CLINICAL POLICY
Policy For Managing Medication (Storing, Prescribing, Administration, Disposal)

Policy Number	CLP034
Version:	V3
Purpose:	To inform GHC staff of the correct method and systems for the ordering, prescribing, administering, storage and handling of medicines
Consultation:	Medicines Optimisation Group
Approved by:	Clinical Policy Group
Date approved:	14/02/2024
Author:	Laura Bucknell, Chief Pharmacist
Date issued:	23/02/2024
Review date:	01/02/2027
Audience:	All Clinical Staff
Dissemination:	Intranet and Highlighted in Team Meetings
Impact Assessments:	This policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date Issued	Reason for Change
V2	August 2018	Put into latest format
V2.1	09/09/2020	Transferred to new Trust Template and updated Trust Name and details following merger of trusts
V2.2	27/07/2021	Under Review message added and extension to review date agreed
V2.3	26/04/2022	Further extension of 3 months agreed at Apr22 CPG Meeting
V2.4	08/11/2022	Under Review Banner watermark added to Policy whilst Policy is reviewed as agreed with Hannah Williams – added in new standard template sections
V3	23/02/2024	Complete rewrite / Change of Title from POPAM to Managing Medication (Storing, Prescribing, Administration, Disposal)

SUMMARY
This policy sets out the standards and principles which the organisation expects its directly and indirectly employed staff to adhere to in relation to the care and control, prescribing, supply, storage, and administration of medicines.

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ABBREVIATIONS

Abbreviation	*Full Description*
CQC	Care Quality Commission
GHC	Gloucestershire Health and Care NHS Foundation Trust
NMC	Nursing and Midwifery Council
NPSA	National Patient Safety Agency
SOP	Standard Operating Procedure

1. INTRODUCTION

1.1 Medicines form an increasingly important part of modern healthcare. The medicines themselves and the legislation surrounding their use are becoming increasingly complex.

1.2 The principles which govern the management of medicines must be applied to all the activities in which medicines are involved. The key principles are:

- Compliance with current legislation
- Adherence to guidance issued by the Department of Health and other national guidance
- Management of the risks to patients and staff arising from the use of medicines.

1.3 Individual services may develop local procedures within this framework in consultation with the Chief Pharmacist. Any local procedure must be approved by the Medicines Optimisation group.

1.4 The policy should be read in conjunction with the Standard Operating Procedures (SOPs) and action cards approved by the Medicines Manager for each of the activities concerned with the safe use and security of medicines.

1.5 Other organisation policies and documents which must be read in conjunction with this policy are:

- Medication Error / Incident Management Policy (CLP041)
- Syringe Pump for Continuous Subcutaneous Infusion for Adult and Children's and Young Peoples Services (CLP059)
- Non-Medical Prescribing Policy (CLP007)
- Patient Group Direction PGD Policy (CLP053)
- Consent to Examination or Treatment Policy (CLP213)
- Health Records and Clinical Record Keeping Policy (CLP005)
- Cold Chain Policy for the Storage, Stock Control, Transport and Maintenance of Pharmaceutical Products (CLP011)
- Administration of Subcutaneous Fluids in End-of-Life Care for Adults Clinical Guideline (CLG090)
- Venous Thromboembolism (VTE) and Pulmonary Embolism (PE) in Adult Patients in GHC wards and Presenting at Minor Injury Units (MIiUs) – Policy for Reducing the Risk (CLP003)
- Supply of Over-Labelled Medication Packs Policy (CLP057)
- Use of Unlicensed and Off Label Medicines Policy (CLP061)
- Medical Devices Policy (CLP040)
- Covert Administration of Medicines Policy (CLP167)
- Controlled Drug Policy (CLP134)
- Transdermal Medication Patch Guideline (CLG094)
- Central Alerting System (CAS) Policy (CGP014).

2. PURPOSE

2.1 This policy sets out the standards and principles which the organisation expects its directly and indirectly employed staff to adhere to in relation to the care and control, prescribing, supply, storage, and administration of medicines.

3. SCOPE

3.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust. It also applies to external contractors, Agency workers, and other workers who are assigned to GHC.

3.2 This policy covers ordering, prescribing, supply, administration, storage and disposal of medicines and is an important aspect in the treatment of all patients/service users receiving care provided by the organisation.

