

The United Kingdom Psychiatric Pharmacy Group (UKPPG)

&

The College of Mental Health Pharmacists (CMHP)



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College of Mental Health Pharmacists

# Joint Position Statement on Specialist Pharmacist Supplementary Prescribing in Mental Health and Learning Disabilities

September  
2003

The United Kingdom Psychiatric  
Pharmacy Group (UKPPG)

&

The College of Mental  
Health Pharmacists (CMHP)

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## Joint Position Statement on Specialist Pharmacist Supplementary Prescribing in Mental Health and Learning Disabilities

- Specialist mental health pharmacists are pharmacists practising in mental health. They will have a special interest in mental health and ideally a post-graduate qualification in the speciality.
- Specialist mental health pharmacists will, as supplementary prescribers, contribute to improvements in patient care.
- The competence of specialist mental health pharmacist supplementary prescribers must be assured in the area of mental health as well as in prescribing practice. This will ideally be undertaken by nationally recognised organisations using appropriate accreditation schemes.
- Specialist mental health pharmacist supplementary prescribers will work autonomously and take full responsibility for their actions.
- The specialist mental health pharmacist supplementary prescriber will prescribe medication according to an agreed clinical management plan that has been developed and agreed with an appropriate independent prescriber.
- It is recommended that the employing trust, or equivalent organisation, consider the resource implications before allowing suitable specialist mental health pharmacists to become supplementary prescribers.
- It is recommended that the employing trust, or equivalent organisation, must draw up and implement appropriate policies and procedures to ensure a safe working framework within which both independent and supplementary prescribers will work.
- It is recommended that training schemes be developed, on a local and/or regional level, to facilitate the ongoing development of future specialist mental health pharmacist supplementary prescribers.
- Independent pharmacist prescribers may develop in the future. Competent specialist mental health pharmacist supplementary prescribers will be in an ideal position to take on this role.

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Section 63 of the Health and Social Care Act 2001 allows ministers, by order, to designate new categories of prescriber and set conditions for their prescribing. Regulations laid in December 2002 allowed supplementary prescribing by pharmacists for the first time. This followed the recommendations of the Review of Prescribing, Supply and Administration of Medicines report by Dr June Crown.

The United Kingdom Psychiatric Pharmacy Group (UKPPG) and the College of Mental Health Pharmacists (CMHP) are specialist practice groups for pharmacists working in mental health (see Appendix D). The UKPPG contributed to the consultation process on supplementary prescribing, and, jointly with the CMHP, supports the concept of competent mental health pharmacists participating more widely in the prescribing process.

The Department of Health and the Royal Pharmaceutical Society of Great Britain (RPSGB) have now published, respectively, an implementation guide for supplementary prescribing in England and a proposed syllabus for pharmacist training (see Appendix B). The National Prescribing Centre (NPC) has recently published a set of prescribing competencies that will assist pharmacists in this role (see Appendix B). Despite this, there is little guidance for mental health trusts (or their equivalent in Scotland, Wales and Northern Ireland) on how to develop safe prescribing systems that involve pharmacists or nurses as dependent or independent prescribers.

This joint position statement has been prepared to support and advise those mental health pharmacists who have the opportunity to become supplementary prescribers. It is important that they are provided with clear guidance about how they can best be expected to introduce supplementary prescribing. It is also important that trusts understand the requirements for supporting specialist mental health pharmacist supplementary prescribers.

The joint statement does not give guidance on the situations where supplementary prescribing may take place. Examples are given in Appendix C.

## ■ Definition of Supplementary Prescribing

Supplementary Prescribing is "a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan with the patient's agreement".<sup>1</sup>

## ■ Aims and objectives of supplementary prescribing

The aims of supplementary prescribing are "to provide patients with quicker and more efficient access to medicines, and to make the best use of the skills of trained nurses and pharmacists. [Doctors' workloads are likely to be reduced over time]."<sup>1</sup>

## ■ Aims of the UKPPG & CMHP joint position statement on specialist pharmacist supplementary prescribing in mental health and learning disabilities

- To describe a supportive framework for specialist mental health pharmacists, their managers/employers and trusts;
- To provide guidance for specialist mental health pharmacists, their managers/employers and trusts.

This will enable the provision of the best pharmaceutical care for people with mental health needs and allow pharmacists to work in a safe and supported environment.

