Manuscript
Click here to access/download;Manuscript;Professional dimensions of prescribing Part 1.docx

The professional, legal, and ethical dimensions of prescribing: Part 1 - Professional

ABSTRACT

This paper is part one of two exploring the core professional, legal and ethical dimensions of prescribing. Reference is made to a new prescribing model “RAPID-CASE” (Gould and Bain, 2022) to demonstrate application of key principles to prescribing practice. The importance of a structured approach is illustrated with reference to the Royal Pharmaceutical Society (RPS)(2021) prescribing competency framework, applicable laws and underpinning ethical principles. This first article will highlight key professional aspects of prescribing practice, while the second article concentrations on some of the legal and ethical aspects.

INTRODUCTION

Prescribing by nurses and midwives continues to expand with over 90,000 on the Nursing and Midwifery Council (NMC) register as prescribers (Table 1). Nurse and midwife prescribing has repeatedly evaluated as safe and effective, with a broad range of positive outcomes associated with this development (Latter et. al. 2005, 2010, 2011, Smith et al., 2014, i5 Health, 2015). A more recent study found that community nurses regarded prescribing as an essential part of their role (Courtney et al. 2018) and it is now expected that nurses and midwives within their pre-registration programmes are prepared to prescribe at an earlier point in their career than previous standards allowed (NMC 2018a, 2019).

Data show that during the COVID-19 pandemic fewer General Practitioner (GP) consultations were taking place with a corresponding 30% drop in the number of new prescriptions (Watt et. al., 2020). With guidance for GPs to prioritise visits, there has been a notably greater reliance on community practitioners (Bowers et. al., 2020; Green et. al, 2020). The combined pressures on primary and secondary care (Oliver, 2020) can intensify the need for prescribing by Community Practitioner (V100 / V150) or Independent and Supplementary (V300) prescribers (Table 2, NMC, 2021). Research into the impact of COVID-19 on nurses and midwives highlighted the emotional strain with nearly a third showing signs of Post-traumatic Stress Disorder (PTSD) (Couper et. al., 2021). This research noted both personal and work-related

factors such as the employers' response to the pandemic (e.g. availability of equipment and training), but didn't explore specific practice stressors. Practical challenges for prescribers can include the challenges of remote consultation, working outside of one's usual practice area (RCN, 2020), or staff shortages with fewer sources of clinical support. Increased risk makes it more vital than ever for nurses to be critically reflective and examine their prescribing in relation to various influences on decision-making. This paper reviews professional dimensions of prescribing practice with reference to a contemporary prescribing model (Gould and Bain, 2022).

Table 1. Number of prescribers in the NMC register (NMC, 2021)

Code	Qualification	2017	2018	2019	2020	2021
V100/V150	Community Practitioner Nurse Prescriber	**40,612**	**40,748**	**40,879**	**41,049**	**41,301**
V300	Independent and Supplementary Prescriber	**36,983**	**40,041**	**43,717**	**47,899**	**50,693**
	Total	**79,044**	**82,164**	**85,888**	**90,159**	**93,146**

Table 2. Types of nurse and midwife prescribers (NMC, 2021, Gould and Bain, 2022)

NMC CODE	TITLE DESCRIPTION	FORMULARY
V100	**Community Practitioner Nurse Prescriber**. This is integral to the Specialist Qualification Practice (SPQ) (District Nursing / General Practice Nursing, etc.) standards and optional within a Specialist Community Public Health Nursing course.	Can prescribe independently from the **Nurse Prescriber's Formulary (NPF)**
V150	**Community Practitioner Nurse or Midwife Prescriber**; Prescribing from the Nurse Prescriber's Formulary as a standalone course, not linked to a specialist, or other post-registration nursing programme.	
V200	**Nurse or midwife independent prescriber:** these programmes are no longer offered but still some registrants. Were only able to prescribe from an 'extended formulary" prior to legislative changes in 2003 to add supplementary prescribing. V200 prescribers can now prescribe as independent prescribers on the same basis as V300 prescribers but not as supplementary prescribers.	Can prescribe independently from the **British National Formulary (BNF)** with some controlled drugs exceptions.

V300	**Nurse or midwife independent and supplementary prescriber**; the qualification for prescribing courses for nurses or midwives to prescribe any medicine for any condition within their competence with some controlled drugs (CD) exceptions. This title includes supplementary prescribing - partnership working with a doctor or dentist to implement a clinical management plan in agreement with the individual being prescribed for; and can prescribe and allows all drugs to be prescribed within the CMP.	Can prescribe independently from the **BNF** with some CD exceptions; and from the **full BNF** as a supplementary prescriber

Professional dimensions of prescribing

The NMC is a professional regulator with the legal authority to admit nurses and midwives to the register, annotate additional qualifications, suspend, or remove registrants, and set the educational standards for qualifications such as prescribing (Nursing and Midwifery Order 2001). Nurse and midwife registrants are likely familiar with the expectations of their regulatory body, the importance of adhering to the Code (NMC, 2018b) and working within their scope of practice. However, prescribing is not within the scope of everyone on the NMC register. Nursing associates cannot prescribe, but they may supply, dispense, and administer medicines. It is only nurses and midwives who have successfully completed a further qualification in prescribing and recorded it on the NMC register who can prescribe (NMC 2018c). There can be ambiguity between staying within one's scope and extending practice to meet fast-changing, crisis situations, or exceptional demand such as within the COVID-19 pandemic. Recognising yourself as an accountable practitioner and fulfilling one's duty of care is fundamental to practicing professionally and is guided by codes of practice (NMC, 2018b). Accountability for clinical practice includes recognising the importance of continually improving clinical competence, ideally by measuring against recognised frameworks such as the Royal Pharmaceutical Society (RPS) 'competency framework for all prescribers' (CFAP) (RPS, 2021)

