Supplementary prescribing in mental health nursing

SUPPLEMENTARY prescribing is a term that describes a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber (nurse or pharmacist) to implement an agreed individual clinical management plan (CMP) for a specific non-acute medical condition with the service user’s agreement. It has opened the door to a potentially monumental change to mental health nursing practice by transforming the prescribing relationship.

Supplementary prescribing has been met with responses ranging from welcoming it with open arms through to fearful apprehension and even absolute refusal to participate. Nurse training began early this year, and the first intake of nurses are now acting as supplementary prescribers. Box 1 summarises the Department of Health’s rationale for introducing supplementary prescribing and outlines how it will be implemented.

Mental health service users
How can supplementary prescribing make a difference to service users?
Supplementary prescribing could improve the level of responsiveness to the needs of service users and their access to the service and treatment they require. Studies have shown that service users, once acclimatised to the idea of nurses prescribing, do value the service they receive, especially the extra time to discuss their medical and related problems (Harrison, 2003; Brooks et al, 2001; Luker et al, 1998). Although these studies did not all focus on mental health and were undertaken with patients who had been prescribed medication from the limited prescribing formulary, they demonstrate the potential benefits to mental health service users. It is still too early to ascertain whether service users will welcome mental health nurses prescribing potentially more powerful psychotropic medication than before.

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will be essential to facilitating this development. Although the Royal College of Psychiatrists (2001) has hinted at there being some clinical benefits from supplementary prescribing, the college’s view needs to be clarified and collaboration sought to implement fully supplementary prescribing, the college’s view needs to be clarified and collaboration sought to implement fully supplementary prescribing. The college’s view needs to be clarified and collaboration sought to implement fully supplementary prescribing.

**Supplementary prescribing is intended to enable service users to gain easier access to medication that they need and make better use of the skills that nurses already possess.**

**Supplementary prescribing is a voluntary arrangement entered into by agreement between the service user, nurse and doctor.**

**Supplementary prescribing involves the implementation of an agreed clinical management plan (CMP) for a named service user.**

**Supplementary prescribing should support, rather than replace, multidisciplinary care.**

**Each trust or primary care trust, in consultation with the relevant workforce development confederation, is responsible for making decisions, based on local need, as to who should be trained as a supplementary prescriber.**

**Mental health nurses who train as supplementary prescribers will complete a university-based course, normally spread over three to six months, with further days spent with a doctor (most commonly a consultant psychiatrist).**

**Supplementary prescribers will be professionally accountable for their own prescribing decisions, even though under the supervision of a doctor.**

**Supplementary prescribers will be able to prescribe any prescription medication as indicated on a CMP, with the exception of controlled drugs and unlicensed drugs that are not part of a clinical trial.**

Source: www.doh.gov.uk/supplementaryprescribing

The Department of Health would like to hear about issues and developments in supplementary prescribing for mental health nurses. If you have any information to share, contact: Rachel Munton, director of mental health nursing (e-mail: rachel.munton@doh.gsi.gov.uk) or Neil Brimblecombe, deputy director (e-mail: neil.brimblecombe@doh.gsi.gov.uk)

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**Will it be just a few individual nurses, doctors and service users who will lead the implementation of supplementary prescribing?**

At a local level, supplementary prescribing depends on the relationship between independent and supplementary prescribers and organisational clinical systems that support such a relationship (for example shared clinical records), as well as agreement with the service user. Support for the pioneers will be crucial, both locally and nationally.

**Mental health nurses**

**Will supplementary prescribing steer mental health nursing away from its primary function?**

Few would argue that the core focus of mental health nursing is to support and care for the person experiencing mental distress and to aid and promote that person’s recovery. In recent years, the methods of carrying this out have continually changed, not least the blurring of role boundaries and access to specialist ‘therapist’ educational programmes. Prescribing should not be detrimental to the caring role and mental health nurses must ensure that service users do not see it as a separate process from being ‘cared for’ (Cutliffe and Campbell, 2002).

**Do mental health nurses already prescribe indirectly?**

Many nurses say that the introduction of supplementary prescribing will formalise the de facto prescribing that has taken place for many years (Ramcharan et al, 2001). Surprisingly, the response to the consultation was limited and, arguably, not reflective of a nursing community that is eager to seize the opportunity. There is a significant difference between de facto prescribing and being accountable for prescribing authority. Certainly, advising the prescriber on effective treatments and medication relies on knowledge, theory and experience. But, ultimately, the unofficial prescriber does not take responsibility for signing the prescription.

Despite having agreed the range of medicines and conditions within the CMP with the independent prescriber, the supplementary prescriber is accountable for his or her prescribing authority and the part he or she played in that CMP. This may present a major new challenge to mental health nurses.

**What will supplementary prescribing authority mean to mental health nurses?**

Mental health nurses must not be fooled into thinking that supplementary prescribing is just one stage on from de facto prescribing and that somehow this does not make them fully accountable. Of course, the independent prescriber is responsible for both the assessment and the diagnosis. However, there is no such thing as partial accountability and misconstruing supplementary prescribing in this way would be a mistake. The mental health nurse is ultimately accountable for all of the clinical decisions that he or she makes, even though the CMP must be drawn up with the independent prescriber.