Such aims are complementary to the basic premise of supplementary prescribing, which states that it must improve patient care.

## ■ Scope and specificity

It is inevitable that other groups of pharmacists will be faced with the same dilemmas as those working in mental health. The principles and recommendations made in this position statement are specific to those working in mental health and reflect the views of the UKPPG and the CMHP. It is likely that many of the issues are of a generic nature and can be adopted by pharmacists not working in mental health.

It is recognised that the UKPPG and CMHP are not statutory bodies and therefore this statement is advisory. However, these organisations are the principal organisations representing pharmaceutical expertise in the fields of mental health and learning disabilities.

It is likely that this guidance will have several uses:

- To aid the development of policies and procedures for supplementary prescribing in a trust prior to implementation;
- To determine competence in pharmacists who may wish to become supplementary prescribers;
- For recruitment purposes;
- For business and/or capacity planning in relation to supplementary prescribing.

<sup>1</sup>Anon. Supplementary prescribing by nurses and pharmacists within the NHS in England. A guide for implementation. Department of Health, March 2003

# The United Kingdom Psychiatric Pharmacy Group and The College of Mental Health Pharmacists

## Joint Position Statement on Specialist Pharmacist Supplementary Prescribing in Mental Health and Learning Disabilities

### ■ 1. The purpose of supplementary prescribing

1.1. Supplementary prescribing should be developed only where it offers the opportunity to improve patient care.

1.1.1. Specialist mental health pharmacist supplementary prescribing will improve access to medication, but this should not be its primary focus.

1.1.2. Patient care is improved when medicines are managed to provide maximum benefit.

1.1.3. Specialist mental health pharmacists should be trained as supplementary prescribers only where a specific role for supplementary prescribers has been identified.

1.1.3.1. It is not a good use of resources to train specialist mental health pharmacists as supplementary prescribers on the premise that a prescribing opportunity may arise.

1.1.3.2. Supplementary prescribers who do not regularly prescribe from the outset may quickly lose the skills and confidence to do so.

### ■ 2. The current work of specialist mental health pharmacists

2.1 Many pharmacists already undertake roles that are compatible with the concept of supplementary prescribing. These include a wide range of activities ranging from making alterations to prescriptions following discussion with a doctor, proposing alternative medicines as a member of the clinical team through to agreeing a treatment plan following a pharmacist-led review. Recognising the role of the pharmacist in these situations as a prescriber is a priority.

2.2. It is important to recognise that supplementary prescribing is different from, but complementary to, routine clinical pharmacy and/or pharmaceutical care planning. Such work must not be confused with supplementary prescribing.

2.2.1. 'Clinical pharmacy' is where a pharmacist undertakes an extensive review of a patient's pharmaceutical care and makes recommendations, to a doctor (or doctors), that may or may not be adopted.

2.2.2. 'Pharmaceutical care planning' is 'the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life.'<sup>2</sup> Therefore, it is a plan that is agreed and implemented by a pharmacist as part of a team approach and following mutual agreement.

2.3. It is anticipated that, in the supplementary prescribing scenario, the specialist mental health pharmacist supplementary prescriber will have responsibility for proposing, contributing to, agreeing and implementing the care plan. Clearly the responsibility of this new role is significantly different from any previous involvement.

### ■ 3. Scope of supplementary prescribing

3.1. The person, be they an independent prescriber or a supplementary prescriber, who signs the prescription is the person accountable for that treatment.

3.2. Therefore, it is envisaged that pharmacists working as supplementary prescribers in mental health will be working at a high clinical level with a significant degree of autonomy.

3.3. The competence of pharmacists proposed in this statement, and the training that will be required, is necessitated by this role.

3.4. Some trusts already have mechanisms available to relieve doctors of routine and clerical tasks, such as re-writing prescription charts or writing take-home prescriptions. This might be work for pharmacists or nurses working to protocols. We do not see this as a role for specialist mental health pharmacist supplementary prescribers.

<sup>2</sup> Hepler & Strand. Opportunities and responsibilities in pharmaceutical care. Am J Health System Pharm, 1990; 47; 533-543

## ■ 4. The calibre of specialist mental health pharmacist supplementary prescribers

4.1. Trusts and patients will benefit most from specialist mental health pharmacist supplementary prescribers if their role is at a high clinical level. In order to be confident that the pharmacist undertaking the role of supplementary prescriber in mental health is of a suitable calibre their competence in this area must be assessed.

