

Penelope Mary Franklin
Editor



**Non-medical
Prescribing in the
United Kingdom**

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Foreword

I feel privileged to have been asked to write the foreword to this prestigious text. I say this because the book has been written by experts in the field of prescribing, both clinical and academic. It demonstrates a wealth of information enabling the reader to utilise this wisdom in order to supplement their practical knowledge in a manner that will assist towards competent prescribing.

This book is not only an aid to study but also can support the revalidation process of all health professionals who are prescribers.

In the UK, we have had legislation supporting prescribing for the last 18 years (since 1999), small steps initially, with a restricted formulary for district nurses and health visitors. By 2006, legislation was amended to enable access for non-medical prescribers to the whole of the British National Formulary. This was a seminal moment in terms of clinical practice in the UK as it provided an opportunity for health professionals other than nurses to be able to become prescribers. 18 years later, we have developed a robust body of evidence demonstrating that non-medical prescribing is beneficial for patients, cost effective and not duplicated. It has been demonstrated as equally effective as medical prescribing.

The most significant impact of non-medical prescribing has been patients receiving timely, expert and safe prescribing with increased access to medicines.

With an ever-increasing demand on healthcare, this text will provide further reference for the prescriber in their quest to increase their knowledge base and continue to push at professional practice boundaries, regardless of the discipline of the prescriber.

Colleagues across Europe and wider may also benefit from this text as a reference to what has been demonstrated as effective, safe practice when their countries' pioneers challenge the status quo of their health system.

I sincerely hope that you enjoy and find this text an aid to your learning and development.

Barbara Stuttle
Chair of The UK Association
for Nurse Prescribing
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Acknowledgement

Thank you to all who have made this book possible.

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List of Abbreviations

AEI	Approved education institute
AHPs	Allied health professions/professionals
ANP	Advanced nurse practitioner
APP	Advanced pharmacy practice programme
AWMSG	All Wales medicines Strategy Group
AWTTC	All Wales Therapeutic and Toxicology Centre
BNF	British National Formulary
CDs	Controlled drugs
CMP	Clinical management plan
CNS	Clinical nurse specialist/s
COPD	Chronic obstructive pulmonary disease
CPD	Continuing professional development
CPNPs	Community practitioner nurse prescribers
CSP	Chartered Society of Physiotherapy
DEPs	Developing Eyecare Partnerships
DMP	Designated medical practitioner
DSMP	Designated supervising medical practitioner
EOLC	End of life care
ePACT	Electronic prescribing analysis and cost data
GB	Great Britain
GOC	General Optical Council
GP	General practitioner
GPhC	General Pharmaceutical Council
HAN	Hospital at night team

HCPC	Health and Care Professions Council
HD	High dependency (unit/care)
HSCB	Health Social Care Board (Northern Ireland)
HVs	Health visitors
ICU	Intensive care unit
IP/s	Independent prescriber/s
KSF	Knowledge and Skills Framework
LHB	Local Health Board
LTCs	Long-term conditions
MAI	Medication Appropriateness Index
MHRA	Medicines and Healthcare Products Regulatory Agency
MO	Medicines optimisation
MOQF	Medicines Optimisation Quality Framework
NAW	National Assembly for Wales
NHS	National Health Service
NI	Northern Ireland
NICE	National Institute for Health and Care Excellence
NICPLD	Northern Ireland Centre for Pharmacy Learning and Development
NIPEC	The Northern Ireland Practice and Education Council
NMC	Nursing and Midwifery Council
NMIPs	Non-medical independent prescribers
NMP	Non-medical prescribing
NPF	Nurse Prescribers' Formulary for Community Practitioners
NTA	The National Treatment Agency for Substance Misuse Services
PBP	Practice-based pharmacist/s
PCE	Pharmaceutical clinical effectiveness
PGD	Patient group direction
PIP	Pharmacist independent prescriber/ing
PSNI	Pharmaceutical Society of Northern Ireland

RPSGB	Royal Pharmaceutical Society of Great Britain
SCPHNs	Specialist community public health nurses
SP/s	Supplementary prescriber/s
SPM	Social photo matrix
TPN	Total parenteral nutrition
UK	United Kingdom
V100	Community practitioner nurse prescriber with a specialist practice qualification (NMC annotation)
V150	Community practitioner nurse prescriber without a specialist practice qualification (NMC annotation)
V200	Extended formulary nurse prescriber (NMC annotation)
V300	Nurse independent and supplementary prescriber (NMC annotation)
WeMeRec	Welsh Medicines Resource Centre

All internet links were correct at time of going to press. However, it is acknowledged that these may go out of date and be revised, amended or removed from the relevant web sites.