Mental health practice is complex and unpredictable, and can place the practitioner in vulnerable positions in terms of professional liability, let alone risk and personal safety. Mental health nurses are accountable for their clinical decisions, and they regularly face dilemmas involving consent, mental health legislation and...
REFERENCES


Hemingway, S., Freeman, J. (2002) Fears over plans to place prescribing responsibilities on the shoulders of newly qualified nurses. *Mental Health Practice*; 5: 10, 4-5.


FURTHER INFORMATION

Further information concerning supplementary prescribing is available on the Department of Health website: [www.doh.gov.uk/supplementary_prescribing](http://www.doh.gov.uk/supplementary_prescribing)

How can education be improved to prepare mental health nurses to prescribe competently?

The new initiatives in medication management (Jordan et al, 2002; Gournay and Gray, 2001) could be adapted for pre and postregistration education on medication issues. Lessons should be learned from the USA, where education is tailored towards the knowledge needed (psychopharmacology) and the mechanics of prescribing (psychotherapeutics). A more thorough grounding is needed in the neuropsychiatric sequelae, pharmacokinetics and pharmacodynamics, and education about the most effective and less disabling drugs.

The *National Service Framework for Mental Health* (DoH, 1999b) emphasises that clients should receive the best available drug. More emphasis on adequate education could help meet this aim and strengthen the potential of the mental health nurse to obtain prescriptive authority. Mental health nurses may therefore benefit from a mental health and psychiatric focus within the supplementary prescribing training.

Will the extended prescribing programme plus the additional supplementary prescribing module meet mental health nurses’ needs?

Supplementary prescribing training began early this year, the course comprising 27 taught days and 12 days of supervision. It could be argued that the supplementary prescribing course includes a lot of content but that the training is generic, so repeating the mistake made with the Project 2000 curriculum. But if supplementary prescribing and extended nurse prescribing training were to become part of postregistration degree programmes for mental health nurses, a more holistic educational framework could be offered.

Conclusion

If mental health nurses are to maximise the opportunities presented by the monumental change in prescribing legislation and expand their role, there needs to be a response from education providers that puts more emphasis on psychopharmacology (Hemingway, 2003).

Both pre and postregistration training needs strengthening in this area. This will necessitate comprehensive planning among service providers, higher education institutions and workforce development confederations. The significant resource implications (Gournay and Gray, 2001) for supervision, release of clinical staff for training or mentorship, and programme delivery will also need to be considered and incorporated into business plans.

The success of supplementary prescribing will depend on systematic planning and commitment to the educational and CPD needs of nurse prescribers from both mental health services and education providers. If supplementary prescribing is to be effective, meet client expectations (Jordan et al, 2002) and the objectives of the *National Service Framework for Mental Health*, and expand and professionalise the role of mental health nurses, the professional, organisational and educational response must not be piecemeal.

confidentiality. Consequently, they must ensure they are fully aware of the legal implications of supplementary prescribing and are appropriately protected from the risks associated with professional practice and litigation. Supplementary prescribing may change their relationship with pharmaceutical companies, and this will need further exploration.

What will supplementary prescribing mean to continuing professional development?

Potential supplementary prescribers will need to plan thoroughly and systematically for continuing professional development (CPD) and carefully consider the organisational contexts in which they practise. CPD will need to be comprehensively supported, and identifying the need for introducing supplementary prescribing should be conducted in a systematic way and incorporated into service development plans and monitoring processes. It will be up to individual nurses to decide whether they wish to expand their role. Those who do will be liable for the cost of registration after completing the programme. Explicit agreement and support must be negotiated with all relevant parties to ensure planned and consistent development and implementation.

How can it be ensured that the supplementary prescriber does not become overburdened?

Access to robust and quality supervision and caseload management will be crucial. Establishing tester sites should highlight any potential problems. It is crucial that support mechanisms are adequate and that quality support and supervision for nurse prescribers is ensured. A prescription alone is an insufficient reason for the intervention of a mental health nurse, but supplementary prescribing may be sufficient as a part of a comprehensive treatment package.

Educational preparation

Do mental health nurses have the necessary knowledge to prescribe?

Psychopharmacology is an area in which mental health nurses are especially weak (Jordan et al, 2002). The reasons for this include the lack of continuing education after qualification and the subjugation of mental health nursing to the general nursing curriculum. There is also some evidence that current pre and postregistration programmes for mental health nurses are not preparing them adequately to deal with issues related to prescribed drugs (Hemingway and Freeman 2002; Jordan et al, 2002; Bennett et al, 1995; Brooker et al, 1994).

In terms of biology and pharmacology, preregistration programmes appear to be improving since the implementation of *Fitness for Practice* (UKCC, 1999) and *Making A Difference* (DoH, 1999a), with an emphasis now being given to achieving competence in core subjects rather than concentrating on generic content as in the Project 2000 curriculum (Hemingway and Freeman, 2002), but this needs to be continued.