

# The Bermuda Nursing and Midwifery Council

## Prescribing Restrictions and Requirements for Advanced Practice Nurses



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## 1. Introduction

S.8B of the Nursing Act 1997 authorizes an advanced practice nurse (APN), registered by the Bermuda Nursing Council, to prescribe medicines if done 'under the authority of a registered medical practitioner'. The purpose of this document is to outline the requirements for this authorization by medical practitioners and advanced practice nurses. In addition, it identifies restrictions on this authorization specified under law.

Failure to comply with the restrictions and requirements specified in this document may result in disciplinary action by the Bermuda Nursing Council and/or the Bermuda Medical Council. In addition, failure to comply with restrictions and requirements stipulated in legislation for regulated medicines may be an offence against the Act(s). In this document, the term 'should' means the practitioner may exercise reasonable discretion as the principle may not apply in all situations or circumstances. The term 'must' refers to a legislative or mandatory requirement.

### Relevant Legislation:

- The Pharmacy and Poisons Act 1979, Amendment Act 2013
- The Pharmacy and Poisons (Control of Prescriptions) 1979
- The Misuse of Drugs Act 1972
- The Misuse of Drugs Regulations 1972
- The Medical Practitioners Act 1950
- The Nursing Act 1997 as amended
- The Nursing Rules 2010 as amended

### Definitions

*Controlled drugs* Active ingredients listed in Schedule 2 of the Misuse of Drugs Act 1972 and Schedule 2 of the Misuse of Drugs Regulations 1973.

*Schedule 3 drugs* Active ingredients listed under the Third Schedule of the Pharmacy and Poisons Act 1979. Products containing these ingredients require a prescription to be obtained

*Schedule 4 Part I drugs* Active ingredients listed under the Fourth Schedule Part 1 of the Pharmacy and Poisons Act 1979 that are required to be sold only in a registered pharmacy.

*Schedule 4 Part II* Active ingredients listed under the Fourth Schedule Part 2 of the  
*drugs* Pharmacy and Poisons Act 1979 that are required to be sold only  
in a registered pharmacy by a pharmacist

## 2. *Restrictions and Requirements for Advanced Practice Nurse (APN) prescribing*

### Registration

- 2.1. APNs must be registered with prescribing authority by the Nursing Council.

### Collaborative Practice Agreements (CPA)

- 2.2. In order to prescribe medications an APN must have a collaborative practice agreement (CPA) with a registered medical practitioner. A CPA articulates the APN and medical practitioner's professional relationship in caring for patients and clearly outlines each practitioner's responsibilities. Section 3 outlines the minimum requirements for what must be included in the CPA.
- 2.3. If an APN changes their scope of practice, the CPA must be amended to reflect any changes, or when necessary terminated and a new CPA created.
- 2.4. CPAs must be terminated when an APN no longer works for the medical practitioner(s) with whom the CPA is signed.
- 2.5. In practice settings where there is more than one medical practitioner the APN is prescribing under (e.g. group practices or in the hospital), the CPA must clearly indicate this arrangement and include clear reference to the supervising medical practitioner(s).
- 2.6. The Nursing Council and the Medical Council may request a copy of practitioners' CPA for review.

### *Restrictions on medicines that can be prescribed:*

- 2.7. An APN is authorized to prescribe medicines, including those listed in the Third and Fourth Schedule of the Pharmacy and Poisons Act 1979 as amended.
- 2.8. APNs are not authorized to prescribe controlled drugs. These are medicines containing an active ingredient listed under the Misuse of Drugs Act Schedule 2 and Misuse of Drugs Regulations Schedule 2. If a drug is listed in Schedule 3 of the Pharmacy and Poisons Act and also in the Misuse of Drugs Act or Regulations, it is classified as a controlled drug.
- 2.9. The collaborative practice agreement must further define any restrictions on the drugs able to be prescribed by individual APNs.

### *Prescription form requirements*

- 2.10. APN prescribing rights enable APNs to write and sign the prescription form.