To fulfil one's duty, clinical practice should be framed by the four areas of the Code (NMC, 2018b) (prioritise people, practice effectively, preserve safety, promote professionalism) with prescribing specifically linked to 'preserving safety'. Also specific to prescribing is the NMC (2018c) standards for prescribing education which embed the CFAP (RPS, 2021), providing detailed expectations around consultation

and governance. Every clinical encounter requires a clinical decision, ranging from providing self-care advice or onward referral, to initiating a treatment plan including a prescription. Safe decisions are reliant on an accurate and thorough assessment, with some requiring physical examination. In the recent pandemic, there has been an increased pressure to undertake consultations remotely. It is important to highlight the importance of the ‘senses’ within a consultation and how they are often used to inform an assessment (Wounds UK 2021). For example, in people with darker skin tones, touch may be used as there is less of a visual evidence base to inform the assessment. Remote consultation is notably difficult in some areas of practice such as wound care (Karadag and Sengul, 2021), substance misuse (McAuley, 2021) and intellectual disability services (Rauf et al, 2021). Adhering to additional guidance for remote consultations and prescribing ensures safety to the person receiving care is the primary concern (GMC 2020). Common to all types of consultation is the need for attention to the person’s unique circumstances. Considering the individual and their preferences along with factors such as available resources, evidence, formularies, expert advice, and adherence to or justified deviation from guidelines helps assure safe and effective prescribing (Gould and Bain 2022).

Self-assessing whether your consultations meet the requirements can be helped by a structured approach and reflecting on decision-making in the context of the RPS (2021) CFAP. The purpose is to check practice against recognised standards while prompting questions around making accurate differential diagnoses or fully attending to the person’s perspective when there are time constraints or competing demands. As per CFAP (RPS, 2021) a systematic approach should be employed in taking an appropriate bio-psycho-social history aiming to lead to diagnosis and treatment plan. Denness (2013) suggests using a consultation model helps with gathering and processing the information to guide decision-making, while NICE (2020) reminds this should be person-centred. Poor assessment can be linked to delays in care, misdiagnosis, error, harm, the lack of a baseline against which to judge improvement or deterioration, or a lack of concordance with treatment regimes. A new model to guide prescribing decision making that uses the mnemonic RAPID-CASE may be useful for structuring your professional decision-making (Gould and Bain 2022). This model integrates features from some recognised consultation models, considers the

CFAP (RPS, 2021) and combines elements from the original prescribing pyramid (National Prescribing Centre 1999).

Professional dimensions – the consultation

The RPS (2021, P.9) identify the need to "access and interpret all available and relevant patient records…" While accessing medical records isn't always possible, it is ideally done before applying the RAPID-CASE prescribing consultation model (Figure 1, Gould and Bain, 2022) for a more efficient consultation.

