

Introduction

This document has been compiled as a resource for Healthcare Professionals (HCPs) on completion of the PITstop course. Please use in combination with the PITstop student folder resources and PITstop Competency Assessment (Goodchild, 2019).

Throughout the course PITstop refers to the PITstop care pathways for insulin and GLP-1 initiation (Goodchild, 2019) and the NICE type 2 diabetes treatment pathway for blood glucose lowering therapy. Students are encouraged to refer to the electronic NICE pathway to ensure they access the latest versions of NICE guidelines and technology appraisals. HCPs are also encouraged to refer to local guidelines when initiating, titrating and intensifying insulin and GLP-1 therapies.

Prescribers are encouraged to define their scope of prescribing practice when initiating, titrating and intensifying oral hyperglycaemic agents, insulin and GLP-1 mimetics. The following prescribing guidance focuses on diabetes-related injectable therapies.

Guidance for non-prescribers

Non-prescribers have an important role in supporting people who require or are already on insulin or GLP-1 therapy.

Non-prescribers need to discuss with members of the practice diabetes team their role within the PITstop GLP-1 and insulin care pathways. They need to identify clear boundaries and agree when support from a prescriber is necessary. The PITstop competency assessment can be used as a resource to help define specific competencies required within individually agreed boundaries. All non-prescribers wanting to complete university accreditation will need to meet all PITstop competencies for injectable therapies.

PITstop recommends:

That the initial assessment to develop an individualised treatment plan and generate a prescription should be completed jointly involving a GP or non-medical prescriber (NMP) experienced in initiating diabetes injectable therapies.

The non-prescriber can deliver education according to PITstop principles and oversee a patient's progress in line with the PITstop GLP-1 and insulin care pathways. This includes:

- teaching a patient or their relative insulin self-titration in accordance with the PITstop titration general rules including agreeing individual blood glucose targets
- assessing a patient or their relative's ability to manage insulin self-titration and discussing if additional support is required outside the structured PITstop insulin care pathway
- reviewing a patient's progress with self-titration and discussing if additional support is required outside the structured PITstop insulin care pathway.

Supervision from an experienced GP/NMP for medication titration is required. This includes insulin titration performed by HCPs if a patient or their relative is unable to manage self-titration, and liaison with the patient's designated carer or community nurse team about insulin dose changes.

All decisions and treatment changes must be documented, including the name of the advising GP or NMP.

Nurses should refer to *The Code* (NMC, 2015) section 18:

Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations.

Diabetes Specialist Nurses should also refer to national guidance for diabetes medication titration (RCN, 2012). Insulin dose titration advice in this document is in line with PITstop guidelines. The guidance states that the employing trust will assume vicarious liability for practice and competence. PITstop does not recommend generating a prescription for a GP or another prescriber to sign. This is generally considered poor practice and could leave the non-prescriber in a vulnerable position (Boddington, 2011)

Guidance for prescribers

The prescriber is required to meet all PITstop competencies for injectable therapies. It is recommended that they complete the PITstop Competency Assessment initially with mentorship support, identify gaps in knowledge and/or competency and actively seek to fill the gaps. For prescribers, this should include defining their scope of prescribing practice. Each prescriber has an ongoing responsibility to review their scope of prescribing practice and the PITstop competency assessment is a useful resource to help them achieve this.

Experienced prescribers may also be required to support PITstop-trained colleagues who do not hold a prescribing qualification. The initial assessment to develop an individualised treatment plan and generate a prescription should be done as a joint consultation. Non-prescribers will need additional supervision with medication titration, and all decisions and treatment changes should be documented in the patient record.

1. Guidance for the non-medical prescriber (NMP)

It is recommended that non-medical prescribers complete the PITstop university accreditation (requirements listed in appendix A), unless they have a diploma level or above in advanced management of type 2 diabetes, including insulin and GLP-1 initiation and have proof that they have maintained their competencies. They should decide what medications within the field of diabetes they are competent to prescribe and agree their scope of prescribing practice with their clinical manager at the outset of becoming a prescriber and at their annual appraisal.

The independent prescriber is accountable to their professional body for their actions. The employer is held vicariously liable for the actions of an independent prescriber. (Association for Prescribers, 2015) Nurses should refer to The Code (NMC, 2015) section 18:

Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations.

