

PITstop prescribing guidance

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, 2024).

Throughout the course PITstop refers to the PITstop care pathways for insulin and GLP-1 initiation (Goodchild, 2024) 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. It is important that they identify their role within the PITstop GLP-1 and insulin care pathways, with members of the practice diabetes team. They need to identify clear boundaries and agree when support from a prescriber is necessary. The PITstop competency assessment tool can be used as a resource to help define specific competencies required within individually agreed boundaries.

PITstop recommends:

That the initial assessment to develop an individualised treatment plan and generate a prescription should be completed jointly, involving a GP or independent prescriber (IP) 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/IP for medication titration is required. This includes

- insulin titration when a patient or their relative/carer is unable to manage self-titration
- 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 IP.

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.

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

Prescribers are required to recognise and work within the limits of competence and must keep knowledge and skills up to date (British Medical Association [BMA], 2018).

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 independent prescriber (IP)

It is recommended that IPs complete the PITstop Competency Assessment Tool with support for a local mentor experienced in injectable assessment, initiation and ongoing management. It is important to revisit the competency tool to demonstrate proof of continual professional development and maintenance of competencies. Each prescriber has an ongoing responsibility to review their scope of prescribing practice in the field of diabetes and the PITstop competency assessment tool and the Trend Diabetes (2022) competency document are useful resources to help achieve this.

IPs are professionally responsible for their own actions. However, where an IP working in General Practice is appropriately trained and qualified as an IP and prescribes as part of his or her duties with the consent of their employer, the employer may also be held vicariously responsible for their actions. All IPs should ensure they have professional indemnity, and the employing GP should be satisfied that any employee has the relevant skills and training (BMA, 2018).

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.

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 based on 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 (76) (GMC, 2021).

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/Independent Prescriber (IP).

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/IP experienced in injectable therapy.

IPs 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 (General Medical Council, 2018).

Maintaining competency

All HCPs should revisit the PITstop competency assessment tool 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 Diabetes (2022) (diabetes specific) and the Royal Pharmaceutical Society (2016) (general).

This process can be used as evidence for revalidation and renewal of professional registration. HCPs 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) or equivalent CPD is recommended.

References

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NICE Type 2 diabetes in Adults: management (NG28), (2015, updated June 2022) www.nice.org.uk/guidance/ng28

Nursing & Midwifery Council (NMC) (2018) *Standards of proficiency for nurse and midwife prescribers* www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf

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