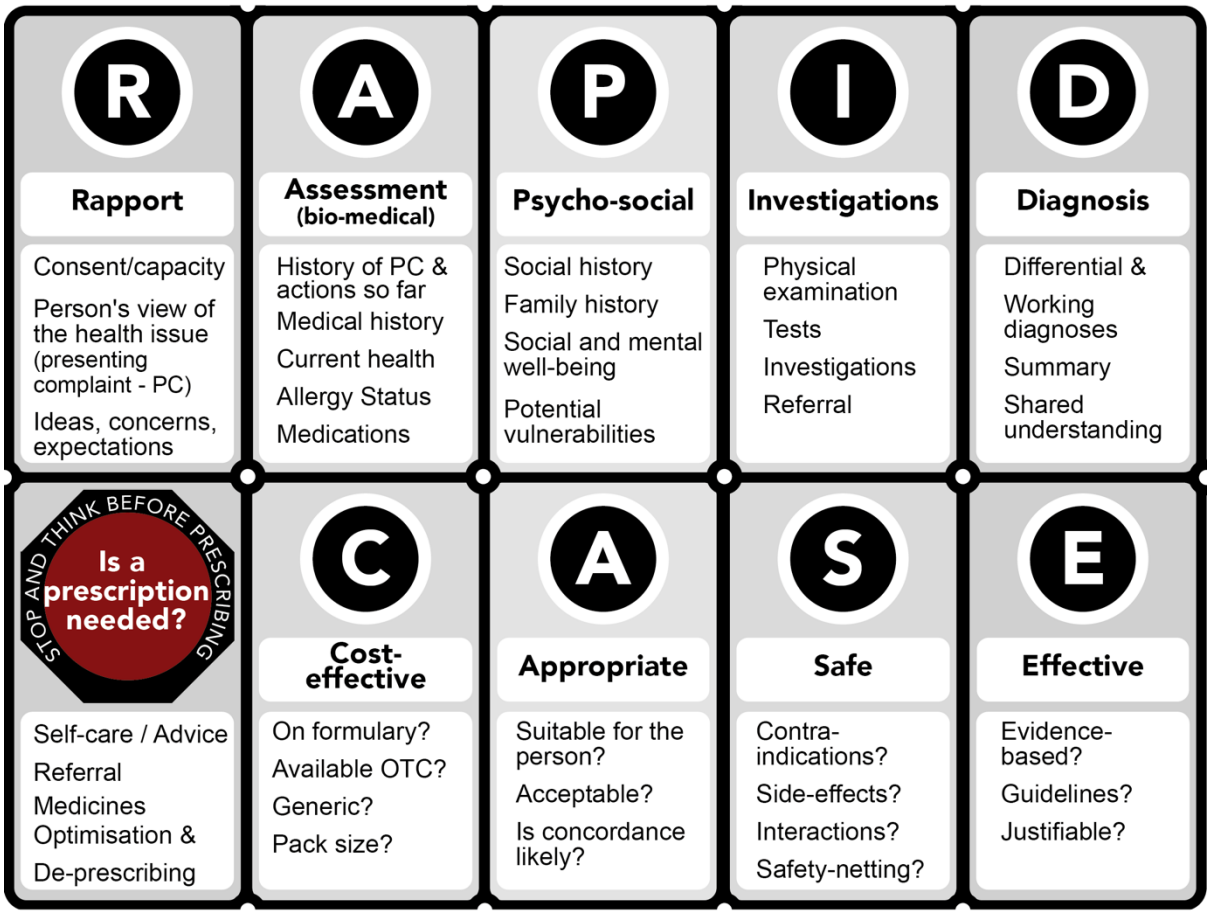


Figure 1. "RAPID-CASE" (Gould and Bain, 2022)

Taking a stepped approach to the consultation starts with building rapport, which includes introducing oneself and role, and establishing the person's identity before moving on to the person's perspective of their health concern. The first stage also involves gaining consent for the consultation, which should be obtained alongside assessment for mental capacity, as these must be contemporaneous (MCA, 2003, Department for Constitutional Affairs (DCA), 2013, NMC, 2018b).

INSERT Table 3

RAPPORT

- INTRODUCTIONS
- CONSENT AND CAPACITY
- ESTABLISHING THE PERSON'S VIEW OF THEIR HEALTH ISSUE (PRESENTING COMPLAINT – PC)
- EXPLORING THE PERSON'S IDEAS, CONCERNS, AND EXPECTATIONS

Developing rapport is helped by initially exploring the person's ideas, concerns, and expectations (ICE) (Neighbour, 1987). The use of open questions can help prompt an understanding of the person's perspective and priorities (RPS, 2021). It is important to establish the main outcome or expectation, as this may be personal to the individual or change over time. For example, with wound care, a prescriber may logically assume the person wants the wound to heal in line with research suggesting most people regard this as the primary treatment goal (Cullum et al., 2016). However, concerns regarding the inconvenience or discomfort of the treatments may emerge, to the point that the person's primary aim becomes comfort rather than healing. A leg ulcer or wound care assessment template can be useful for structuring the specific assessment, prompting to ask about pain and recording findings. However, Gough (2018) reminds that tools can be applied in an overly prescriptive way, acting as strict criteria for which assessment data are collected and potentially limiting a partnership approach.

INSERT Table 4

ASSESSMENT (BIO-MEDICAL)

- HISTORY OF PRESENTING COMPLAINT AND ACTIONS SO FAR
- PAST MEDICAL HISTORY AND CURRENT CONDITIONS
- ALLERGY STATUS
- MEDICINES USE INCLUDING:
    - PRESCRIBED BY ANYONE
    - OVER THE COUNTER OR PURCHASED PRODUCTS
    - HERBAL REMEDIES
    - ALCOHOL INTAKE AND ILLICIT DRUG USE

While establishing rapport is the starting point, an assessment of a person's biomedical status begins with initial observations, such as appearance, demeanour, mobility, or in the case of remote consultations more subtle indicators such as difficulty speaking, hearing, or understanding questions. Our professional and legal duty of care necessitates a full assessment before making a prescribing decision, although the initial observations could indicate an urgent referral is the most suitable action (RPS, 2021). Prompts for a full biomedical assessment are often integral to assessment templates, but it is the responsibility of prescribers to identify when additional tools may be needed. For example, best practice guidelines for skin tear injuries suggest a doppler assessment and compression therapy (Fletcher et al., 2020), but this may not be included in an organisations' protocol or wound care assessment template.

INSERT TABLE 5

PSYCHO-SOCIAL

- SOCIAL HISTORY
- FAMILY HISTORY
- SOCIAL AND MENTAL WELL-BEING
- POTENTIAL VULNERABILITIES

Essential parts of assessment such as history of the presenting complaint, medical and medication history are crucial, but it is important to widen assessment to other considerations, such as psychosocial (RPS, 2021, Gould and Bain, 2022). For example, a qualitative study of consultations for leg ulcers, found most practitioners neglected to raise the topic of pain or the emotional effects, with very few addressing those issues or the impact on daily life (Green et al 2018). While Green et al (2018) noted study limitations such as small sample size, it emphasised that even highly skilled, experienced nurses may not proactively prompt discussions around the less 'clinical' aspects of care or address these wider issues in divergence from the NMC (2018b) Code or section 3 of the CFAP (RPS, 2021). Social factors such as degree of independence and family support are important to establish for effective planning and safety-netting. Potential vulnerabilities are explained in the CFaP (RPS, 2021) as possible signs of abuse, neglect, or exploitation. The framework reminds

practitioners to consider both physical and mental health, particularly if treatment has been sought because of the situation or associated vulnerability.