4.2. The proposed training for potential supplementary prescribers, as outlined by the Department of Health (DoH) and the Royal Pharmaceutical Society of Great Britain, does not include any therapeutics. This is a core reason why, in mental health, only specialist mental health pharmacists must be chosen for this role.

4.2.1. The subject areas pertaining to competence to practice in mental health would include an additional understanding of, and an ability to apply specific knowledge about

4.2.1.1. mental health disorders

4.2.1.2. the role of medicines in managing mental disorders

4.2.2. These considerations are reflected in the competencies of the College of Mental Health Pharmacists (see Appendix D).

4.3. Careful consideration should be given to the competence of the individual mental health pharmacists proposed for the role of supplementary prescribing. It is the firm belief of both the UKPPG & CMHP that specialist mental health pharmacists are competent and are, therefore, uniquely qualified to become supplementary prescribers in mental health.

4.4. Mechanisms for assuring the competence of specialist mental health pharmacists include

4.4.1. membership of the College of Mental Health Pharmacists (MCMHP); this is open to all UK registered pharmacists

4.4.2. attainment of the Scottish Vocational Qualification

4.4.3. other equivalent qualifications in Wales & Northern Ireland

4.5. If no equivalent qualification is possessed by the potential mental health pharmacist supplementary prescriber then the clinical governance structures in the trust must assure themselves of the supplementary prescriber's competence. It is essential that surrogate markers, such as time in post or grading, are not used alone to identify pharmacists who could become supplementary prescribers.

4.6. It is anticipated that eventually the taught components required for supplementary prescribing will be covered at undergraduate level; this will lead to all graduates in pharmacy being qualified as supplementary prescribers and capable of acting as such 2 years after registration.

4.6.1. However, such graduates **should not** be able to act as supplementary prescribers in the field of mental health without further postgraduate training and assessment of competence as outlined above (see paragraph 4.4 above).

## ■ 5. Resourcing issues associated with implementing supplementary prescribing by specialist mental health pharmacists

### 5.1. Terms & conditions of employment

5.1.1. Specialist pharmacists working as supplementary prescribers working at a high level of practice will require new terms and conditions of employment.

5.1.2. As supplementary prescribers specialist mental health pharmacists will be accepting a caseload of patients requiring treatment, similar in responsibility to that of a consultant psychiatrist (or other equivalent mental health specialist carer/doctor). The terms and conditions of their contract will need to be commensurate with this new level of working.

5.1.3. The grades of specialist mental health pharmacist supplementary prescribers will need to be reviewed.

5.1.4. The terms and conditions should include a consideration of salary, professional fees and memberships, professional indemnity insurance, CPD, paid & resourced study leave and other necessary items.

### 5.2. Liability of the trust

5.2.1. The trust needs to ensure that it has a mechanism in place to assure supplementary prescribers that insurance is in place

### 5.3. Time

5.3.1. Specialist mental health pharmacists will probably develop the role of supplementary prescribing gradually. Pharmacists who are currently viewed as effective and competent practitioners will need time to establish their confidence in this new role.

5.3.2. Pharmacists must be allowed a realistic amount of time to develop this role and act as supplementary prescribers; this will enable them to develop and retain their skills. Pharmacy departments must be prepared to release their supplementary prescribing pharmacists for an adequate amount of time to fulfil this commitment and maintain their competence.

5.3.3. Specialist mental health pharmacist supplementary prescribers will also require time for reflection on practice, continuing professional development, and clinical supervision and/or mentorship.

5.3.4. It is inappropriate for a specialist mental health pharmacist supplementary prescriber to cease all previous work commitments. We recommend that clinical and supplementary prescribing responsibilities are shared between competent specialist mental health pharmacists. This will require the recruitment of more pharmacists.

5.3.4.1. Such arrangements will prevent clinical work being delegated to other, less qualified, people.

## 5.4. Recruitment

5.4.1. It may be difficult to recruit supplementary prescribers due to the current and well recognised shortages of pharmacists.

5.4.1.1. The impact of the undergraduate fallow year is still evident.

5.4.1.2. The continued expansion in recruitment of pharmacists for Primary Care Organisations (PCOs) is compounding recruitment difficulties.