Standards of conduct required to practice as a registered nurse prescriber should be followed (NMC, 2006). Standard 2.1 (section 2) states:

You are professionally accountable for your prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.

The guidance also recommends that wherever possible nurses should avoid prescribing on behalf of a colleague for a patient they have not personally assessed and reminds nurses that they are accountable if they decide to prescribe.

All nurses are required by law to have an indemnity arrangement in place in order to practice. Non-medical prescribers are advised to ensure their indemnity insurance covers the scope of their prescribing practice.

2. Guidance for GPs

The General Medical Council (GMC) has issued clear guidance for prescribing practice:

You are responsible for the prescriptions you sign and for your decisions and actions when you supply and administer medicines and devices or authorise others to do so (3).

If you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence (37) (GMC, 2013).

PITstop trained HCPs may not hold a prescribing qualification. In this situation, the initial assessment to develop an individualised treatment plan and generate a prescription should be done jointly with an experienced GP/non-medical prescriber.

PITstop does not support the practice of non-prescribers generating a prescription for a GP to sign. The non-prescriber can deliver education according to PITstop principles and oversee a patient's progress in line with the PITstop pathway but should be supervised by a GP/non-medical prescriber experienced in injectable therapy.

Non-medical prescribers are professionally accountable for their own actions, but the employer may also be held vicariously responsible for their actions. The employing GP should be satisfied that any employee has the relevant skills and training (GPC, 2013).

Maintaining competency

All HCPs should revisit the competency assessment document and review their scope of prescribing practice with their clinical manager every twelve months. This will also help identify ongoing training needs. Alternative nationally recognised competency tools are Trend UK (2018) and the Royal Pharmaceutical Society (2016).

This process can be used as evidence for revalidation and renewal of professional registration.

Healthcare professionals who do not actively work towards maintaining competency must recognise that diabetes, or elements of diabetes care, is outside of their scope of prescribing practice.

Accessing PITstop continuing professional development events (CPD), completing on-line PITstop CPD case studies or equivalent CPD is recommended.

References

Boddington M. (2011) *Enhancing the DSN role: Independent and supplementary prescribing*. Journal of Diabetes Nursing 15(2): 53-60.

General Medical Council (GMC) (2013) *Good practice in prescribing and managing medicines and devices*. Available: http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp

General Practitioners Committee (GPC) (2013) *Prescribing in General Practice* Available: <http://bma.org.uk/support-at-work/gp-practices/service-provision/prescribing>

Goodchild A. (2018) *Programme for Injectable Therapy for type 2 diabetes: PITstop student folder*, 8th edition, DIME Square Ltd.

Royal Pharmaceutical Society (2016) *A Competency Framework for all Prescribers* Available: <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework> (accessed 18.8.18)

NICE pathway: Blood-glucose-lowering therapy for type 2 diabetes Available: <http://pathways.nice.org.uk/pathways/type-2-diabetes-in-adults#path=view%3A/pathways/type-2->

diabetes-in-adults/managing-blood-glucose-in-adults-with-type-2-diabetes.xml&content=view-index (accessed 18.8.18)

Nursing & Midwifery Council (NMC) (2006) Standards of proficiency for nurse and midwife prescribers

Nursing & Midwifery Council (NMC) (2015) The Code. Professional standards of practice and behavior for nurses and midwives

Royal College of Nursing (RCN) (2012) National Guidance on Titration of Diabetes Medication by Diabetes Specialist Nurses

TREND-UK (2018) *An Integrated Career and Competency Framework for Diabetes Nursing* (5th Edition) Available <https://trend-uk.org/resources/> (accessed May 2019)

Bibliography

Association for Prescribers

Link: <http://www.associationforprescribers.org.uk/faq/>

NICE (March 2015) NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. Available <http://www.nice.org.uk/guidance/ng5> (accessed 18.8.18)

Appendix A

University accreditation requirements for PITstop

To obtain 15 credits at level 5 (diploma) students are expected to submit a completed competency assessment and a 1500 word reflective report based on one of the patients they have supported during assessment and initiation of either GLP-1 or insulin therapy and the follow-up period (to at least 3-months post initiation).