INSERT TABLE 6

INVESTIGATIONS

- PHYSICAL EXAMINATION
- TESTS / INVESTIGATIONS
- REFERRAL

Clinical judgement is also used to identify which, if any, physical examinations, tests, or investigations are indicated. Knowledge of the condition, its trajectory, and associated clinical findings are integral to this process. It is important to note that tests can be flawed or inaccurate, such as oxygen saturation readings being affected by poor circulation, skin pigmentation, decreased perfusion, lack of calibration or incorrect placement (Hafen and Sharma, 2021). A safety alert was issued due to O2 probes being used interchangeably, with findings that “a substantial proportion of staff do not know that finger probes can give misleading results if attached to ears” (NHS Improvement, 2018). Hafen and Sharma (2021) highlight treating an incorrect reading as accurate as a significant risk as it may result in inappropriate treatment, leading to harm. Some diagnostic tests, such as doppler assessment for possible venous leg ulcers, can be inconclusive and should not be considered definitive (Fletcher et al., 2019), instead taken in tandem with a thorough history. Clinical guidelines include diagnostic criteria and suggested investigations. The most recent guidelines should be used for investigations and diagnosis, as well as for informing evidence-based prescribing treatment decisions (RPS, 2021).

INSERT TABLE 7

DIAGNOSIS

- DIFFERENTIAL AND WORKING DIAGNOSES
- SUMMARY
- SHARED UNDERSTANDING

Guidelines and frameworks can include diagnostic criteria and when used in tandem with a structured consultation and investigations, a working diagnosis can be made. The CFaP (RPS, 2021) outlines prescribers need to be able to make, confirm or understand, and document the working or final diagnosis "by systematically considering the various possibilities (differential diagnosis)". While some diagnoses are initially hypothesised and then confirmed (or not confirmed) by investigations, others are established by assessing the person's response to treatment. Balogh et. al (2015) view diagnosis as a continuous process where hypotheses are generated and updated by information gathering in four main ways: history and interview; physical examination; diagnostic testing; and referrals. They recognised this continual process can include refining a working diagnosis after providing treatment with the feedback loop also helping to identify when new or different health problems arise during treatment. Evaluating treatment in these instances is imperative and professional judgement can identify the need for more frequent follow-up or different safety-netting advice due to the risk of harm (Fletcher et al., 2019).

Fletcher et al. (2016) suggest optimal treatment is dependent on sufficient time and resources to undertake comprehensive assessment, and workload pressures or remote methods can adversely affect this. A better initial assessment, appropriate testing to promote informed choice is likely to save time and resources as people can become non-concordant with treatment they haven't fully understood. Trueman et al (2010) estimated £300 million in prescription items are wasted each year in primary care, and although the study is dated, it has prompted more recent proposals to address this recognised issue. Strategies include improving medicines' use, reducing errors and encouraging more cost-effective prescribing (Ewbank, et.al, 2018, NHS Confederation, 2021).

Professional dimensions - Prescribing decision-making - CASE

A thorough assessment can reduce the risk of harm, non-concordance and help facilitate informed choice for treatment options. Awareness of the risks and benefits of treatment options and the ability to articulate these in an understandable way is conducive to shared decision-making (RPS, 2021). Using the RAPID-CASE model (Gould and Bain, 2022) to select a product should start with considering whether a prescription is needed, or if there are any alternatives (Figure 3).

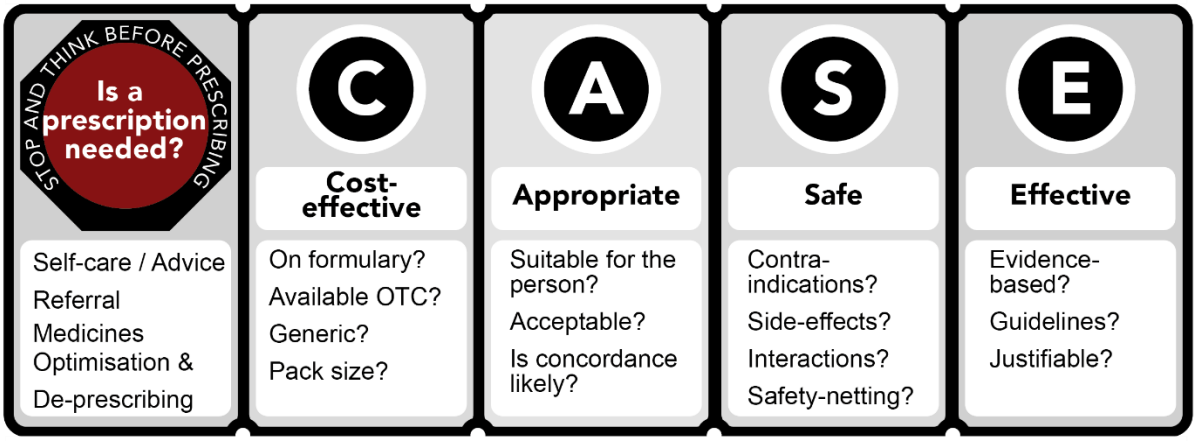


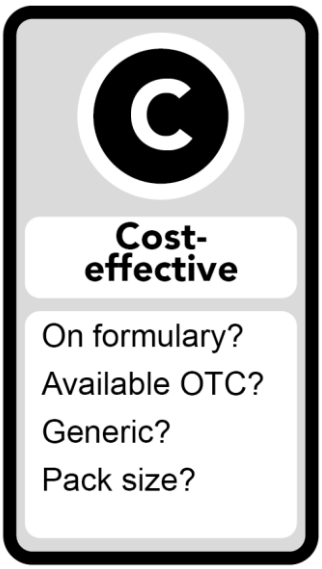
Figure 2. "CASE" from the RAPID-CASE model (Gould and Bain, 2022)

Is a prescription needed?