- 2.11. A prescription form for an APN, in addition to the requirements set out by the Pharmacy and Poisons Act 1979 and related policies, must:
- include the name of the medical practitioner whose authorization they are prescribing under; or
  - in CPAs that include multiple medical practitioners, ensure the specific practice setting is identified
- 2.12. All APNs must submit a specimen signature to the Office of the Chief Medical Officer (CMO), for dissemination to all pharmacies.

*Standards of Practice for prescribing*

- 2.13. ***All APNs must uphold the standards of practice for prescribing to ensure quality clinical care. See section 4.***

### 3. Collaborative Practice Agreements: Minimum Requirements:

A collaborative practice agreement (CPA) must include the information outlined in this section. A template is provided in Appendix IV that includes the minimum requirements:

1. Details on parties involved in CPA:
  - Advanced Practice Nurse Information
    - a. Full name of the APN as registered with the Nursing Council
    - b. Nursing Council registration number and registered title
    - c. Place of employment: work address, telephone number and email
    - d. Clinical area of practice (e.g. acute care; cardiology, etc.)
    - e. Job title
  - Medical Practitioner information
    - a. Full name of the practitioner as registered with the Medical Council
    - b. Medical Council registration number and registered title
    - c. Place of employment: work address, telephone number and email
    - d. Clinical area of practice (e.g. acute care; cardiology, etc.)
    - e. Job title
2. Outlines the protocol for consultation and referrals and method for periodic medical practitioner review of care. This must include a process for emergencies and reporting adverse drug reactions to the medical practitioner to be in place.
3. Defines the scope of practice for prescribing by the APN, which requires indicating:
  - i. patient population;
  - ii. health conditions; and
  - iii. classes of medicines, or specific medicines, the APN is able to or not prescribe.
4. Requires the APN to be responsible for engaging in continued professional development activities that pertain to prescribing within their defined scope of practice.
5. The CPA must be reviewed annually. The agreement must include a date indicating when the CPA was signed, and a date stipulated in the agreement for the annual review.
6. Arrangements and conditions for terminating the collaborative agreement.
7. In practicing settings where the APN requires the same CPA with more than one medical practitioner the CPA must:
  - i. Reference the supervising medical practitioner and indicate the authority of their 'designated representatives' ; or
  - ii. List all medical practitioners with whom the APN is under their authorization.
8. If an APN works in more than one practice group or setting a CPA must be developed for each group/setting.

## 4. Standards of Practice: APN Prescribing <sup>1</sup>

### General

- 4.1. Prescribing requires the following activities and competencies to be fulfilled by APNs:
  - Assess a patient/client's clinical condition
  - Undertake a thorough history, including medical history and medication history, and diagnose where necessary, including over-the-counter medicines and complementary therapies
  - Decide on management of presenting condition and whether or not to prescribe
  - Identify appropriate products if medication is required
  - Advise the patient/client/client on effects and risks
  - Prescribe if the patient/client agrees
  - Monitor response to medication and lifestyle advice
- 4.2. APNs must work within their clinical competence and Nurse Code of Conduct and accept professional accountability and clinical responsibility for their practice.
- 4.3. APNs must ensure they complete appropriate continuing professional development in relation to their prescribing scope of practice.
- 4.4. APNs should follow best practice prescribing guidelines for patients with common conditions.
- 4.5. APNs should follow reasonable standards for the number of days' (e.g. 90 or 100 days) supply of medicines when writing repeat prescriptions for people with chronic conditions once dosage is stabilized.
- 4.6. APNs should prescribe safe, effective treatments based on the best available scientific evidence and avoid prescribing medications that are not recommended by the manufacturer for the prescribed use.
- 4.7. APNS should ensure their patient's prescription authorizes the pharmacist to dispense a generic equivalent when such a product is clinically appropriate and available at a lesser price than the brand prescribed.
- 4.8. When prescribing drugs listed in the Pharmacy and Poisons Act 1979 Schedule 3 or 4 APNS must adhere to the legislative requirements.