4. DUTIES

4.1 **General Roles, Responsibilities and Accountability**
Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service

users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency, and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005) – see section on MCA Compliance below.

4.2 Roles, Responsibilities and Accountability Specific to this Policy

Chief Executive: The Chief Executive has board responsibility for promoting patient safety within Gloucestershire Health and Care NHS Foundation Trust.

Director of Nursing and Therapies: has overall clinical responsibility for Medicines Optimisation and will report to the GHC board.

Chief Pharmacist: is responsible for the delivery of a high quality and cost effective pharmaceutical, prescribing and medicines management services across GHC.

All Registered Health Professionals: must be familiar with the content of this policy and operate within it and the guidance from their professional body. They are accountable for their own practice.

Nursing Associates: nursing associates must work to the NMC Code. They need to be trained and competent to administer medicines and have completed the Trust medicines management training and be competent to:

- Administer medication via oral, topical and inhalation routes
- Administer subcutaneous (SC) and intramuscular (IM) injections
- Administer enemas and suppositories
- Manage and monitor effective symptom relief medication
- Recognise and respond to adverse reaction so medication and know when to escalate

- Undertake safe storage, transportation, and disposal of medication
- Undertake accurate dug calculations for a range of medications.

Nursing associates cannot operate under a patient group direction.

Unregistered Practitioners: unregistered practitioners can administer medication as a task delegated from a registered practitioner trained and competent in the administration of medication. The unregistered practitioner must have undertaken Trust approved training and been assessed as competent in the specific task. The registered practitioner who delegated the task holds the accountability for safe administration of the medication.

5. MENTAL CAPACITY ACT COMPLIANCE

5.1 Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) Mental Capacity Act 2005 (legislation.gov.uk).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 Mental Capacity Act 2005 (legislation.gov.uk).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) Office of the Public Guardian - GOV.UK (www.gov.uk).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the persons best interests by other people. To be legally binding the person must have been over 18 when it was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.
- Where the decision relates to a child or young person under the age of 16, the MCA does not apply. In these cases, the competence of the child or young person must be considered under Gillick competence. If the child or young person is deemed not to have the competence to make the decision then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining or which will prevent significant long-term damage to a child or young person under 18 their refusal to consent can be overridden even if they have

capacity or competence to consent.

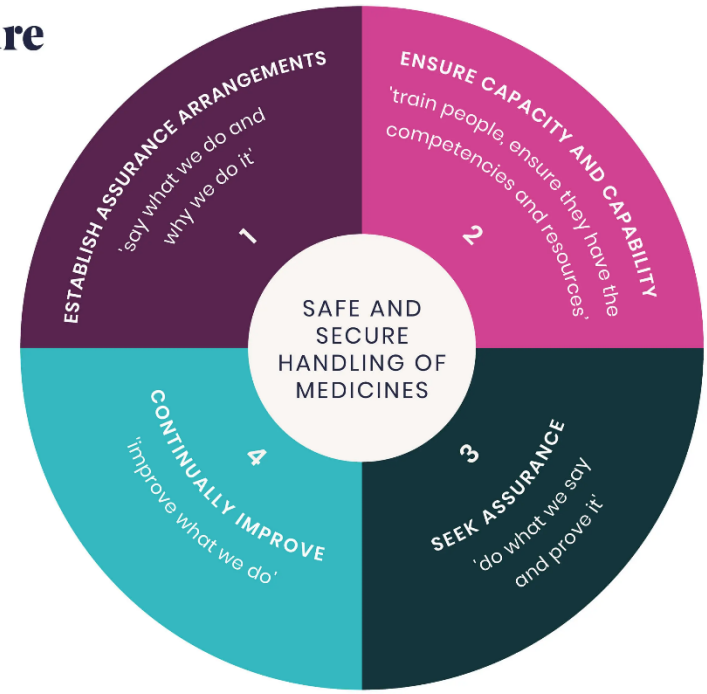
6. POLICY DETAIL

6.1 The Royal Pharmaceutical Society (RPS) dictates that there are four core governance principles that underpin the safe and secure handling of medicines. These governance principles are to be applied to each aspect of the safe and secure handling of medicines

- Establish assurance arrangements
- Ensure capacity and capability,
- Seek assurance, and
- Continually improve.