While an encounter with a health professional implies the person wishes to have treatment, all options should be considered, including no treatment, onward referral, best practice guidance and lifestyle changes, while considering the risks and benefits, co-morbidities, and relevant factors specific to the individual (RPS, 2021). Explanations should be provided to support informed choice, although promoting self-care or deprescribing can be in opposition to the person's preferences. For example, declining a request to prescribe antibiotics for a chest cold, or to increase opiates when there is a lack of clinical evidence for these.

Figure 3. **Stop and think**: from RAPID-CASE (Gould and Bain, 2022)

Cost-effective



When the decision involves a prescription, the choice may be limited by access to specific products in line with local formularies or national guidelines. Prescribed treatment options should have reliable evidence, normally starting with clinical guidelines, and extending to local formularies which can limit access to products for various reasons including cost-effectiveness. The RPS (2021) CFAP notes national guidelines such as NICE as a relevant framework for medicines use, and suggest others such as local formularies, care pathways, protocols or guidelines should be used as appropriate. Other considerations are whether the product is available through other means (e.g. can it be purchased, or supplied), and attention should be given to pack sizes etc. when issuing the prescription.

Figure 4. **Cost-effective**: from RAPID-CASE (Gould and Bain, 2022)

Appropriate

This refers to the unique characteristics or preferences of the individual, such as other conditions or medicines causing interactions, or the acceptability of the proposed treatment. For example, a teenager may be more likely to accept an inhaled nicotine replacement product than a patch. Further exploration of personal preference, the person's priorities, and a focus on reaching a shared decision (RPS, 2021) may prevent dissatisfaction or subsequent issues with non-concordance.

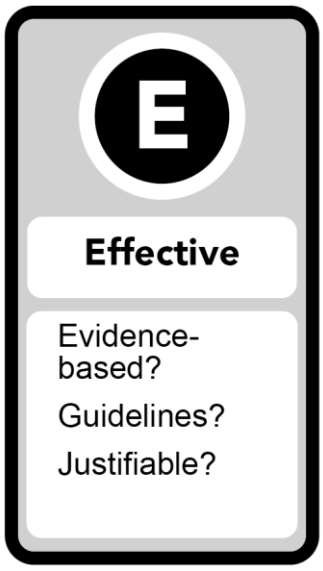
Figure 5. **Appropriate**: from RAPID-CASE (Gould and Bain, 2022)

Safe

Fulfilling ones' duty of care includes keeping up to date with Medicines and Healthcare products Regulatory Agency (MHRA) and other medicines alerts, guidelines, research, best available evidence, and taking part in development activities (NMC, 2018a, RPS, 2021). This awareness helps prevent prescribing errors and the provision of clear advice when side-effects or interactions are expected or unavoidable. Safety-netting should be individualised to the person, and include specifics as indicated, such as how long before the product should work, what to expect, and when to contact if the presenting complaint doesn't resolve, worsens or new problems are encountered.

Figure 6. **Safe**: from RAPID-CASE (Gould and Bain, 2022)

Effective



The treatment effectiveness is normally based on recognised guidelines and research. A grasp of the key sources of evidence and most up to date research is essential for informed treatment options. In addition to being able to justify and explain treatment decisions, is also incumbent on practitioners to be able to assess how much information to provide, and to ensure it is understood. As per the supreme court ruling of Montgomery vs Lanarkshire [2015] the practitioner's duty "….is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp…". The ability to explain

effective treatment choices requires a good grasp and interpretation of the evidence sources.

Figure 7. **Effective**: from RAPID-CASE (Gould and Bain, 2022)

Professional dimensions - Governance

As per the RPS (2021) competency framework, governance around prescribing decisions also requires attention. Consent, episodes of care, and treatment plans or information provided need to be documented (NMC 2018a, RPS 2021). The Code (NMC, 2018a) reminds we should only share necessary information in the interest of patient safety, and documenting prescribing or medicines advice helps to avoid polypharmacy and drug errors. For example, there could be duplication in antibiotics if the person was also in the care of suitably qualified podiatrist who can either prescribe or legally dispense antibiotics without a prescription (MHRA, 2014, HCPC, 2021, or a doubling of paracetamol dose if they are also taking it as part of self-care. Using recognised reporting systems, observing protocols as appropriate, communicating effectively, and working collegiately help preserve safety and promote best practice (NMC, 2018b).

Conclusion

This paper has focussed on exploring some professional aspects of prescribing practice with reference to a new prescribing model “RAPID-CASE” (Gould and Bain 2022). Part two will continue the exploration of core dimensions of prescribing practice, with a focus on the legal and ethical aspects.

REFERENCES

Balogh EP, Miller BT, Ball JR, editors. (2015) *Improving Diagnosis in Health Care Committee on Diagnostic Error in Health Care*; Board on Health Care Services; Institute of Medicine; The National Academies of Sciences, Engineering, and Medicine; Washington (DC): National Academies Press (US); 2015 Dec 29 Available at: https://www.ncbi.nlm.nih.gov/books/NBK338596/

Bowers B., Pollock K., Oldman C., and Barclay S. (2020) End-of-life care during COVID-19: opportunities and challenges for community nursing *British Journal of Community Nursing* 2021 26:1, 44-46 Available at: https://doi.org/10.12968/bjcn.2021.26.1.44

Couper K., Murrells T., Sanders J., Anderson J., Blake H., Kelly D., Kent B., Maben J., Rafferty A.M., Taylor R., Harris R., (2021) The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: a longitudinal survey study, *International Journal of Nursing Studies*, https://doi.org/10.1016/j.ijnurstu.2021.104155 https://www.sciencedirect.com/science/article/pii/S002074892100300X

Courtney, M., Franklin, P., Griffiths, m. et al. (2018) Establishing priorities on the range of conditions manage by community nurse practitioner nurse prescribers: A modified Delphi consensus study. *Journal of Advanced Nursing* 74: 1863-1874

Cullum N, Buckley H, Dumville J, eds. Wounds research for patient benefit: a 5–year programme of research. Programme Grants Appl Res 4(13). Southampton (UK): *NIHR Journals Library*; 2016 Available at: https://www.ncbi.nlm.nih.gov/books/NBK379923/

Denness C. (2013) *What are consultation models for*? http://journals.sagepub.com/doi/full/10.1177/1755738013475436 (Accessed: 02 January 2022).