Chapter 1

Introduction to Non-medical Prescribing: An Overview— Including Non-medical Prescribing in England

Penny Franklin

Abstract This book is intended for all innovators, policymakers and leaders who are considering implementing Non-medical Prescribing (NMP) both in the United Kingdom (UK) and further afield and, for practitioners who are working on the front line with patients. It covers historical perspective and current practice, with some pragmatic discussion and vision of where the practice of Non-medical Prescribing (NMP) might be going next. Contributors to the book discuss prescribing across the four devolved UK countries of Scotland, Wales, Northern Ireland and England. They have a range of academic, leadership and practice-based expertise and, are from the different professions representing some of the many and diverse disciplines where NMP is practised. There are many different fields of practice, and it would not be possible for the authors to represent all of these. It is up to the readers to take and transfer ideas and examples of good practice

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and policy making into their own areas using the scientific artistry and pragmatism that is needed in the world of health care today. What all of my co-authors share with you the reader is an enthusiasm for, and conviction of, the worth of NMP today, and ongoing into a changing world of health-care.

Keywords Non-medical Prescribing • Community Practitioner Nurse Prescribing • Independent Prescribing Supplementary Prescribing • Continuing professional development

1.1 Purpose of This Book

This book is designed for those who are thinking about how to take Non-medical Prescribing (NMP) forward in their area. NMP within the UK is now embedded in such a wide range of health-care professions and professional disciplines that it would be impossible within the remit of this book to cover them all. What you will find is a discussion of NMP and its differences in the four divulged countries that make up the UK (Scotland, Wales, Northern Ireland and England). There will be discussion of prescribing practice in the different professions that now have Non-medical Prescribing rights and commentary on prescribing in different areas by experts in disciplines including: community nursing, sexual health nursing, care of those with long-term conditions, drugs and alcohol dependency and end of life. There will be information about prescribing by nurses, midwives, pharmacists, podiatrists (chiropodists), physiotherapists, radiographers, dietitians and optometrists. There are many discipline-specific areas that practise NMP, and although it has not been possible to cover them all, it is hoped

that readers will be able to take examples into their own areas. For those who are thinking of implementing prescribing within their area, policy and practice examples are threaded throughout. All authors illustrate innovative ways of thinking about the practice and implementation of NMP.

Authors showcase how NMP developed in their own areas in an often piecemeal fashion, sometimes in the face of opposition and at times against the odds. Chapters demonstrate how it is now embedded across professional health care, with vision of where we hope to go in the future. Authors are mindful that at the time of writing, the UK health-care system is set in a climate of austerity. However, we are ever enthusiastic about the difference that the practice of NMP has made to patients and professionals alike and are optimistic about future developments.

1.2 Historical Perspective

This section highlights the key changes to legislation that led to Non-medical Prescribing rights as they are today. It provides a brief overview of the different professions that can prescribe and of their rights. NMP rights have evolved differently within the four countries that make up the UK, and these will be discussed further on in the book.

Request for prescribing rights by Registered Nurses with a specialist community practice qualification (health visitors, district nurses and some practice nurses) formally started in 1986 with the publication of the Department of Health *Cumberlege Review of Neighbourhood Nursing*. Up to this time, the above groups of nurses had been recommending to doctors to prescribe for their patients, resulting in delay to patients obtaining medicines and putting doctors in the position of prescribing for patients who they had not assessed. The following 1989 Department of Health *Report of the Advisory Group on Nurse*

Prescribing led by Dr June Crown advised ministers in the UK of how the introduction of nurse prescribing could improve patient care.