5.4.2. In addition to appropriate terms and conditions of employment, incentives, such as 'golden hellos', may need to be offered in order to attract suitable staff.

5.4.2.1. The Department of Health has made proposals in *Agenda for Change* for recruitment and retention premia recognising the severe difficulties in appointing and retaining pharmacists.

5.4.3. It will be essential for departments to plan increased capacity for the new work that specialist mental health pharmacist supplementary prescribers will undertake.

5.4.4. Pharmacy departments should make arrangements for succession planning for specialist mental health pharmacist supplementary prescribers.

## 5.5. Training schemes

5.5.1. Training schemes or programmes should be arranged for junior pharmacists to enable them to develop into a supplementary prescribing role.

5.5.1.1. Such training schemes would ideally be organised on a regional basis but may be locally or internally managed

5.5.1.2. Such training schemes would contribute to alleviating future recruitment problems and aid succession planning (see paragraph 5.4.4)

## 5.6. Departmental resourcing

5.6.1. Pharmacy departments are designed around traditional work patterns. Such work patterns would restrict the release of pharmacists to undertake a supplementary prescribing role.

5.6.2. Implementation of the recommendations and options described in the reports *A Spoonful of Sugar*, *The NHS Plan* and *The Pharmacy Plan* will help to develop an adaptable and flexible workforce with an appropriate skill mix. This will release pharmacist time for this new role.

5.6.3. Adding supplementary prescribing to an already overworked service without recruiting additional pharmacists is likely to increase risk, not improve patient safety.

5.6.4. Therefore, an increase in the number of pharmacists employed is essential if supplementary prescribing by pharmacists is to be introduced effectively and safely.

## 5.7. Working patterns

5.7.1. The National Prescribing Centre and the DoH recognise that it may be appropriate for supplementary prescribers to work in teams. This would provide a continuity of care to cover annual leave, sickness and other absences.

## 5.8. Financial

5.8.1. The DoH and the Medicines and Healthcare products Regulatory Agency (MHRA; formerly the Medicines Control Agency, MCA) have suggested that it is possible that supplementary prescribers may increase the spend on medication. We consider this is unlikely for a number of reasons.

5.8.1.1. Specialist mental health pharmacist supplementary prescribers will only manage the existing caseload of the trust or other organisation.

5.8.1.2. Specialist mental health pharmacist supplementary prescribers are also likely to be more cognisant of rational prescribing and any cost efficacy data that exists.

5.8.1.3. The specialist mental health pharmacist supplementary prescriber will be prescribing according to a clinical management plan that is likely to be similar to that of the original independent prescriber as if a supplementary prescriber was not available.

#### 5.9. Work shifting & inappropriate work for supplementary prescribers.

5.9.1. A genuine and reasonable concern of potential supplementary prescribers is that they will be given routine and mundane work to undertake (see paragraph 3.4 above).

5.9.2. We believe that the implementation guide for supplementary prescribing in England makes it clear that, because the agreement between independent and supplementary prescriber is voluntary, such a situation should not arise.

#### 5.10. Administrative support

5.10.1. Specialist mental health supplementary prescribers will require administrative support. Consideration should be given to secretarial support, office clerks, receptionists and medical records staffing levels.

5.11. Local policies and protocols should be drawn up to minimise the potential risks (see section 6)

## ■ 6. Local policies and protocols are required

6.1. Local policies and procedures should be drawn up and agreed by trusts, or other organisations, to clearly define the scope of work for supplementary prescribers. Such policies should include:

6.1.1. The means by which supplementary prescribing is regulated and controlled in the trust.

6.1.2. The means of assuring/assessing the competence of potential specialist mental health pharmacist supplementary prescribers.

6.1.3. Details of the local register of specialist mental health pharmacist supplementary prescribers.

6.1.3.1. Who has local responsibility for adding and deleting supplementary prescribers in the local register.

6.1.4. How clinical governance issues are managed for independent and supplementary prescribers within a voluntary partnership.

6.1.5. A contingency plan for staff involved in the voluntary partnership being sick, absent or ceasing employment by the trust.