Department for Constitutional Affairs (DCA) (2013) The Mental Capacity Act 2005 Code of practice Issued by the Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act. [Online] Available at: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice (Accessed: 02 January 2022).

Ewbank L., Omojomolo D., Sullivan K., McKenna H. (2018) *The Rising Cost of Medicines to the NHS: What's the Story?* The King's Fund Available at: https://www.kingsfund.org.uk/publications/rising-cost-medicines-nhs

Fletcher J., Atkin L., Dowsett C., Gardner S., Schofield A., Staines K., and Vowden K. (2019) *Best Practice Statement - Addressing complexities in the management of venous leg ulcers Resource topics: Chronic and complex wounds, Complex wounds, Leg ulcers* Date: 30 April 2019 Wounds UK. Available at: https://www.wounds-uk.com/resources/details/best-practice-statement-addressing-complexities-management-venous-leg-ulcers

Fletcher J., Atkin L., Dowsett C., Hopkins A., Tickle J., Worboys F., and Williams A. (2016) *Best Practice Statement Best Practice Statement: Holistic management of*

venous leg ulceration January 2016, Wounds UK. Available at: https://www.wounds-uk.com/resources/details/best-practice-statement-holistic-management-of-venous-leg-ulceration

Fletcher J., Dowsett C., Holloway S., Ousey K., Pagnamenta, F., Vernon, T., Vowden P. (2020) *Best Practice Statement: Management of lower limb skin tears in adults* WoundsUK 2 September 2020. Available at: https://www.wounds-uk.com/resources/details/best-practice-statement-management-lower-limb-skin-tears-adults

General Medical Council (GMC) (2020) *Remote prescribing high level principles.* [online] Available at: https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles

Gough H. (2018) Community nursing assessment IN Chiltern, S and Bain H. (editors) (2017) A textbook of community nursing, Second Edition, Routledge London

Gould, J. and Bain H. (2022) *Principles and practice of Nurse prescribing- Transforming Nursing Practice Series* Publisher: SAGE Publications Ltd. ISBN: 9781526469908

Green J, Jester R, McKinley R., and Pooler A., (2018) Chronic venous leg ulcer care: Putting the patient at the heart of leg ulcer care. Part 1: exploring the consultation *British Journal of Community Nursing* 2018 23:Sup3, S30-S38

Green J., Doyle C., Hayes S., Newnham W., Hill S., Zeller I., Graffin M., and Goddard G.(2020) COVID-19 and district and community nursing *British Journal of Community Nursing* 25:5, 213-213 Available at: https://doi.org/10.12968/bjcn.2020.25.5.213

Hafen B, Sharma S. (2021) Oxygen Saturation. [Updated 2021 Aug 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available at: https://www.ncbi.nlm.nih.gov/books/NBK525974/

Health and Care Professions Council (HCPC), 2021. *Prescribing.* Available at: https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/medicines-and-prescribing-rights/prescribing/ (accessed 6/1/2022

i5 Health (2015) *Non-medical prescribing - an economic evaluation*. Health Education North West. Available at: http://www.i5health.com/NMP/NMPEconomicEvaluation.pdf

Karadag, A, Sengul, T (2021) Challenges faced by doctors and nurses in wound care management during the COVID-19 pandemic in Turkey and their views on telehealth, *Journal of Tissue Viability*, Volume 30, Issue 4, 2021; Pages 484-488, Available at: https://doi.org/10.1016/j.jtv.2021.09.001

Latter, S, Maben, J, Myall, M, Courtenay, M, et al. (2005) Evaluation of Extended Formulary Independent Nurse Prescribing: Executive Summary of Final Report (Policy Research Programme – Department of Health and University of Southampton). Available at: http://eprints.soton.ac.uk/17584/

Latter, S, Blenkinsopp, A, Smith, A, Chapman, S, et al. (2010) Evaluation of Nurse and Pharmacist Independent Prescribing: Department of Health Policy Research Programme Project 016 0108. Available at: http://eprints.soton.ac.uk/184777/3/ENPIPfullreport.pdf

Latter, S, Blenkinsopp, A, Smith, A, Chapman, S, et al. (2011) Evaluation of Nurse and Pharmacist Independent Prescribing. Department of Health England: http://eprints.soton.ac.uk/184777/2/ENPIPexecsummary.pdf

McAuley M. (2021) Substance misuse prescribing challenges during the pandemic *Prescriber* Volume32, Issue11-12 November-December 2021 pp. 33-37 Available at: https://doi.org/10.1002/psb.1956

Medicines Healthcare Products Regulatory Agency (MHRA) (2014) Rules for the sale, supply and administration of medicines for specific healthcare professionals [Online] Available at: https://www.gov.uk/government/publications/rules-for-the-sale-supply-and-administration-of-medicines/rules-for-the-sale-supply-and-administration-of-medicines-for-specific-healthcare-professionals (accessed 21 January 2021)

Mental Capacity Act [2005] http://www.legislation.gov.uk/ukpga/2005/9/contents

Montgomery v Lanarkshire Health Board [2015] SC 11 [2015] 1 AC 1430.