### Self-prescribing and treating close family members

- 4.9. APNs should not serve as a primary or regular care provider for members of their immediate families or assume care for closely associated employees. Professional objectivity may be compromised when an immediate family member is the patient. Exceptions are allowed for routine care for short-term minor problems in emergency or isolated settings.



- 4.10. APNs should avoid self-treatment. In emergency settings or isolated settings where there is no other qualified practitioner available, APNs may treat themselves or family members until another practitioner becomes available.

## Patient Records

- 4.11. APNs have a duty to maintain accurate and up to date patient records. APNs should record each patient contact using a standard recording format, including all prescription related information, in the patient record as soon as possible. Suggested guidelines for record keeping are included in Appendix I.
- 4.12. Records must be accessible to the authorizing medical practitioner.
- 4.13. The record is a confidential document involving the patient-physician relationship and should not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the individual or the community.

## Storage & disposal of drugs

- 4.14. All drugs used in the course of practice by the APN should be stored in an area inaccessible to the public.
- 4.15. An APN must request appropriate disposal by the government pharmacy inspector for the destruction of drugs used in their course of practice.

## Appendix I- APN and Medical Practitioner Responsibilities Overview

The Medical Practitioner is responsible for:

- Reaching an agreement with the APN about the limits of their responsibility for prescribing and which must be detailed in the CPA and individual patient care plans and ensure they are reviewed.
- Carrying out a review of the patient's progress at appropriate intervals depending on the nature and stability of the patient's condition.
- Providing advice and support to the APN when required.
- Appropriate sharing of the patient record with the APN.
- Reporting life threatening adverse drug reactions in accordance with employer protocols and policies issued by the Ministry of Health

The Advanced Nurse Practitioner is responsible for:

- Working within their clinical competence and Nurse Code of Conduct and accepting professional accountability and clinical responsibility for their practice.
- Prescribing for the patient in accordance with the Standards of Practice
- Consulting the medical practitioner when necessary and passing prescribing responsibility back to the medical practitioner if they believe that the patient's condition can no longer be managed competently by them.
- Documenting prescribing and monitoring activity in the patient record as soon as possible after the intervention.
- Reporting serious adverse incidents and life threatening events to the medical practitioner.

## Appendix II- Patient Record Standards

Patient record includes paper-based and electronic formats.

- A. A patient record should contain enough information for any physician or other regulated health professional to be sufficiently informed of the care being provided including:
- Clinical notes
  - Lab and imaging reports
  - Pathology reports
  - Referral letters and consultation reports
  - Hospital summaries
  - Surgical notes
- B. A patient record must contain or provide reference to the following minimum information:
1. Patient's name, address, phone number, date of birth, gender, and ID number
  2. Dates seen and identity of the physician attending to the patient
  3. Documentation of presenting complaint or injury
  4. Significant prior history
  5. Current medications, allergies and drug sensitivity
  6. Prescription record (when issued, the dose of medication, frequency of administration, duration the patient is to take the medicine, whether there are refills)
  7. Relevant social history including alcohol or drug use or abuse
  8. Relevant family history
  9. Physical examination findings
  10. Diagnoses
  11. Investigations ordered and obtained
  12. Instructions and advice to the patient including follow up care instructions
  13. Reports sent or received regarding the patient's medical care
- C. In addition a patient record should be legible, written in English and with alterations and corrections to the patient record clearly identified showing the identity of the person making the alteration and the date.
- D. Patient records should be stored for a minimum of ten (10) years<sup>2</sup> following the date of last service or in the case of minors, ten years or until two years after the age of majority – whichever is longer.

## Appendix III – Regulated Drug Requirements

The following prescription requirements are detailed in the Pharmacy and Poisons Act 1979 that are applicable to all practitioners authorized under this legislation. The APN's collaborative practice agreement must further define any additional restrictions.

