limited list of items. The Crown Report (1989) endorsed nurse prescribing and highlighted the circumstances in which it could occur, and a successful private members bill led to the primary legislation (Medicinal Products: Prescription by Nurses etc. Act 1992) that provided the power for nurses to prescribe.

Since the publication of the Crown Report [Review of prescribing, supply and administration of medicines.pdf](#) in 1999, many legislative changes have taken place to implement the Government's policy of extending prescribing responsibilities to non-medical professions. The aims of non-medical prescribing are:

- to improve patients' access to treatment and advice;
- to make more effective use of the skills and expertise of groups of professions;
- to improve patient choice and convenience;
- to contribute to more flexible team working across the NHS.

The statutory instruments that facilitated the implementation of nurse prescribing are:

- The Medicine Act 1968;
- The Health and Personal Social Services (Northern Ireland) Order 1972;
- The Medicinal Products: Prescription by Nurses etc. Act 1992;
- The Pharmaceutical Services (Northern Ireland) Order 1992;
- The Pharmaceutical Services (1992 Order) (Commencement) Order (Northern Ireland) 1997;
- The Pharmaceutical Services Regulation (Northern Ireland) 1997.

There are two types of non-medical prescribing

## **Supplementary prescribing**



Supplementary prescribing is a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement.

Supplementary prescribers are suitably qualified health professionals who are able to prescribe any medicine (including controlled drugs) within the framework of a patient-specific clinical management plan, agreed with a doctor.

Nurses, pharmacists, physiotherapists, chiropodists/podiatrists, radiographers and optometrists are able to qualify and register as supplementary prescribers.

## **Independent prescribing**

This is prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing.

**Qualified nurse independent prescribers** are able to prescribe any licensed medicine for any medical condition within their competence, including some controlled drugs.

**Qualified pharmacist independent prescribers** are able to prescribe any licensed medicine for any medical condition within their competence, with the exception of controlled drugs.

It is expected that nurse and pharmacist independent prescribers will work within their specialism and that no nurse or pharmacist will prescribe all medicines.

**Community practitioner nurse prescribers** can prescribe from a limited formulary (V100). Since 1 May 2006, nurses and pharmacists have been able to qualify and register as independent prescribers (nurse independent and supplementary prescribing/V300).

[Print](#)