Prescribing Responsibilities and Processes in General Practice

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1. Purpose of This Guidance

This document has been developed to support GP practices across South Yorkshire to:

- Promote a shared understanding of **what constitutes prescribing**
- Clarify the **roles, responsibilities and limitations** of prescribers and non-prescribing clinicians
- Support safe, proportionate and auditable **practice prescribing processes**
- Reduce variation and uncertainty while enabling effective multidisciplinary working

This is **supportive guidance**, not mandatory policy. It is intended to help practices review and strengthen existing arrangements, not to replace established professional judgement or regulatory standards.

2. Who This Guidance Is For

This guidance applies to:

- GP partners, salaried GPs and locum GPs
- Independent and supplementary non-medical prescribers (e.g. nurses, pharmacists, paramedics, physiotherapists, including those working in an advanced practice role.)
- Non-prescribing clinicians working in general practice
- Practice managers and those with responsibility for governance, quality and risk management

3. Why Prescribing Processes Matter

Prescribing is one of the highest risk clinical activities in general practice. Clear processes help practices to:

- Support staff confidence, competence and role clarity
- Reduce unwarranted variation in practice
- Demonstrate effective systems for safe care and treatment
- Protect people from harm related to unsafe medicines use

Regulators, including the Care Quality Commission (CQC), expect practices to be able to show that medicines are prescribed, reviewed and monitored appropriately, in line with legislation, national guidance and professional standards.[1,2]

4. What Counts as Prescribing?

4.1 Prescribing Includes

Prescribing is broader than issuing a prescription. It includes **any activity where clinical judgement is used to authorise medication**, such as:

- Authorising continuation of medication following a review
- Re-authorising repeat medication
- Changing dose, formulation or frequency
- Stopping a medicine
- Starting a new medicine
- Approving medicines proposed by another clinician

The clinician who authorises the prescribing decision holds medicolegal responsibility for that decision.[1,3]

4.2 Prescribing Does Not Include

The following are not prescribing, provided no independent clinical judgement is exercised:

- Administrative processing of prescriptions
- Supply or administration of medicines under an approved Patient Group Direction (PGD or Vaccine Group Direction (VGD)
- Administration of medicines under a Patient Specific Direction (PSD) or Vaccine Group Direction (VGD)

5. Roles and Responsibilities

5.1 Prescribers

Prescribers must work to the RPS competency framework for all prescribers which includes:

- Work within their professional scope and competency
- Ensure prescribing decisions are evidence-based and clinically appropriate
- Be clearly identifiable as the decision-maker in the patient record
- Accept accountability for medicines they authorise[1,3,4]

5.2 Non-Prescribing Clinicians

Non-prescribing clinicians:

- Must not independently initiate or authorise medicines
- Should have clearly defined boundaries around recommending versus authorising medicines
- May contribute to prescribing processes within agreed local arrangements e.g. locally agreed SOP's [3,5] (see below)

Examples may include (within clearly agreed local processes):

- **Making recommendations for prescriber consideration**, clearly documented as recommendations rather than decisions
- **Drafting prescriptions or prescription requests in line with agreed protocols, pending prescriber review and authorisation**, where:
    - The prescriber remains responsible for reviewing accuracy and clinical appropriateness before authorisation
    - Local processes ensure drafts are not authorised without appropriate scrutiny
- Non-prescribing clinicians are not expected to carry responsibility for the final prescribing decision.
- **Undertaking structured medication reviews where competent, such as:**
    - Checking adherence and understanding
    - Assessing side effects or tolerability
    - Identifying red flags, contraindications or changes in clinical status
    - Ensuring monitoring requirements are up to date. This does not include deciding to start, stop or continue medicines, which remains a prescribing decision, through shared decision making with the patient (which can be part of the SMR and subsequently ratified by a prescribing clinician).
    - **Identifying medicines requiring review or monitoring, including those due review, outside guidance, or requiring escalation**

Practices that allow prescription drafting by non-prescribing clinicians are encouraged to have a clear, shared understanding of:

- What can be drafted
- What must be reviewed

- How prescribers confirm they have undertaken appropriate clinical checks

This supports safe systems of working and protects both prescribers and non-prescribing clinicians from unintended risk.

