



Medicines Management and Administration Responsibilities

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Introduction

Occupational therapists frequently work with individuals whose needs or diagnoses cause them to be reliant upon one or more medicines for treatment, maintenance or emergency purposes. It is therefore important that all practitioners have a working knowledge of the medicines relevant to those they work with. Occupational therapists should have an understanding of the types of medicines used in relevant acute and long term conditions, how they are used and their possible side effects. Practitioners should be aware that medicines can have a significant effect upon occupational performance, occupational engagement and occupational therapy intervention and outcomes.

This briefing will provide basic information on when and how occupational therapists may be involved in the administration of medicines.

Legislative background

The sale, use and production of medicines are covered in legislation, including the *Medicines Act 1968*, the *Prescription Only Medicines (Human Use) Amendment Order 2000* and *Human Medicines Regulations 2012*. Application of this legislation has some differences across the UK. Practitioners in the devolved nations are advised to seek local advice. The Medicines and Healthcare Products Regulatory Agency (MHRA) is responsible for regulating medicines in the UK.

Mechanisms for prescribing, supply and administration of medicines

There are a number of legal options for prescribing, supply and administration of medications, these are as follows:

- Patient Specific Direction (PSD)
- Patient Group Direction (PGD)
- Legal exemptions
- Supplementary Prescribing
- Independent Prescribing

• Patient Specific Direction (PSD)

A PSD is the traditional written instruction from a prescriber for medicines to be supplied or administered to a specific patient/person. The preferred option is for medicines to be supplied or administered by way of individual prescriptions or a patient specific direction, for example, written in a person's care record. This mechanism allows any suitably trained member of staff in health or social care to administer



medicines that have been prescribed by an authorised prescriber for a specific individual. The medicines can then only be given to that named person.

- **Patient Group Direction (PGD)**

A Patient Group Direction (PGD) is a signed, written document supported by a legal framework that allows named, authorised and registered health professionals (including occupational therapists) to supply and/or administer specified medicine(s). The specified medicines are supplied/administered to a pre-defined group of patients with conditions described and detailed within the PGD. An authorised PGD within a service enables the named, authorised health professionals to supply and/or administer medicines without the requirement to consult a doctor or dentist. For more details on PGDs please refer to the [Patient Group Directions \(PGDs\) and occupational therapists \(RCOT, 2019\)](#).

- **Supplementary Prescribing**

Since 2005 Supplementary Prescribing has been open to physiotherapists, radiographers, podiatrists, chiropodist and optometrists but not to occupational therapists. It is a voluntary prescribing partnership between the patient, an Independent Prescriber and a Supplementary Prescriber to implement an agreed patient specific clinical management plan. The Supplementary Prescriber can then prescribe any medicine that is referred to in the plan until the next review by the Independent Prescriber. It is particularly useful for specific long-term conditions and in mental health.

- **Independent Prescribing**

Independent Prescribing allows certain healthcare professionals (doctors, nurses, dentists, optometrists, pharmacists, physiotherapists and podiatrists (the latter two since 2013) to take responsibility for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about clinical management required including prescribing. It is not currently open to occupational therapists. The scope of prescribing is slightly different between these different professions. Higher Education Institutes offer a specific programme of preparation and training for Non Medical Independent Prescribing. These courses are approved by the professions regulatory bodies and individuals must register their prescribing qualification with their regulatory body before they can start prescribing.

- **Exemptions**

A number of health professionals have specific exemptions in medicines legislation which allow them to supply or administer medicines for example, podiatrists, midwives and paramedics. Some exemptions require an additional professional qualification. Exemptions enable the professional concerned to provide medicines which are basic to their professional practice without the need to refer to a prescriber, e.g. paramedic administration of pain relief after a road accident. Article 7 of the *Prescription Only Medicines (Human Use) Order 1997* allows any person to administer certain medicines if it is for the purpose of saving a life in an emergency e.g. Adrenaline/Epinephrine. Practitioners should check their local policies in relation to this.