FIGURE 1:

Safe and secure handling of medicines – governance principles



6.2 Standard Operating Procedures and action cards for specific areas/aspects of medicines management that encompass the principles of this policy are on the pharmacy page of the intranet. These action cards should be followed by all services.

6.3 Obtaining Medicines

- Medicines procured on behalf of the Trust must be obtained from a reputable source to ensure quality, their safe onward use and to minimise the risk of falsification
- Medicines must be ordered/procured/requisitioned by authorised persons.

6.4 Receipt of Medicines

- Medicines received from pharmacy providers, from the patients/service users, or by transfer from one location to another within the organisation must have a complete audit trail

- All medicines received are of the quantity and quality specified and are suitable for the purpose for which they are intended.
- The physical condition of medicines is protected by controlled storage, stock levels are monitored, and records kept where appropriate.
- Where medicines are brought into the healthcare setting by a patient/service user one of the following processes is followed and all actions recorded:
    - The medicines are kept for the sole use of the patients/service user during their stay. These are assessed and approved for use by appropriately trained staff following positive identification and assessment against defined quality criteria
    - The medicines are securely stored until they are returned to the patient/service user prior to or upon discharge unless a risk assessment indicates otherwise.
    - If no longer required, and the patient or the patient's carer agrees, the medicines are disposed of.
    - If patients are self-administering this is supported by the Trust Limited Self Administration policy and risk assessment.

6.5 Medicine Supply

- Medicines are supplied in response to the approved ordering process
- Medicines are also dispensed directly to named patients in response to prescriptions/patient specific direction (PSD)
- Presentation and labelling of the medicine provided by the Trust pharmacy providers is consistent with legislation and is of a consistently acceptable standard
- Stock list and quantities to be held are determined by service manager and pharmacy and is subject to regular review at agreed intervals.

6.6 Transport of Medicines

- Medicine deliveries have systems and controls, including the recording of collections and deliveries.
- Procedures and equipment used in the transport of medicines are designed to ensure that the integrity and quality of the medicines are not compromised, e.g. to minimise temperature excursions within the cold chain
- The security of medicines whilst being transported is risk assessed and steps are taken to ensure that risks are eliminated or minimised.
- Arrangements for transport of controlled drugs and medical gases comply with Trust Controlled Drug Policy.

6.7 Storage of Medicines

6.7.1 Storage of Stock Medicines

- The SOP for Safe Storage of Medicines on GHC sites should be followed.
- From the time of receipt until use or removal, medicines must be stored safely and securely in approved medicines cupboards. The responsibility for safe storage remains with the service lead.
- Procedures must be in place to ensure that security is maintained in any storage area. These may be different in locations that are staffed continuously compared

with those that are staffed intermittently even when the use of the medicine is the same in each area.

- Cupboards and closed storage units in which medicines are stored and/or the rooms that accommodate these are lockable and locked when not being accessed.
- Medicines with differing routes/methods of administration, or which look alike/sound alike must be stored separately or segregated to minimise selection errors e.g. high strength opiates.
- The security of medicines storage, including that in clinical areas, is checked regularly by the service lead, and audited at least annually as part of the Trust's 'Safe and Secure Handling of Medicines Audit'.
- Poor practice in relation to medicines storage, by any group of staff is to be challenged and reported on the Trust Datix system.
- Medical gases in cylinders are stored safely and securely to mitigate health and safety risks in line with the medical gas policy.
- Cupboards and locks for the storage of medicines comply with national standard.
- Any bulk flammable solutions are stored in lockable metal cupboards. A risk assessment is undertaken to determine whether a fire-resistant cabinet is required - this may not be required for small quantities in clinical areas.
- Access is controlled (by key or other means) to cupboards, trolleys, and rooms where medicines are stored.
- Medicine trolleys, if used, are lockable and secured at an anchor point (i.e. a point at which trolleys can be secured to the floor or wall) when not in use. Alternatively, medicines trolleys may be stored securely in a locked room when not in use if access to the room is restricted to authorised persons.

6.7.2 Storage of Patient's Own Drugs

- All patient/service user own medicines are stored securely.
- The level of security to be applied in the storage of patient/service user own drugs, including controlled drugs, and the way in which this is achieved, is balanced against the need to ensure timely access to medicines when they are required.