6.1.6. The average case load, with corresponding maxima and minima.

6.1.7. The method for referral of clients to the supplementary prescriber.

6.1.8. The means of accepting, or refusing, new clients.

6.1.9. The local format of the clinical management plan (CMP).

6.1.10. The guidelines, or types of guidelines, that are suitable for reference to in the clinical management plan.

6.1.11. How the quality of prescribing by supplementary prescribers is assessed and/or audited.

6.1.12. The grades of suitable independent prescribers.

## ■ 7. The practice of specialist mental health pharmacist supplementary prescribers

7.1. The role of specialist mental health pharmacist supplementary prescribers will be an evolutionary one, with the development of new skills under constant clinical supervision.

7.2. Pharmacist supplementary prescribers should be aware of the pharmacist prescribers competencies developed by the National Prescribing Centre.

7.2.1. Such competencies are a valuable means of assessing a prescriber's practice, perhaps through audit or clinical supervision, and are also likely to be valuable in supporting recruitment and CPD.

7.3. Specialist mental health pharmacist supplementary prescribers should undertake regular audits of prescribing with multidisciplinary peer review, with both the independent prescribers and nurse supplementary prescribers

## ■ 8. The future of specialist mental health pharmacist supplementary prescribers

8.1. It is recognised that pharmacist supplementary prescribers may become independent prescribers in the future.

8.2. Part of the purpose of this joint position statement is to recognise that firm foundations in the quality of practice must be established for supplementary prescribing in mental health. If specialist mental health pharmacists prove to be competent as supplementary prescribers then client safety will be retained and the quality of care increased.

8.3. Only when there is evidence of the safe practice of specialist mental health pharmacist supplementary prescribers can the project develop to enable these pharmacists to become independent prescribers.

## ■ 9. Conclusions

9.1. Specialist mental health pharmacists are pharmacists practicing in mental health. They will have a special interest in mental health and ideally a post-graduate qualification in the speciality.

9.2. Specialist mental health pharmacists will, as supplementary prescribers, contribute to improvements in patient care.

9.3. The competence of specialist mental health pharmacist supplementary prescribers must be assured in the area of mental health as well as in prescribing practice. This will ideally be undertaken by nationally recognised organisations using appropriate accreditation schemes.

9.4. Specialist mental health pharmacist supplementary prescribers will work autonomously and take full responsibility for their actions.

9.5. The specialist mental health pharmacist supplementary prescriber will prescribe medication according to an agreed clinical management plan that has been developed and agreed with an appropriate independent prescriber.

9.6. It is recommended that the employing trust, or equivalent organisation, consider the resource implications before allowing suitable specialist mental health pharmacists to become supplementary prescribers.

9.7. It is recommended that the employing trust, or equivalent organisation, must draw up and implement appropriate policies and procedures to ensure a safe working framework within which both independent and supplementary prescribers will work.

9.8. It is recommended that training schemes be developed, on a local and/or regional level, to facilitate the ongoing development of future specialist mental health pharmacist supplementary prescribers.

9.9. Independent pharmacist prescribers may develop in the future. Competent specialist mental health pharmacist supplementary prescribers will be in an ideal position to take on this role.

## Appendix A: The joint UKPPG & CMHP working group

### Members

Wendy Ackroyd	Lead Clinical Pharmacist for Mental Health Dumfries and Galloway Royal Infirmary
Stephen Bazire, MCMHP	Pharmacy Services Director, Hellesdon Hospital Norfolk Mental Health Care NHS Trust
Dr David Branford	Director of Pharmacy Derbyshire Mental Health Founder, CMHP
Wendy Davies, MCMHP	Principal Pharmacist Whitchurch Hospital, Cardiff
Stephen Guy	Senior Clinical Pharmacist South & East Belfast Trust
Lynn Haygarth	Chief Pharmacist South West Yorkshire Mental Health Trust
Graham Newton, MCMHP (Chairman)	Pharmacist Mersey Care NHS Trust Vice Chairman, UKPPG

### Process for preparing the position statement

A joint meeting between the Committee of the UKPPG and the Board of Founders of the CMHP was held in Bristol on Thursday 16th January 2003.

A draft position statement was prepared by the working party and circulated to members of the UKPPG Committee and CMHP Founders for further comment. A period of consultation with the members of UKPPG followed. This was concluded by July 2003.

The joint position statement was circulated to all UKPPG & CMHP members, and trust chief executives, medical directors, chief pharmacists, executive nurses and clinical (or service) governance leads.