Following amendments to the 1968 *Medicines Act* and the introduction in 1992 of *The Medicinal Products: Prescription by Nurses etc. Act*, the practice of nurse prescribing started. Piloting across two sites was rolled out nationally in 1994. Registered nurses with a specialist community practice qualification, having completed the required training at academic degree level, were able to prescribe from the limited *Nurse Prescribers' Formulary for Community Practitioners*. (NICE and BNF n.d.). It is of note that 2009 saw the introduction of Community Practitioner Nurse Prescribing for registered nurses and midwives without a specialist practice qualification (NMC 2009).

The success of the initial Community Practitioner Nurse Prescribing was noted, and the *Final Report on the Review of Prescribing, Supply and Administration of Medicines* in 1999 recommended that legal authority to prescribe should be extended to include new professional groups and, introduced the concepts of Independent and Dependent Prescriber (later to become Supplementary Prescriber). (see Table 1.1).

Registered nurses without a Community Specialist Practice qualification were granted prescribing rights as Extended Formulary Nurse Prescribers in 2002 (DoH 2002) which meant that they could prescribe within their scope of practice and competence from a limited range of drugs within the *British National Formulary (BNF)* in the areas of: minor illness, minor injury, health promotion and palliative care. The Extended Formulary for Nurse Prescribers is now obsolete.

Section 63 of the *Health and Social Care Act 2001* permitted the introduction of Supplementary Prescribing (SP) for nurses and pharmacists (Table 1.1). In 2006, *the Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order and associated medicines regulations* enabled nurses and midwives

Table 1.1 Illustrating the range of non-medical prescribing rights across the professions in England and the definitions of these rights

Title	Legal status	Professions and qualification	Comments
Independent prescriber(s) (IP(s))	Responsible and accountable for assessment, diagnosis and treatment (prescribing)—can prescribe within professional scope of practice and competence most drugs within the <i>British National Formulary</i> .	<p>Medical Independent Prescribers are doctors and dentists who are subject to guidance from the General Medical Council. Available via: http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp. Accessed 15 April 2017.</p> <p>Non-medical Independent Prescribers (NMIPs) are nurses, midwives pharmacists, physiotherapists, chiropodists/podiatrists, optometrists (from the Optometrists' Formulary) and therapeutic radiographers. All of whom have successfully completed training at degree level or above and have been awarded their professional body recordable qualification as Non-medical Independent Prescriber. All are subject to standards and guidance from individual professional bodies.</p> <p>Available via: http://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/. Accessed 15 April 2017.</p>	For Non-medical Prescribers, this training is now combined with Supplementary Prescribing.

(continued)

Table 1.1 (continued)

Title	Legal status	Professions and qualification	Comments
Supplementary Prescriber(s) (SP(s))	<p>Prescribe in a voluntary partnership with Independent Medical Prescriber(s), with the agreement of the patient and using a patient-specific clinical management plan (CMP), that must be set up in advance of prescribing and preferably with the patient's agreement.</p> <p>Supplementary Prescribers can prescribe any drug from the <i>British National Formulary (BNF)</i> and within their professional scope of practice and competence. Supplementary Prescribers can prescribe schedules 2, 3 and 4 from the controlled drugs schedule (except diamorphine, cocaine and dipipanone for the treatment of addiction).</p>	<p>Includes nurses, midwives, pharmacists, physiotherapists, podiatrists (chiroprodists), radiographers and dietitians who have successfully completed a period of training at degree level or above and have been awarded their professional body recordable qualification as Non-medical Supplementary Prescriber.</p>	<p>Nurses midwives, pharmacists, physiotherapists, podiatrists (chiroprodists) and therapeutic radiographers now undertake a combined training as Independent and Supplementary Prescribers.</p> <p>Dietitians and diagnostic radiographers can train as Supplementary Prescribers only.</p>

