

## 1. Introduction and Scope

Pharmacist Independent Prescribers (PIPs) are expected to use their prescribing qualification while working at UHL. Any changes to prescriptions made by a PIP will be viewed as prescribing. There is a separate amendment guideline which covers the limited activities which pharmacist non-prescribers can undertake.

This guidance supports PIPs in UHL to use their qualification to ensure safe and effective patient care.

It must be read in conjunction with the UHL Non-Medical Prescribing (NMP) Policy and the GPhC Guidance for Pharmacist Prescribers, particularly the following statement:

*“Pharmacist prescribers may prescribe for people when they are admitted to hospital for existing conditions diagnosed, for example, by their GP. They may also write prescriptions when the person is discharged. There may be situations when the pharmacist prescriber may not be competent to diagnose patients with a particular condition. So, to ensure continuity of care they may continue to prescribe a prescription made by another clinician.*

*Working as part of a multidisciplinary team (MDT) is key to improved care and patient safety. Pharmacist prescribers are an important part of MDTs, working alongside other healthcare professionals to jointly agree on a person’s care. For example, on a ward round, the pharmacist prescriber may prescribe under the direct guidance or advice of another prescriber such as a consultant or specialist. In this case the prescribing is not their sole responsibility.*

*Pharmacist prescribers, as part of their role, may also: clarify and amend prescriptions, either electronically or manually; make dosage adjustments; deal with referrals and test requests; and carry out follow-up care”*

If you choose to delegate the writing of the prescription to a colleague, rather than writing the prescription yourself, you must consider their competence. You must be satisfied they have sufficient experience (especially in the case of trainee doctors) and knowledge of the patient and the medicine to prescribe. In the same way that a PIP prescribing under the guidance of a consultant on a ward round leads to shared responsibility for the prescription (GPhC, 2020), if you delegate to another prescriber, you will share responsibility with them for the prescription written.

## 2. Guidance

### 2.1 Generalist prescribing

There is no specific definition of generalist prescribing but, at UHL and in line with the GPhC Guidance, it is understood to relate to **any** prescribing that supports patient care. Examples of this include:

- Prescription changes to support patients in taking their medicines e.g. changing strength, formulation, device, dosage time or route of administration.
- Prescription changes made as part of the medicines reconciliation process at admission or discharge e.g. addition of pre-admission medicines which have been missed, cessation of in-patient medicines no longer required at the point of discharge

- Prescription changes to avoid missed doses e.g. substitution of a formulary item for use during inpatient stay, if the non-formulary equivalent is unavailable
- Prescription changes for safety e.g. reducing doses of paracetamol for patients weighing <50kg, dose adjustments due to altered renal function, cessation of therapeutic duplicates
- Prescription changes to controlled drugs e.g. where a prescribed controlled drug is out of stock and a clinically equivalent strength or form is available.
- Prescribing to support MDT activity where the pharmacist understands and agrees with the prescribing decision made. For example, during an MDT meeting or ward round.

The PIP can clarify any prescribing decision with the patient's usual medical team should they deem this necessary.

## **2.2 Specialist prescribing**

It is recognised that some PIPs may prescribe in specialist areas where they have the necessary knowledge, experience, and competence to undertake the role. This may include being responsible and accountable for the clinical assessment and management of patients (with diagnosed or undiagnosed conditions), without needing to consult another prescriber.

## **2.3 Pharmacist professional checking**

PIPs should use their professional judgment to determine if a clinical check of their prescribing by another professional is necessary.

## **2.4 Prescribing and dispensing/supply/administration by the same healthcare professional**

In line with the position statement from the Royal Pharmaceutical Society, "wherever possible, the actions of prescribing, dispensing / supply / administration should be performed by separate healthcare professionals". In circumstances where it is necessary for the PIP to undertake downstream activities (e.g. out of hours, or when working alone), PIPs should ensure they minimise risk by undertaking these activities as full and separate processes to the act of prescribing, e.g. by creating a mental break between the different tasks.

## **3. Documentation**

Prescribing interventions and the reason for the decision must be documented. This may be on the electronic prescription or in the patients' medical notes.

## **4. Clinical Supervision**

Clinical Supervision for PIPs is not mandated by the GPhC but is strongly encouraged at UHL to develop the PIPs knowledge and competence. There is no prescribed model for clinical supervision, but it should be used as an opportunity for the PIP and a skilled practitioner (supervisor) to reflect on and share experience from practice to aid the development of the PIP.

## **5. Education and Training**

This guidance will be introduced to PIPs when they are added to the Trust NMP database.

## 6. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incidents relating to inappropriate use of guidance	Incident monitoring	Chief Pharmacy Technician Quality & Safety: Medication Safety Pharmacist	Continually	Pharmacy Quality & Safety Board, Medicines Optimisation Committee

## Supporting References

Leicestershire Medicines Code; <https://www.lmsg.nhs.uk/guidelines/secondary-care/medicines-code/>

Guideline for amending prescribed medicines by pharmacists; <http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Pharmacists%20Amending%20Prescribed%20Medicines%20UHL%20Guideline.pdf>

Policy for Non-Medical Prescribing; <http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Non%20Medical%20Prescribing%20UHL%20Policy.pdf>

GPhC In Practice: Guidance for pharmacist prescribers; [In practice: Guidance for pharmacist prescribers \(pharmacyregulation.org\)](http://www.pharmacyregulation.org/in-practice-guidance-for-pharmacist-prescribers)

RPS Expanding Prescribing Scope of Practice; [Expanding Prescribing Scope of Practice \(rpharms.com\)](http://www.rpharms.com/expanding-prescribing-scope-of-practice)

RPS position statement on prescribing and dispensing/supply/administration by the same healthcare professional; [Prescribing and dispensing by the same healthcare professional \(rpharms.com\)](http://www.rpharms.com/prescribing-and-dispensing-by-the-same-healthcare-professional)

CONTACT AND REVIEW DETAILS	
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<b>First review due: May 2026</b>	