NHS Clinical Commissioners (2021), *The systematisation of medicines optimisation: Why medicines optimisation is a priority for integrated care systems and how it can be improved.* Available at: https://www.nhsconfed.org/publications/systematisation-medicines-optimisation

NHS Improvement (2018) *Patient Safety Alert: Risk of harm from inappropriate placement of pulse oximeter probes* Available at: https://www.england.nhs.uk/publication/patient-safety-alert-risk-of-harm-from-inappropriate-placement-of-pulse-oximeter-probes/

National Institute for Health and Care Excellence (NICE) (2019) *Shared decision-making* Key therapeutic topic [KTT23] Available at: www.nice.org.uk/guidance/ktt23 (accessed 2 January 2022)

National Prescribing Centre (1999a) Signposts for prescribing Nurses – General principles of good prescribing; Nurse prescribing bulletin 1:1-4

Neighbour, R. (1987) The inner consultation, Oxford, UK: Radcliffe Medical Press.

Nursing and midwifery Council (2019) Standards of proficiency for midwives [Online] Available at: https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/

Nursing and midwifery Council (2018a) Future Nurse: Standards of proficiency for registered nurses [Online] Available at: https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

Nursing and Midwifery Council (2018b). *The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC

Nursing and midwifery Council (2018c) Realising professionalism: Standards for education and training Part 3: Standards for prescribing programmes [Online] Available at: https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/ (Accessed: 10 April 2019).

Nursing and Midwifery Order [2001] Article 19(6)

Oliver D. (2020) Don't let covid-19 drive a wedge between acute and primary care *British Medical Journal (BMJ)* 2020; 371 :m3848 doi:10.1136/bmj.m3848

Rauf, B., Sheikh, H., Majid, H., Roy, A., & Pathania, R. (2021). COVID-19-related prescribing challenge in intellectual disability. *BJPsych Open*, 7(2), E66. doi:10.1192/bjo.2021.26 Available at: https://www.cambridge.org/core/journals/bjpsych-open/article/covid19related-prescribing-challenge-in-intellectual-disability/BC82C94DDA502530CFEE2F48CC707371

Royal College of Nursing (2020) *Prescribing safely under COVID19* Available at: https://www.rcn.org.uk/clinical-topics/medicines-management/covid-19-remote-prescribing

Royal Pharmaceutical Society (RPS) (2021) *A competency framework for all prescribers.* Available at: https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

Smith A, Latter S, Blenkinsopp A. (2014) Safety and quality of nurse independent prescribing: a national study of experiences of education, continuing professional development clinical governance. *Journal of Advanced Nursing.* 2014;70(11):2506–2517. https://doi.org/10.1111/jan.12392 (Accessed: 02 January 2022)

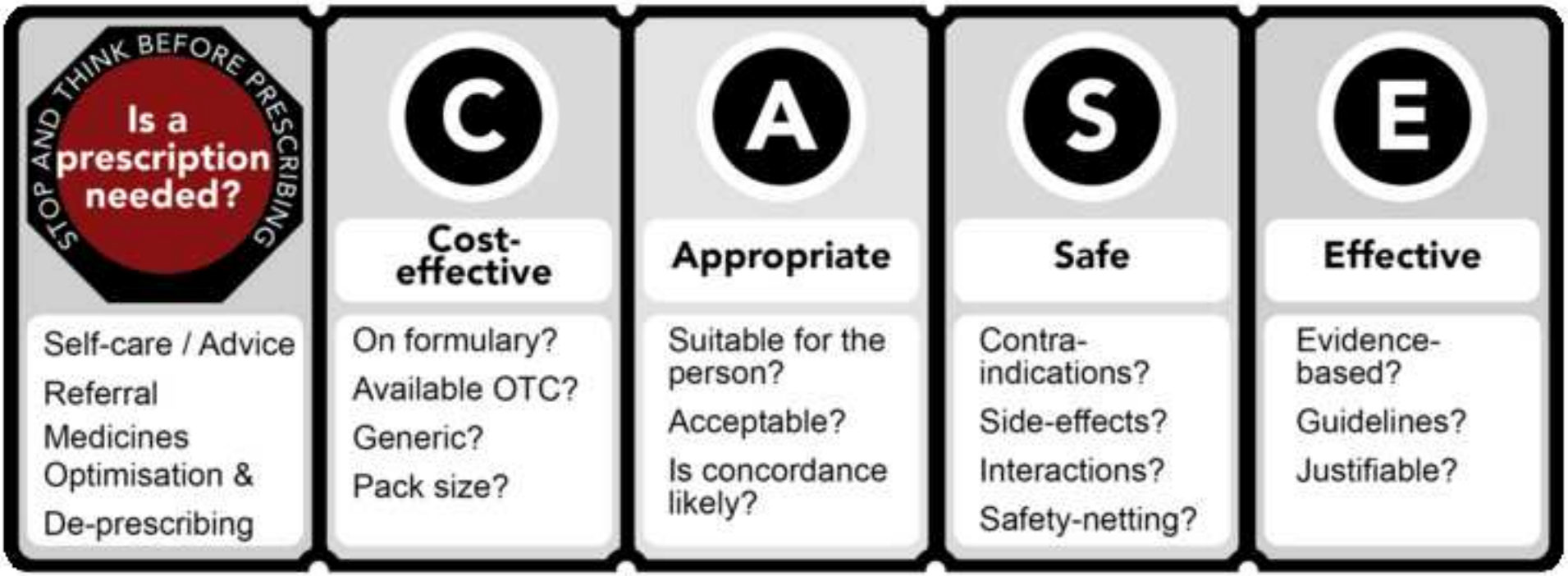
Trueman P, Lowson K, Blighe A, Meszaros A, Wright D, Glanville J, Taylor D, Newbold J, Bury M, Barber N, Yogini J (2010). *Evaluation of the scale, causes and costs of waste medicines: final report* [online]. Available at: http://discovery.ucl.ac.uk/1350234/ (Accessed: 02 January 2022)

