Re: The HSE National Nurse and Midwife Medicinal Product Prescribing Policy

Submission from the Pharmaceutical Society of Ireland – the Pharmacy Regulator

Introduction

The Pharmaceutical Society of Ireland (PSI) is the statutory body, established by the Pharmacy Act 2007, to regulate the practice and profession of pharmacy having regard to the need to protect, maintain and promote the health and safety of the public.

The PSI welcomes this opportunity to make a submission to the HSE's consultation on *National Nurse and Midwife Medicinal Product Prescribing Policy.*

The Draft Guide

The PSI recognises the importance of the availability of such a policy for nurses and midwives in providing a structured framework in the area of medicine prescribing which is of benefit to all professionals and has the potential to enhance patient safety. This policy is underpinned by a clear set of principles and criteria to assist nurses and midwives in their professional practice in this area. The area of medicine and health legislation is complex and it is vitally important that it ensures a holistic framework of regulation that guarantees that patients are protected. In this context I would raise the following points for your consideration:

- The PSI thinks it would be beneficial to include a section regarding facsimile prescriptions. The PSI wish to clearly highlight that faxed/photocopied prescriptions and medication charts (or copies thereof) are not legally valid prescriptions. While potentially they may be used in some circumstances as a support from a prescriber, in an emergency supply request, they do not authorise the supply of a medicinal

product. You may wish to consider reinforcing such rules governing the use of faxed prescriptions in this draft policy, as it currently stands, so there is no potential for ambiguity as to what constitutes a legally valid prescription which may be dispensed by a pharmacist.

- The PSI welcomes Section 3.0 "Prescription Writing for Controlled Drugs". As currently presented, this section is robust, however it is suggested that the following points be included:
    1. As per the Misuse of Drugs Regulations 2017, repeat prescriptions for Schedule 2 and 3 controlled drugs, are not allowed
    2. Prescriptions for any Schedule 2 or 3 controlled drugs are only valid for 14 days from date of issue indicated on the prescription
    3. Instalment instructions requirements for Schedule 4 Part 1 drugs are the same as Schedule 2 and 3
    4. A section detailing the management of the requisition of controlled drugs, specifying the legal requirements that must be adhered to when writing a requisition for controlled drugs.
    5. As per the Medicinal Products (Prescription and Control of Supply) Regulations 2003 as amended emergency supplies of Schedule 2, 3 and 4 Part 1 drugs controlled drugs are not allowed

  It is suggested amending the following point;
    a. Instalment instructions are not required to be handwritten, currently it states these must be specified in the RNP handwriting. The PSI in conjunction with the Medical Council of Ireland have published a joint guidance on the Safe Prescribing and Dispensing of Controlled Drugs which is attached to this email. Appendix 1A provides an example of a compliant prescription for Schedule 2 and 3 controlled drugs.

- Another area the PSI feel would be of value from the perspective of enhancing patient care and outcomes would be the inclusion of a section detailing the legal requirements for prescriptions and emergency supply requests as detailed in the *Medicinal Products (Prescription and Control of Supply) Regulations 2003 to 2015.*

- The PSI also suggest that Part B be placed first in the document. This would provide the reader with an enhanced understanding of the background behind the policy as detailed in Part A.

- As you will be aware, the Health (Pricing and Supply of Medical Goods) Act 2013, governs the prescribing of generic medicines. Following the enactment of this legislation, the Medical Practitioners Act 2007 has been amended, so that practitioners (this includes nurses and midwives) may now face fitness to practise inquiries if regulations on generic prescribing are not correctly complied with. It may be helpful to reference this in the policy.

In conclusion the PSI welcomes the development of a national standardised approach to nurse and midwife medicinal product prescribing reflecting current best practice. The PSI anticipate that this policy will promote and enhance evidence based practice in nurse and midwife prescribing resulting in improved patient care. The PSI is happy to provide any additional input or feedback in the further development of this policy. We look forward to seeing the final document.

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