Non-medical Independent and Supplementary Prescribers	Can prescribe as both Independent and Supplementary Prescribers. There are profession-specific restrictions on who can prescribe what. Available via: https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/ . Accessed 15 April 2017.	Currently, nurses, midwives, pharmacists, physiotherapists, podiatrists (chiroprodists) and therapeutic radiographers who have successfully completed a period of training at degree level or above and have been awarded their professional body recordable qualification as Non-medical Independent and Supplementary Prescriber.	Nurses, midwives, pharmacists, physiotherapists, podiatrists (chiroprodists) and therapeutic radiographers now undertake a combined training as Independent and Supplementary Prescribers
Community Practitioner Nurse Prescribers	Prescribe from the <i>Nurse Prescribers' Formulary for Community Practitioners</i> only. Available via: https://www.evidence.nhs.uk/formulary/bnf/current/nurse-prescribers-formulary . Accessed 15 April 2017.	Includes nurses and midwives with the specialist community practice qualification of health visitor or district nurse, who have completed the training for the Nursing and Midwifery Council NMC V100 (NMC 2006) recordable qualification at degree level and above, and nurses without a specialist community practice qualification who have completed the training for the Nursing and Midwifery Council's recordable qualification of V150 Community Practitioner Prescriber (NMC 2009).	Can only prescribe from the <i>Nurse Prescribers' Formulary for Community Practitioners</i> .

Who can prescribe what is profession specific; for a list please access following link. <http://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/>. Accessed 15 April 2017.

Prescribing rights for Non-medical Independent Prescribers are profession specific; a list of who can prescribe what is available via <http://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/>. Accessed 15 April 2017.

to train as Nurse and Midwife Independent Prescribers, meaning that they could prescribe *any licensed medicine (i.e. products with a valid marketing authorisation (licence) in the UK) including some controlled drugs, for any medical condition within their clinical competence* (DH 2006, pg. 3). Independent Prescribing (IP) for pharmacists was introduced at the same time. Pharmacist Independent Prescribers could not at this time, prescribe any controlled drugs (CDs). The biggest change was that Non-medical Independent Prescribers (NMIPs) carried the accountability for having assessed the patient, having made a diagnosis and ultimately for prescribing.

The above rapid changes to Nurse and Midwife Non-medical Prescribing led to the introduction of the Nursing and Midwifery Council's 2006 *Standards of Proficiency for Nurse and Midwife Prescribers* detailing both educational and practice standards for the above. The Health and Care Professions Council and the Royal Pharmaceutical Society introduced their standards in 2013, and the Royal College of Optometrists produced their own guidance for Independent Optometrist Prescribers Available via: <https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/>. Accessed 15 April 2017.

Changes to the *Misuse of Drugs Regulations* in 2012 opened up the prescribing of CDs (except for diamorphine, cocaine and dipipanone for the treatment of addiction) to Nurse, Midwife and Pharmacist Independent Prescribers.

Registered physiotherapists, podiatrists and radiographers have been able to train as supplementary prescribers since 2005. Optometrists were also granted independent prescribing rights in 2008. General Optical Council Available at: https://www.optical.org/en/Education/Specialty_qualifications/independent-prescribing.cfm. Accessed 15 April 2015. Further changes in 2015 meant that registered physiotherapists, chiropodists/podiatrists and therapeutic radiographers could train as Independent Prescribers with profession-specific restrictions Available via: <http://psnc.org.uk/dispensing-supply/receiving-a-prescription/>

[who-can-prescribe-what/](#). Accessed 15 April 2017. From 2016 dietitians could prescribe as Supplementary Prescribers only Available at: <https://www.england.nhs.uk/ourwork/qual-clin-lead/ahp/med-project/dietitians/>. Accessed 15 April 2015.

1.3 History Across the Four Countries

All of the above applies to Non-medical Prescribing in England. However, there are differences across the UK. Not only has Non-medical Prescribing evolved differently within the different professions, but also there have been differences in policy and implementation across the four countries, some of which will be discussed in the following chapters of this book. For example, in 2006 the Department of Health published a guide to implementing Nurse and Pharmacist prescribing within the National Health Service in England; however, this was not implemented in Wales. Other examples will be covered in following chapters.

1.4 Where We Are Now and Where We Are Going

Over the years, Non-medical Prescribing has evolved from Community Practitioner Nurse Prescribing (which still exists), through to the now obsolete Extended Formulary Nurse Prescribing, to Independent and Supplementary Prescribing for nurses, midwives, pharmacists, physiotherapists, podiatrists (chiropractors) and therapeutic radiographers. With some profession-specific restrictions (see Table 1.1), both IPs and SPs can prescribe within their scope of practice and professional competence from most of the *British National*

Formulary. Optometrists can prescribe as Independent Prescribers from the Optometrists' Formulary General Optical Council Available at: https://www.optical.org/en/Education/Specialty_qualifications/independent-prescribing.cfm. Accessed 15 April 2015.