6.7.3 Storage and Access Arrangements of Medicines for Clinical Emergency

- Storage arrangements allow for immediate access to critical medicines in the event of a clinical emergency, e.g. cardiac arrest, or anaphylaxis.
- These critical medicines are ready to administer preparations wherever possible and are held in containers which are tamper-evident, labelled appropriately, and clearly marked 'for emergency use'.

6.7.4 Temperature Control

- Medicines are stored under conditions that assure their quality until they are used or administered including during transportation.
- The temperature of the medicine refrigerators are monitored on each working day using a maximum-minimum thermometer or other approved monitoring device and a recording system is in place, in line with the Trust policy.
- The temperature of clinical rooms where medicines are stored are monitored on each working day using a calibrated maximum-minimum thermometer or other

approved monitoring device and a recording system is in place. Follow the SOP for Temperature Monitoring of rooms where medication and dressings are stored.

- Staff reading the temperature are competent to read and record correct readings and that they understand how to reset thermometers where relevant. Where staff reading the temperature find that it is outside the accepted range, they must follow the Trust Cold Chain policy and the SOP for Monitoring of Fridge Temperatures
- Refrigerators and freezers are locked when not in use.
- Steps are taken to ensure that refrigerators and freezers are not accidently switched off.
- Refrigerators and freezers used for the storage of medicines are not used to store any other items.

6.7.5 Product Integrity

- Medicines safety alerts and product recalls are received and actioned in line with Trust Central Alerting System Policy.

6.7.6 Prescribing of Medication

- All medication used in the Trust must be prescribed except:
  - Medications included in the Discretionary Medicines List.
  - medications administered or supplied under a Trust approved Patient Group Direction (PGD).
- All medical gases (e.g. oxygen and Entonox) must be prescribed unless given in emergency circumstances or under the direction of a PGD.
- All prescribers must:
  - ✓ Be trained and competent to prescribe all medications they prescribe.
  - ✓ Keep up to date with and follow, the law and all Trust policy and guidance relating to prescribing.
  - ✓ Recognise and work within the limits of their competence.
- In providing clinical care a prescriber must:
  - ✓ Prescribe medicine or treatment only when you have adequate knowledge of the patients/service users' health and are satisfied that the medicine or treatment serve the patient's needs.
  - ✓ Check for and record patients/service users' allergies and sensitivities.
  - ✓ provide effective treatments based on the best available evidence.
  - ✓ ensure that the care or treatment you provide for each patients/service users' is compatible with any other treatments the patient is receiving, including where possible self-prescribed over-the-counter medications.
- All clinical records must be clear, accurate and legible. Records should be made at the same time as the events being recording or as soon as possible afterwards. Clinical records should include:
  - ✓ Relevant clinical findings.
  - ✓ the decisions made and actions agreed, and who is making the decisions and agreeing the actions.
  - ✓ the information given to patients/service users.
  - ✓ any drugs prescribed or other investigation or treatment.
  - ✓ who is making the record and when.
- Prescribers are accountable for the prescriptions they sign and also for their

decisions and actions when supplying or administering medicines and devices, and when authorising or instructing others to do so.

- Only prescribe medicines if they have adequate knowledge of the patients/service users' health and are satisfied that the medicines serve the patient's needs.
- If possible, establish a dialogue with the patients/service users to help them consider information about their options and so they can decide whether or not to have care or treatment.
- Not prescribing for yourself or anyone you have a close personal relationship.
- If prescribing based on the recommendation of another doctor, nurse, or other healthcare professional, you must be satisfied that the prescription is needed, appropriate for the patient and within the limits of your competence. In such situations NMPs must follow the Trust NMP policy regarding assessment of patients.
- Not prescribe unless it is safe to do so.
- Report adverse reactions, incidents and near misses.
- Work within the requirements and guidance of their professional body.
- Ensure that when a new medication is prescribed this is communicated to all relevant parties so they can ensure that the medication will be available and able to be given without any delay.

