

## Clinical Management Plans

The primary function of the Nursing and Midwifery Council (NMC) is to 'protect the public' by setting professional standards and giving advice and guidance to registered nurses, midwives and specialist community public health nurses (registrants).

The NMC code of professional conduct: standards for conduct, performance and ethics (the Code) is designed either to be used on its own or in conjunction with other NMC guidelines. When used with these other guidelines, the Code is an effective tool that leads to a much greater understanding of the principles of providing nursing and midwifery care.

**Registrants have a responsibility to deliver safe and effective care based on current evidence, best practice, and where applicable, validated research.**

*The following advice sheet has been written in order to clarify legislation surrounding clinical management plans (CMP) and supplementary prescribing to help nurses and midwives continue to prescribe safely and effectively.*

Following diagnosis by a doctor or dentist (independent prescriber), supplementary prescribers are able to prescribe prescription only medicines (POM), pharmacy (P) medicines, and general sale list (GSL) medicines as part of a clinical management plan (CMP) agreed with the independent prescriber for an individual patient.

Developing a CMP has often been described as a 'bureaucratic nightmare' and the complexity of the process has led to some innovative ways of working.

*However, the law in respect of CMPs is very clear.*

The independent medical or dental prescriber must always agree the diagnosis and a CMP for the patient before the supplementary prescriber can prescribe. The CMP must be developed in partnership between the independent medical or dental prescriber and the supplementary prescriber with the patient's agreement. It must be individualised and relate to specific medications for specific conditions, and be determined by the needs of the patient following diagnosis. CMPs must take into account:

- \* The individual patient's unique medical history.
- \* Their current health status.
- \* Any other conditions they may have.
- \* Any current medication they are taking, whether prescribed or over the counter.

Supplementary prescribing has, in some cases, been seen as a 'blanket authority' to prescribe medication. For example, a standard CMP might be written for all patients on a GP's registered list of asthmatics, incorporating the latest British Thoracic Society guidelines, and then used as a tool to prescribe medication as deemed appropriate. The independent prescriber might then be asked to sign off the CMP as a 'blanket authority' for all patients on that list.

The Medicines and Healthcare Products Regulatory Agency (MHRA), whose responsibility it is to ensure medicines legislation is complied with, are clear that:

*'If an independent prescriber agrees in advance that the supplementary prescriber can prescribe for a patient, by virtue of them being on an agreed practice register and using the same Clinical Management Plan for all patients and then incorporating these into the patient's computer records, this is illegal practice and does not meet the clear legislative requirements.'*

# A-Z advice sheet

Any supplementary nurse prescriber who continues to use CMPs in this way would be committing a criminal offence and may be subject to criminal proceedings and possible investigation by the NMC.

Supplementary prescribing was designed to assist with long-term and continuing care. It is the duty of the NMC, the Department of Health (England), and the MHRA to ensure that nurses and midwives are aware of the law and are advised on it.

The NMC understands that as CMPs are so complex, some prescribers might issue prescriptions for a doctor to sign without the doctor first seeing the patient. This is considered poor practice. Although the doctor is ultimately accountable for the prescription, the registrant remains accountable for what they write on that prescription. Should an adverse reaction occur and investigative proceedings take place, the registrant would be in a very vulnerable position and accountable for their part in this practice.

Legislation passed in May this year allowed nurse and midwife independent prescribers to prescribe any licensed medicine, including some controlled drugs (CD). However, registrants must ensure that they only prescribe within their area of expertise and level of competence. Particular care must be paid to areas of general practice where they may see patients with a wide range of conditions.

For example, registrants should only prescribe for children if they are competent to do so (they must fully understand the action of drugs in children and the differing physiology of children and young people). The NMC advises that registrants do not prescribe unless they have specific competence in children's nursing. Similarly, there will be registrants who are competent to make a diagnosis of depression, but unless they fully understand the underpinning pharmacology and pharmaco-therapeutics of anti-depressant therapies, they should not prescribe for this.

A nurse or midwife prescriber must undertake additional training to ensure competence where required. Although for the majority of registrants these responsibilities are very well understood, the NMC is aware from anecdotal evidence that best practice is not always followed.

## Has supplementary prescribing had its day?

Supplementary prescribing will continue to exist for nurses, midwives and pharmacists, as well as allied health professionals, because:

- \* Some nurses/pharmacists may only feel confident to prescribe within the framework of a CMP.
- \* New prescribers can develop expertise and confidence by using supplementary prescribing.
- \* Supplementary prescribing can be an ideal mechanism for treating some long-term conditions, including mental health problems.
- \* Where a team approach to prescribing is clearly appropriate, a CMP provides a clear framework for prescribing for all involved with the patient.
- \* Nurse independent prescribers will only be able to prescribe the full range of CDs under a supplementary prescribing arrangement.
- \* Nurse/pharmacist supplementary prescribers are only able to prescribe unlicensed medicines under a supplementary prescribing arrangement.

Employers have a responsibility to agree with their employees which methods of prescribing are most suitable for use in the prescriber's role. Providing the patient has been diagnosed first by the independent prescriber, that the plan is individualised, written and agreed with the independent prescriber, supplementary prescriber and the patient, there is no reason why the CMP should not be as simple as possible.

The CMP can refer to national or local evidence-based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines on the CMP. Also, as patient information is contained in the shared patient record there is no need to repeat it on the CMP, unless it is essential for clarity and safety.

## Further information

The NMC code of professional conduct: standards for conduct, performance and ethics (2004)

NMC Midwives rules and standards (2004)

NMC Standards of proficiency for nurse and midwife prescribers

NMC advice sheet on Medicines Management

Department of Health (England) [www.dh.gov.uk](http://www.dh.gov.uk)

The Scottish Executive [www.scotland.gov.uk](http://www.scotland.gov.uk)

The Welsh Assembly [www.wales.gov.uk](http://www.wales.gov.uk)

Department of Health and Social Services and Patient Safety of Northern Ireland [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

Health and Personal Social Services in Northern Ireland [www.n-i.nhs.uk](http://www.n-i.nhs.uk)

Community and District Nurses Association [www.cdna-online.org.uk](http://www.cdna-online.org.uk)

Community Practitioners and Health Visitors Association [www.amicus-cphva.org](http://www.amicus-cphva.org)

Royal College of Nursing [www.rcn.org.uk](http://www.rcn.org.uk)

Royal College of Midwives [www.rcm.org.uk](http://www.rcm.org.uk)

UNISON [www.unison.org.uk](http://www.unison.org.uk)

### **Medicines and Healthcare Products**

#### **Regulatory Agency**

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### **Scottish Pharmaceutical General Council**

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### **Office of the Chief Pharmacist**

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If this advice sheet has been unable to answer your question please e-mail [advice@nmc-uk.org](mailto:advice@nmc-uk.org) or call one of the staff at the NMC Professional Advisory Service on 020 7333 6541/6550/6553. When e-mailing the service, please remember to give your name.

All communications are dealt with as quickly as possible, but please note that it can take up to 10 working days to deal with correspondence. A query by e-mail can take just as long to process as a written letter.