### 1. Form of prescription

Prescriptions for Schedule 3 drugs must adhere to the requirements under the Pharmacy & Poisons Act (s.23). This includes:

- a name and address of the patient and the age, if under 12 years
- the name of the drug or ingredient(s) and strength, where applicable
- the quantity of the drug to be dispensed
- dosage instructions for use by the patient, which shall include a specific frequency or interval or maximum daily dose.
- name, initials, address and telephone number of the practitioner
- date on which the prescription was written
- legal signature of the practitioner
- refill authorization, where applicable, must indicate a specific number of refills in the manner stipulated in the Act.
- ability to indicate if a generic substitution is not allowed, in the format required by the CMO
- specification that the prescription is valid 12 months from the date it is issued

In addition the name of medical practitioner or practice setting/group practice's name who is authorizing the APN to prescribe, must be clearly indicated on the prescription form (see section 2.4).

### 2. Importation

In circumstances where APNs are required to import drugs for their course of practice, the following must be adhered to:

To import Schedule 3 drugs for commercial purposes (s.25 (2), Pharmacy and Poisons Act), the importer must be registered with the Office of the Chief Medical Officer and the products must be eligible for sale in the US, UK or Canada [s.25(1)].

### 3. Records

The following records must be kept for a period of 2 years:

- the price at which any Schedule 3 or 4 drugs is purchased and sold (s.50, Pharmacy and Poisons Act)
- the quantity of Schedule 3 and 4 drugs prescribed and dispensing records as prescribed in the Act for any drug supplied during the course of their duty (s.46 & 49, Pharmacy and Poisons Act)

**Collaborative Practice Agreement for Prescribing Authority: Advanced Practice Nurse and Medical Practitioner**

**Section I: Practitioner Information**

**Advanced Practice Nurse (APN)**

**Name:**

**Nursing council registration number and registration title:**

**Clinical Area of Practice:**

**Job Title:**

**Place of employment and address:**

**Telephone numbers (office and cell):**

**Email:**

**Medical Practitioner**

**Name:**

**Medical Council registration number and registration title:**

**Clinical practice area:**

**Job Title:**

**Place of employment and address:**

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**Telephone numbers (office and cell):**

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**Email:**

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**Section II: Description of Patient Population**

*This section is to include the patient population and health conditions to which this agreement extends*

**Section III: Specification of drugs authorized to be prescribed**

*This section is to include the classes or specific drugs the APN is authorized to prescribe under this agreement.*

**Section IV: Medical Practitioner consultation, referrals and reporting**

*In this section designate the plan for consultation with the medical practitioner and referral, periodic review of care and reporting in case of emergencies and adverse drug reactions.*

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**Section V: Termination of agreement**

*In this section define the circumstances that would terminate the prescribing agreement*

1. Prescribing in violation of this agreement
2. Failure of the APN or collaborating physician to maintain registration status
3. A change in APN scope of practice or place of employment
4. A change in medical practitioner scope of practice or place of employment
5. Other (please specify:

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**Section VI: Continual Professional Development requirements**

*In this section indicate that the APN will ensure completion of continuing education units related to prescribing within the scope of practice of this agreement.*

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**Section VII: Signatures and Renewal Dates**

**By our signatures we agree to follow the parameters specified in this collaborative practice agreement, this also includes:**

- The Nurse Practitioner is authorized to diagnose and prescribe under the protocols established in this document without the direct (onsite) supervision or approval of the delegating or alternate physician.
- Consultation with the delegating physician/s or designated alternate physicians, is available at all times on site, by telephone, or by other electronic means of communication when needed. Whenever the delegating physician is unavailable because of out of town travel or incapacity an alternate physician assumes consultation and supervision responsibilities for the delegating physician.
- This agreement will be reviewed and signed at least annually by the date indicated below, and when the situation warrants more frequent re-evaluation.

\_\_\_\_\_  
**Advanced Practice Nurse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Medical Practitioner Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date of CPA Review:**



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