6. Managing Prescribing Safely in Practice

Practices should be cautious where administrative or technical actions may result in medicines being continued without appropriate clinical authorisation.[1,5] Practices are encouraged to ensure local prescribing arrangements include the following principles.

6.1 Clear Decision Points

At some point in every prescribing workflow it should be explicit:

- Who made the prescribing decision
- When that decision was made
- On what basis

This supports transparency, accountability and effective oversight.

6.2 Audit Trail and Visibility

Good prescribing processes enable practices to:

- Identify the prescriber responsible for authorisation
- Monitor compliance with review and monitoring requirements
- Review decisions where concerns arise
- Learn from incidents or near-misses

Clear audit trails support quality improvement and regulatory assurance. [1,2,7,8]

6.3 Repeat Prescribing

Repeat prescribing arrangements should:

- Distinguish administrative re-authorisation from clinical review
- Include defined review and monitoring intervals
- Ensure prescriber involvement whenever clinical judgement is required [6,7]

7. Common Prescribing Queries and Scenarios

This section reflects common questions raised by practice teams and is intended to support consistent and safe decision-making.

7.1 Can a non-prescribing practice nurse reauthorise the contraceptive pill following a review?

Answer: No

Principle: Reauthorising a medicine following a clinical review is a prescribing activity and requires prescriber authorisation.

Explanation:

A non-prescribing practice nurse may, where competent:

- Conduct a contraceptive pill review
- Assess and record relevant clinical information (e.g. blood pressure, medical history, side effects)
- Make a recommendation regarding continuation or change

However, deciding to continue the medication following review involves clinical judgement and therefore constitutes prescribing. A registered prescriber must authorise the repeat prescription and will hold medico-legal responsibility for that decision.[1,5]

7.2 If a medicine is already on repeat, can a non-prescriber reauthorise it?

Answer: No

Principle: Being on repeat does not remove the need for prescriber involvement.

Where clinical judgement is required to decide whether a medicine should continue safely and appropriately, a prescriber must authorise the decision.

7.3 Can non-prescribing clinicians recommend medication changes?

Answer: Yes. Non-prescribers may recommend or request changes within agreed local processes but must not independently authorise prescribing decisions. A registered prescriber must authorise the prescription and they will hold medico-legal responsibility for that decision.

7.4 Do protocols remove the need for prescriber authorisation?

Answer: No.

Principle: Protocols and pathways support consistency and safe delegation but do not replace individual prescribing accountability. Where judgement is required, prescriber authorisation remains necessary.

8. Governance, Oversight and Support

Practices are encouraged to:

- Agree and document local prescribing roles and decision-making processes
- Ensure staff understand scope of practice and accountability
- Provide access to supervision, advice and escalation
- Review prescribing-related incidents, errors and near-misses through existing governance arrangements

These actions support the delivery of safe care and continuous learning.

9. What This Guidance Is – and Is Not

This guidance:

- Encourages clarity, consistency and shared understanding
- Supports safe, effective and person-centred medicines use
- Aligns with CQC expectations for safe care and treatment
- Applies across different clinical systems.
- This guidance does not:
    - Replace professional codes, legislation or regulatory standards
    - Mandate a single workflow or model of care
    - Remove individual professional accountability

10. Review and Local Adaptation

Practices may adapt local processes in line with this guidance to reflect their workforce, systems and population, while maintaining core principles for safe prescribing and medicines management.

11. References

1. General Medical Council (2021). *Good practice in prescribing and managing medicines and devices*.
2. Care Quality Commission (2024). *Single Assessment Framework – Safe: Medicines optimisation*.
3. Royal Pharmaceutical Society (2021). *A Competency Framework for All Prescribers*. https://www.rpharms.com
4. Nursing and Midwifery Council (2018). *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.
5. Pharmacists' Defence Association (2023). *Non-prescribers and repeat prescribing advisory*.
6. Royal College of General Practitioners & Royal Pharmaceutical Society (2022). *Repeat Prescribing Toolkit*.
7. PrescQIPP (2016, updated). *Repeat Prescribing in Primary Care (Bulletin 124)*