6.7.7 Administration of Medication

- The administration of medicines must be done in accordance with a prescription, Patient Specific Direction, Patient Group Direction, discretionary medication protocol or other relevant exemption specified in the Human Medicines Regulations 2012.
- Verbal orders from a prescriber are allowed in an emergency situation where there is an immediate unplanned patient emergency. The 'Verbal Order for Administration of medicines or clarification of a prescription' action card should be followed.
- A practitioner administering a medicine must have an overall understanding of the medicine being administered and seek advice if necessary, from a prescriber or a pharmacist.
- It is preferable for the actions of prescribing, dispensing/supply, and administration to be separated and performed by different health care professionals. Where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing and supply/administration of medicines. Where this occurs, processes should be in place to limit errors along with an audit trail and clinical documentation.
- Clinicians administering medication must work within the requirements and guidance of their professional body.
- Registered healthcare professionals who administer medicines, or when appropriately delegate the administration of medicines, are accountable for their actions, non-actions and omissions, and exercise professionalism and professional judgement at all times.
- Those administering medicines are appropriately trained, assessed as competent and meet relevant professional and regulatory standards and guidance.

- When administering medication, the following must be checked:
  - ✓ The identity of the patient.
  - ✓ The prescription or other direction to administer meets legal requirements, is unambiguous and includes where appropriate the name, form (or route of administration), strength, and dose of the medicine to be administered.
  - ✓ That issues around consent have been considered.
  - ✓ Allergies or previous adverse drug reactions.
  - ✓ The directions for administration (e.g. timing and frequency of administration, route of administration and start and finish dates where appropriate).
  - ✓ The identity of the medicine (or medical gas) and its expiry date (where available).
  - ✓ That any specific storage requirements have been maintained.
  - ✓ That the dose has not already been administered by someone else (this could include patient or carers).
- Any ambiguities or concerns regarding the direction for administration of the medicine are raised with the prescriber or a pharmacy professional without delay.
- Any calculations needed are double checked where practicable by a second person and uncertainties raised with the prescriber or a pharmacy professional.
- Records must be kept of all medicines administered or withheld, as well as those declined.
- Adverse drug reactions are documented and reported on the Trust incident reporting system and nationally (i.e. as a Yellow Card).

6.8 Disposal of Surplus and Out of Date Medications

- The appropriate action card(s) and SOP(s) are/is to be followed.
- Waste medicines are disposed of in the correct medicines waste bins or if controlled drugs segregated and stored securely, pending witnessed disposal in line with the SOP for Disposal of Medication.
- Medicines that patients bring in with them into inpatient units, which are no longer required, are removed and/or disposed of with the agreement of the patient or the patient's carer or in the interests of the patient/general safety. This is documented in the clinical record.
- Unwanted/out of date medication supplied by the Trust pharmacy providers cannot be returned to pharmacy for destruction. It must be disposed of on site in line with the Trust waste policy and the local waste management standard operating procedure.
- Medicines which are out-of-date, damaged, no longer required or unsuitable for their intended use are disposed of or destroyed in a safe and secure manner
- Records of destruction are kept where appropriate.
- Out of date or medication that is no longer required is to be disposed of as soon as possible to reduce the risk of it being administered in error.
- To dispose of Controlled Drugs of any scheduled refer to the Trust Controlled Drug policy and follow the appropriate CD standard operating procedure.
- In a patient's own home unwanted/out of date medication should be returned to a community pharmacy for disposal by the patient/family/carer. In exceptional circumstances when this is not possible and leaving the medication in the home would be a risk, a risk assessment should be carried out before any GHC colleague takes the medicine to a community pharmacy. This should be

documented this in the patient's notes.

7. DEFINITIONS

7.1 The term "medicine" applies to all medicinal preparations whether systemic, oral or local, and irrespective of any statutory controls.

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES

Monitoring Requirements and Methodology	Frequency	Further Actions
Regular audits of individual aspects of the policy will be carried out along with specific audits linked to individual services.		
• Safe and secure handling of medicines Audit	Annual	Reported to Audit Committee and Medicines Optimisation Group
• Covert Administration of medicines Audit	Annual	Reported to Audit Committee and Medicines Optimisation Group
• Inpatient antimicrobial prescribing audit	Monthly	Reported to IPC Group and Medicines Optimisation Group

9. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

9.1 To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the Incident Reporting Policy. For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the Duty of Candour Policy and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

10. TRAINING

10.1 Training for management of medicines is on Care2Learn. The modules and the frequency are listed in the table below.

10.2 All staff working with medicines must be assessed as competent to do so by their line manager and competencies must be reviewed at least annually as part of the appraisal process.