To confirm Supplementary Prescribing and Independent Prescribing are not currently available to occupational therapists in any of the four UK nations. To support those allied health professions that do have prescribing responsibilities the Health and Care Professions Council (HCPC) have published a set of standards for prescribing available here: <http://www.hcpc-uk.org/publications/standards/index.asp?id=692>

Accessed 19.08.2019



In 2009, the Allied Health Professions (AHP) Medicines project, a joint initiative by NHS England and the Department of Health, put forward proposals to allow certain health professions to prescribe or supply and administer medicines. This recommended that further work should be undertaken, to consider the need for Supplementary Prescribing by occupational therapists and was prioritised in a second phase of work rather than in phase one.

In 2016 NHS England (NHSE) undertook further work to identify if there was need to extend use of medicines mechanisms to a wider range of healthcare professionals – AHPs including occupational therapists, plus dental, pharmacy and healthcare scientists. The resulting Medicines Mechanisms Programme did not include extension of use of any medicines mechanisms by occupational therapists. At present there is no indication of a further programme of work.

Scope of practice and competency

The scope of occupational therapy practice is increasingly diverse and an individual's role and scope will change over time. The Health and Care Professions Council recognise it as:

the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or yourself.

(HCPC 2013, p4)

The College would say that any activity that is used therapeutically in order to enable or enhance occupational performance may be considered within the professional scope of practice. The practitioner concerned must be able to demonstrate that their professional rationale for any activity or intervention is the enhancement of health and well-being through the promotion of occupational performance/engagement.

Further information on the occupational therapy scope of practice is available here:
<https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/scope-practice>

Accessed 19.08.2019

The College of Occupational Therapists' *Code of ethics and professional conduct* states: *You must only provide services and use techniques for which you are qualified by education, training and/or experience. These must be within your professional competence, appropriate to the needs of the service user and relate to your terms of employment.* (COT 2015, section 5.1)

This means that whatever the activity or intervention being used, the practitioner must be demonstrably competent to use it; that the activity must be appropriate to the assessed needs of the **person**; and that the activity is recognised by the employer as appropriate to the reason for the practitioner's employment. It is advisable to confirm that the employer's vicarious liability insurance will cover the activity being used.



Any occupational therapist who is asked, or who wants to be able to administer medicines as part of their role must ensure that they have adequate training. They must understand the purpose of the medication, any particular administration or related requirements, eg record keeping, and any potential side effects. Occupational therapists should also be aware of which medicines mechanism they are using, eg PSD or PGD. Occupational therapists can only administer medication according to the directions given by the prescriber. They must not alter the administration of the medication (unless this flexibility is included in the PGD). An occupational therapist should only give advice on changing or altering the medication if they are specifically trained and experienced to do so as part of their role. If this is not the case, if a person asks for advice the occupational therapist must direct them to the original prescriber, or their GP.

Can an occupational therapist administer/hand out/give a person their medication?

Medicines legislation does not specifically address the issue of administration of medicines except where the product is for injection. In this case, an occupational therapist can only give/administer certain injectable medications under a Patient Group Direction (PGD).

For example, if a practitioner wants to be able to administer steroid injections within hand therapy, this can be done by using a Patient Group Direction. This provides a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor. Non-registered staff (eg a healthcare or therapy assistant) cannot administer medicines under a PGD.

According to the law (Great Britain. Parliament 1968) non-injectable prescribed medicines can be given by a third party, eg a suitably-trained member of staff in health or social care, to the person that they were intended for, when this is strictly in accordance with the directions that the prescriber has given. The medicines may only be given to that named patient. This principle applies to registered and non-registered staff at all levels.

Controlled drugs

Some prescription medicines are controlled under the Misuse of Drugs legislation (Great Britain. Parliament 1971, 2001). These medicines are called [controlled medicines or controlled drugs](#). Examples include morphine, pethidine and methadone.

The *Misuse of Drugs Regulations 2001* (Great Britain. Parliament 2001) include five schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used in medicines. Schedule 5 has a much lower level of control. Occupational therapists can administer Schedule 4 and 5 Controlled Drugs under a Patient Group Direction.

Some examples where an occupational therapist can administer medication:

- A practitioner works in mental health unit. She has been asked to work with a person in the community who has epilepsy, who if a fit occurs, requires post seizure medication. This involves putting the medication under their tongue. Could the occupational therapist administer this?