Watt T. Firsth Z., Fisher Z., Thorlby R, Kelly E (2020) *Use of primary care during the COVID-19 pandemic; Patient-level data analysis of the impact of COVID-19 on primary care activity in England* 17 September 2020 The Health Foundation; Available at: https://www.health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic

Wounds UK (2021). *Best practice statement, addressing skin tone bias in wound care: assessing signs and symptoms in people with dark skin tones.* [online] Available at: https://gneaupp.b-cdn.net/wp-content/uploads/2022/01/addressing-skin-tone-bias-wound-care-assessing-signs-and-symptoms-people-dark-skin-tones.pdf (accessed 21 January 2022)

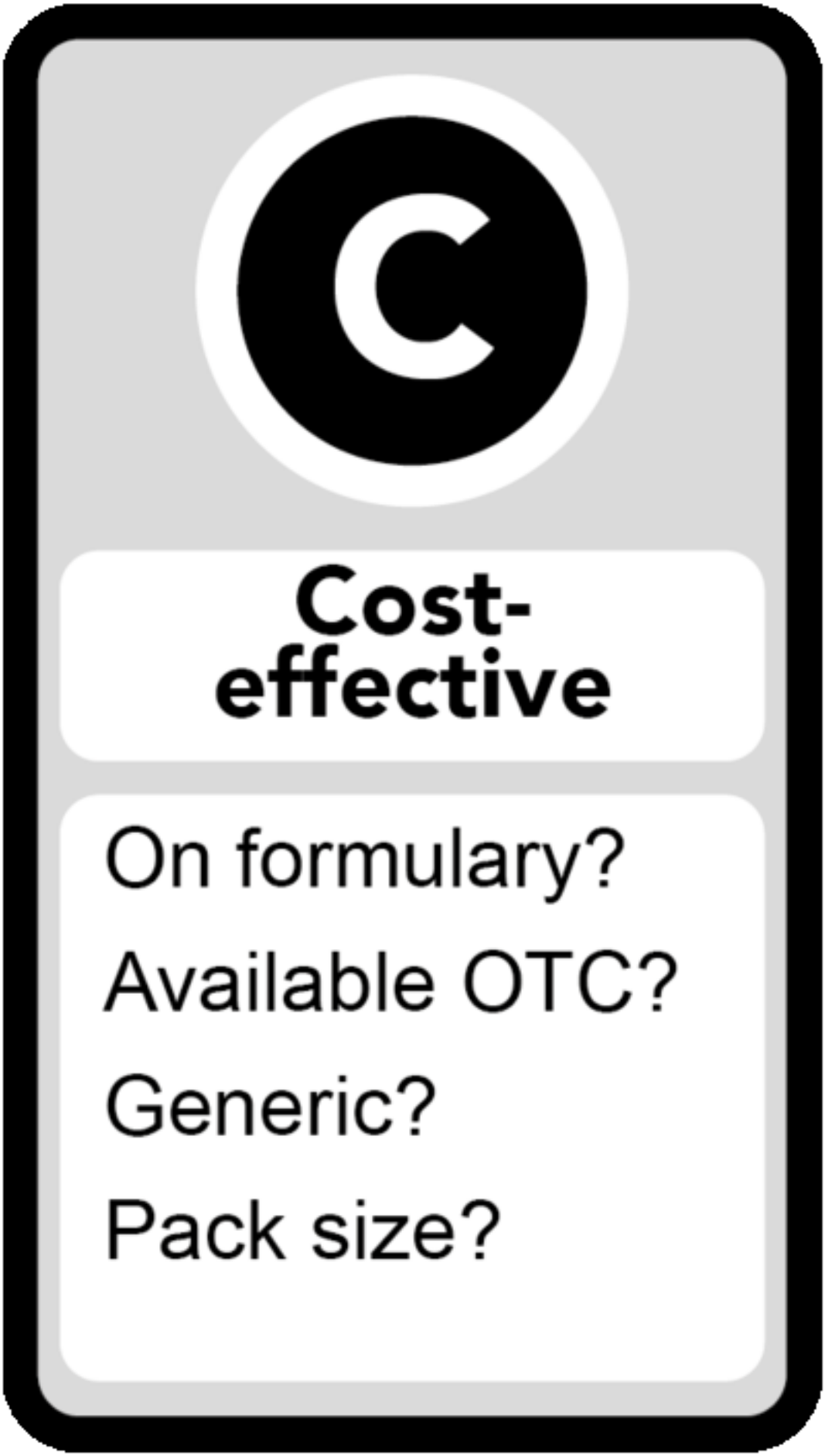
Click here to access/download;Diagram;Figure 1. Rapid case PHC.png

Click here to access/download;Diagram;FIgure 2. Case PHC.png



Click here to access/download;Diagram;Figure 3 Stop and think.png

Click here to access/download;Diagram;Figure 4 Cost-effective.png



Click here to access/download;Diagram;Figure 5 Appropriate.png

Click here to access/download;Diagram;Figure 6 Safe.png

Click here to access/download;Diagram;Figure 7 Effective.png