



Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines

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The Royal College of Nursing, Royal Pharmaceutical Society and the Specialist Pharmacy Service have been asked to advise on the practice of prescribing alongside the dispensing/supply/administration of medicines by the same health care professional where this is a routine part of the package of care.

The prescribing and dispensing/supply and/or administration of medicines should normally remain separate functions performed by separate health care professionals in order to protect patient safety.

The joint RCN/RPS document *Professional Guidance on the Administration of Medicines in Healthcare Settings* (RCN/RPS, 2019)¹ states that (p3 10):

- wherever possible, the actions of prescribing, dispensing/supply and administration are performed by separate health care professionals
- exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing, dispensing and/ or supply/administration of medicines
- where this occurs, an audit trail, documents and processes are in place to limit errors.

The word "exceptionally" often causes confusion where the practice is a routine part of the care pathway for a service. For example, in a sexual health clinic, some medicines are routinely prescribed, dispensed/supplied and/or administered, the clinical circumstances are "exceptional" overall even though it is routine practice for the service. Similarly, the prescribing, administration and/or supply of medicines in an out-of-hours setting may be routine practice, the clinical circumstances are however, "exceptional" overall and it would be inappropriate to send the person to another health care professional in order to prevent hospital admission. There will be other clinical circumstances which are "exceptional" overall where the same health care professionals working within those settings routinely prescribe, administer and/or supply medicines.

Where health care professionals in such settings are responsible for the prescribing and dispensing/supply and/or administration of medicines the process needs to be underpinned by a risk assessment. There also needs to be an audit trail and clear processes in place to limit errors (Crown report, 1999 recommendation 12 p_58)².

The risk assessment needs to assess:

- that there is a clear rationale for the same person to prescribe and then dispense/supply and/or administer the medication, for example to ensure that the pathway for patient care does not build in unnecessary extra steps/processes or appointments
- that there is a limited supply of medication to select from
- where a supply is made, there is an appropriately labelled pack available (SPS, 2019)³
- whether there is a process to ensure that where

 a medicine is prescribed and then dispensed/
 supplied and/or administered that a clear record
 is kept against the patient's record of the medicine,
 batch number, and expiry date of the medicine
- that there is a process for regular audit and review of medicines prescribed, dispensed/ supplied and/or administered by the service.

For further information on the administration of medicines please refer to the RPS/RCN guidance available at: <u>www.rpharms.com</u>

¹ RCN/RPS (2019): Professional guidance on administration of medicines. www.rpharms.com/recognition/settingprofessional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handlingof-medicines [Professional guidance on the safe and secure handling of medicines, supporting resources]

² Crown report (1999): https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4077151

³ Specialist Pharmacy Services (2019): 'Requirements for labelling a prescription only medicine issues via a PGD before supply to the patient' www.sps.nhs.uk/articles/what-are-the-legal-requirements-for-labelling-a-prescription-only-medicine-pom-issued-via-a-pgd-before-supply-to-the-patient