The costs of developing, preparing and circulating this joint position statement were entirely underwritten by the UKPPG.

## Appendix B: References for information pertaining to supplementary prescribing

DoH website – supplementary prescribing

<http://www.doh.gov.uk/supplementaryprescribing/index.htm>

Maintaining Competency in Prescribing - An outline framework to help pharmacist supplementary prescribers. National Prescribing Centre, March 2003

[http://www.npc.co.uk/publications/maint\\_compt\\_presc/maint\\_compt\\_presc.htm](http://www.npc.co.uk/publications/maint_compt_presc/maint_compt_presc.htm)

Proposed syllabus for training programmes to prepare Pharmacist Supplementary Prescribers, Royal Pharmaceutical Society of Great Britain (RPSGB), November 2002

<http://www.rpsgb.org.uk/pdfs/supplprescphoutlcurric.pdf>

Root G. Supplementary prescribing – a ground breaking opportunity.

The Pharmaceutical Journal, 2003; 270(7230): 19-20

<http://www.pjonline.com>

Supplementary prescribing by nurses and pharmacists within the NHS in England: A guide for implementation. Department of Health, March 2003

<http://www.doh.gov.uk/supplementaryprescribing/implementation.htm>

## Appendix C: Potential models for mental health pharmacist supplementary prescribers

The specialist mental health pharmacist supplementary prescriber may work:

- as a member of a ward team with an in-patient case load; this is most likely to be as part of a multidisciplinary team that includes a consultant psychiatrist.
- in a community mental health team with a proportion of the case load being assigned to them.
- in a specialist out-patient clinic dealing with single therapeutic areas, eg. lithium clinics, bipolar clinics, clozapine clinics or dementia/memory/ Alzheimer's clinics.

It is anticipated that the UKPPG and CMHP will report on the progress of pilot or implementation projects that they are aware of.

It is important to recognise that supplementary prescribing is in addition to, but complements, routine pharmaceutical care planning. Supplementary prescribing should not replace pharmaceutical care planning.

## Appendix D: UKPPG & CMHP Committee membership

### United Kingdom Psychiatric Pharmacy Group: Committee 2002-2003

Stephen Bazire, MCMHP		Gill Hawksworth, MBE	
Diane Booth		Ian Maidment, MCMHP	
Fiona Couper		Morag Martin	(Treasurer)
Wendy Davies, MCMHP	(Secretary)	Graham Newton, MCMHP	(Vice Chairman)
Celia Feetam	(Chair)	Graham Parton	
Robert Goff		Juliet Shepherd	
Lynn Haygarth	(Bulletin Editor)		

The UKPPG has about 350 paid-up members, the majority of whom are UK pharmacists with a special interest in mental health. The group's mission statement is "Promoting better pharmaceutical care for people with mental health needs".

It organises training courses, an annual international psychiatric pharmacy conference, publishes a quarterly bulletin and runs an e-discussion group.

It also supports and endorses the postgraduate certificate and diploma in psychiatric pharmacy run by the School of Pharmacy at Aston University, Birmingham.

For further information: <http://www.ukppg.org.uk>

### College of Mental Health Pharmacists: Board of Founders 2000-2003

Dr Dave Branford	Registrar
John Donoghue	Public Relation Officer
Trudi Hilton	
Sylvia Otter	Treasurer
Dr David Taylor	President

The CMHP was formed by the UKPPG as a response to the clinical governance agenda proposed by the Department of Health. To date 16 members have been accredited and are able to use the title 'Member of the College of Mental Health Pharmacists' (MCMHP).

For further information and a list of the competencies of Members of the College: <http://www.ukppg.org.uk/cmhp.html>

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Further copies may be obtained from:  
[www.ukppg.org.uk/joint-position.html](http://www.ukppg.org.uk/joint-position.html)

### ■ Distribution

This position statement has been circulated to the following:

- PCT Chief Executives in the UK
- NHS Trust Chief Executives in the UK
- Medical & Nursing Directors in the UK
- Chief Pharmacists in the UK
- Strategic Health Authority Chief Executives in the UK
- NHS Clinical Governance Support team
- Chief Medical, Nursing Officers and Pharmaceutical Officers in the UK
- Representative bodies for nurses, doctors and pharmacists, Royal Colleges
- Schools of Pharmacy
- Departments of Pharmacy Practice