Yes – the occupational therapist must ensure that they know how and when to safely and effectively administer this medication, including any required record keeping or notification of others. They must ensure that their employer is in agreement that they can do this and will provide vicarious liability insurance cover.

- A practitioner is working in a school with children with special needs. They often need medication which might include antibiotics, daily medicines for epilepsy and possibly emergency medicines. The school is providing training on the safe administration of medicines. Can the practitioner administer these medicines?

Yes – again the practitioner must be adequately trained to ensure that they are able to administer the medicines appropriately and safely. They must ensure that their employer is in agreement that they can do this and will provide vicarious liability insurance cover. They must follow the school's or local education authority's policy. Note the school and the employer may be different organisations.

- On a discharge home visit, a lady was not able to access her medications independently, and the occupational therapist was asked to help. Can a practitioner open a blister packet and handover pain killers from the person's own hospital discharge medicines (TTO's)?

Yes – along with adequate training, employer agreement and insurance, the occupational therapist must ensure that any medication is given in line with the prescribing instructions.

- An occupational therapist is asked by a nursing colleague to deliver some medicines to a person's home in the community. Is this appropriate?

A hospital or community healthcare organisation, or a pharmacy will have a policy on the delivery of medicines to a person's home. The occupational therapist must abide by this. As with the scenarios above, the practitioner must know best practice for the carriage and delivery of medicines, including safe handling, security, recording etc. There may be some limits to the medicines that an occupational therapist can handle, e.g. some controlled drugs. As the person responsible for selecting the medicine, it is essential that the identity of the colleague who delegated this task to the occupational therapist is recorded, either by the colleague themselves, or by the occupational therapist.

Record Keeping

In all circumstances it is essential that the practitioner fully records all the events that have occurred, following local policy. This includes the identity of anyone delegating the task of administration to them, the full details of any medication, the actions done and any outcomes.

Implications for occupational therapists

The Royal College of Occupational Therapists fully supports its members who are involved in the safe and effective management of medicines, as it offers many benefits for people and their carers.

Occupational therapists, as autonomous professionals must ensure that they work within their own level of competency, within the scope of their job and in line with their employer's policies. If occupational therapists are asked to take on responsibilities or tasks that are beyond their recognized scope or level of



capability, they should discuss this with their employing body. They must not carry out such tasks until the employers have provided adequate training and have assured vicarious liability cover.

Insurance

Your employer should have vicarious liability insurance for you. If you are a member of BAOT and you can demonstrate that your professional rationale for any activity or intervention is the enhancement of health and wellbeing through the promotion of occupational performance/engagement, the BAOT Malpractice and Public Liability Insurance will also provide cover. Either or both of these schemes will provide appropriate professional indemnity insurance for you.

Advanced Clinical Practice

There are an increasing number of occupational therapists working at advanced practice level and growing interest in career development using this route. There are different national frameworks in each nation of the UK that clarify that prescribing status is not a pre-requisite.

Further information on advanced clinical practice is available in a college briefing:

<https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/leadership-and-management>

Resources

Royal College of Occupational Therapists (2017) *Patient Group Directions (PGDs) and Occupational therapists*. London: COT.

<https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/medicines-optimisation/pgds>

Accessed 27.03.2017

Medicines and Prescribing. Health and Care Professions Council –HCPC. Available at:

<https://bit.ly/2ZcZTny>

Accessed 16.08.2019

Department of Health (2009) *Allied health professions, prescribing and medicines supply mechanisms scoping project report*. London: DH.

Patient Group Directions information from the National Institute for Health and Care Excellence (NICE):

<https://www.nice.org.uk/guidance/mpg2>

Accessed 19.08.2019

Patient Group Directions – Government guidance

<https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>

Accessed 19.08.2019



Medicines and prescribing support from NICE - <http://www.nice.org.uk/mpc/index.jsp>

Accessed 19.08.2019

What is a controlled medicine (drug)?

<https://bit.ly/2yqqW3K>

Accessed: 19.08.2019

References

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