Non-medical Prescribing authority brings with it accountability and autonomy. This means that Non-medical Prescribers, all of whom are registered practitioners, now need to have advanced practice skills of consultation, assessment, diagnosis, communication and complex decision-making.

The delivery of health services in the UK is changing radically, and alongside of this, the need for Non-medical Prescribers is becoming mainstream. With more professions, for example, paramedics lobbying for prescribing rights, (<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>), it is likely that the practice will continue to grow to benefit patient care in other health-care registered professions.

1.5 Continuing Professional Development (CPD)

Non-medical Prescribing has reached maturity and is continuing to refine and develop. The Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE) jointly published the current *Competency Framework for All Prescribers* (RPS and NICE 2016). This new competency framework is centred on the domain of the patient with consultation and governance as the other two domains (RPS and NICE 2016). The framework is used as a benchmark for best practice by Medical and Non-medical Prescribers alike and demonstrates the level to which prescribing has become accepted and shared by the medical and allied health professions.

1.6 Training and Assessment

Currently, NMPs who are training are assessed in practice by Independent Medical Prescribers (doctors or dentists) in the role of Designated Medical Practitioners (DMPs). It can be argued that with 25 years of prescribing experience, the next step is for NMPs to gain autonomy by taking on the accountability for the assessment of NMPs. Although the above is controversial, it is debated within the discipline. However, it is important at this point that NMPs continue to acknowledge the immense expertise and support that is given by medical colleagues and there is a continuing need for joint sharing.

As already discussed, each professional body has its own set of standards governing the regulation and practice of their NMPs. The Nursing and Midwifery Council's standards have been in existence for over 10 years and are due to be updated in 2017.

The purpose of this book is to spark ideas for those who are starting out on the development of prescribing either in the UK or abroad and also to map our journey so far. The NMP journey has not always been straightforward. Authors in this book have been candid about some of the difficulties and pitfalls encountered along the way, as well as celebrating our successes. It is hoped that others will take what they need from our early faltering and now ever strengthening steps.

We are glad to share this journey with you and proud of where we have come from, where we now are and where we are going. It is up to you as a reader of this book to consider where you are and where you want to go next. As authors and experts in the field, we do not claim to have all of the answers; however, we are privileged to be able to share with you our passion for this most challenging and exciting discipline and hope that by demonstrating our learning, we can contribute to the ongoing journey of others.

References

- Department of Health (1989) Report of the advisory group on nurse prescribing. Department of Health, London
- Department of Health (1999) Review of prescribing, supply and administration of medicines (The Crown Report). Available via http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4077151. Accessed 10 Jun 2017
- Department of Health (2002) Extending independent nurse prescribing within the NHS in England. Department of Health, London
- Department of Health (2003) Supplementary prescribing. Available via http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/prescriptions/TheNon-MedicalPrescribingProgramme/supplementaryprescribing/DH_4123025. Accessed 10 Jun 2017
- Department of Health (2006) Improving patients' access to medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England. Department of Health Gateway reference: 6429. Available via http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf. Accessed 10 Jun 2017
- Department of Health and Social Security (1986) Neighbourhood nursing: a focus for care. Cumberlege report. HMSO, London
- Health and Care Professions Council HCPC (2013) Standards for prescribing. Available via <http://www.hcpc-uk.org/aboutregistration/standards/standardsforprescribing/>. Accessed 29 Dec 2016
- Health and Care Professions Council HCPC (2016) Available via <http://www.hcpc-uk.co.uk/aboutregistration/medicinesandprescribing/>. Accessed 15 April 2017
- Health and Care Professions Council HCPC (n.d.) Available via <http://www.hpc-uk.org/aboutregistration/medicinesandprescribing/>. Accessed 30 Dec 2016
- Health and Social Care Act (2001) Section 63 Chapter 15. Available via http://www.legislation.gov.uk/ukpga/2001/15/pdfs/ukpga_20010015_en.pdf. Accessed 10 Jun 2017
- Joint Formulary Committee (2008) British National Formulary. London: British Medical Association and Royal Pharmaceutical Society of Great Britain. 7 Apr 2012