10.3 The Medicines Administration Competency must be completed by all colleagues who administer medication (See Appendix 1).

Title	Staff Group*	Outcomes	Frequency
Safe Storage of medicines	All who store medicines	To understand the regulations and legislation for the safe storage of all medicines	At induction Every 3 years as a refresher Following an incident involving storage of medicines
Administration of Medicines; Key Principles	All who Administer medicines	To understand the basic principles for administering medicines including the Six Rights of Medicines Administration	At Induction Every 3 Years as a refresher Following an incident involving an administration error
Legal, Professional and Ethical aspect of Medicines Management	All who handle medicines	To understand the Legislation and regulation that under pins safe medicines management	At Induction Every 3 Years as a refresher
Routes of Administration	All who administer medicines	To understand the various routes for administering medicines	At Induction Every 3 Years as a refresher Following an incident involving the route of medicines administration
Management of Controlled Drugs	Registered practitioners who administer CDs	To understand the legal framework for ordering, receipting, storing, administering and disposing of CDs	At Induction Every 3 Years as a refresher Following an incident involving Controlled Drugs
Self-Administration of Medicines (Physical Health inpatients)	Practitioners in *Physical Health inpatients* who support patients to administer their medicines	To know about the GHC Policy for Limited Self Administration of Medicines and how to support patients to self- administer during their inpatient stay	At Induction Every 3 Years as a refresher Following an incident involving Self Administration
Understanding Units of measurement	All who administer medicines	To understand basic mathematics and numeracy skills for different units of measuring medicines	At Induction Every 3 Years as a refresher Following an incident involving a calculation error
Self-Administration of Medicines (Mental Health Inpatients)	Practitioners in *Mental Health inpatients* who support patients to administer their medicines	To understand the suitability of a patient, stages to self-administration, and documentation on RIO	At Induction Every 3 Years as a refresher Following an incident involving Self Administration
Patient Group Direction	All registered practitioners who supply or administer medicines from a PGD	To understand what is a PGD, how it is developed, and how to supply or administer medicines using one.	At Induction Every 3 Years as a refresher Following an incident supplying or administering medicine under a PGD
Getting Medicines Right	All staff who handle medicines	To have knowledge of GHC Policies and Standard Operating Procedures for the safe handling of medicines	At Induction

11. REFERENCES

Royal Pharmaceutical Society (RPS) Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) *Admin of Meds prof guidance.pdf (rpharms.com)*

Royal Pharmaceutical Society (RPS) Professional Guidance on the Safe and Secure Handling of medicine (2018 and updated Jan 2024)
Professional guidance on the safe and secure handling of medicines (rpharms.com)

Royal College of Nursing 2020 medicines Management, an overview for nursing
Royal Pharmaceutical Society (2019) professional Guidance in the Administration of Medicines in Healthcare Settings

NMC Standards for Nurses *Standards for nurses - The Nursing and Midwifery Council (nmc.org.uk)*

NMC Standards for Nursing Associates *Standards for nursing associates - The Nursing and Midwifery Council (nmc.org.uk)*

NMC Standards for Prescribers *Standards for prescribers - The Nursing and Midwifery Council (nmc.org.uk)*

NMC The Code *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)*

HPCP Standards of conduct, performance and ethics *Standards of conduct, performance and ethics | (hcpc-uk.org)*

HCPC Standards of proficiency *Standards of proficiency | (hcpc-uk.org)*

GMC Good practice in prescribing and managing medicines and devices *Good practice in prescribing and managing medicines and devices - professional standards - GMC (gmc-uk.org)*

Chartered Society of Physiotherapist Medicines, prescribing and injection therapy *Good practice in prescribing and managing medicines and devices - professional standards - GMC (gmc-uk.org)*

Royal College of Podiatry Medicines: prescribing, sale, supply and administration of medicines by podiatrists *Medicines: prescribing, sale, supply and administration of medicines by podiatrists (rcpod.org.uk)*

NICE Guidance NG5 Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes *Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE*

The Human Medicines Regulations 2012 *The Human Medicines Regulations 2012 (legislation.gov.uk)*

Appendix 1
(Please click on the link below to open)

Competencies for the Administration of Medicines