

Strategic Planning and Performance Group

Controlled Drug Private Prescription (PCD1) Application Form - Part A

Both Part A and B MUST be fully completed, incomplete forms will be returned to the applicant which will delay your application being processed. **Part A MUST be completed by each applicant.** Part B may be completed by one person on behalf of the private clinic (e.g. Accountable Officer or Governance Lead) and **MUST** be signed (not type written) by applicant prescribers. If you have any queries in relation to the completion of this form please email pcd1applications@hscni.net

1. Prescriber Information

Title		Full name as listed on your professional registration	
Home address			
		Postcode	
UK Contact telephone number		Secure email (not gmail or hotmail)	
Professional registration number (e.g. GMC, GDC)		NHS prescriber code (if on performers list)	

2. Profession (please tick) - if other please provide details of prescriber type e.g. physiotherapist

Doctor	Pharmacist	
GP on GMC Register	Dentist	
Specialist on GMC Register	Nurse	
Not on GMC register	Other	

3. Medical Professionals Only please provide details for your Responsible Officer (RO)

Title		Full name	
Trust/clinic address			
		Postcode	
Contact telephone number		Email	
GMC number			

4. Medical Professionals Only please provide the details for your current appraisal

Date of last appraisal	
Appraiser name	
Appraiser organisation	

5. Accountable officer please provide details for your Controlled Drugs Accountable Officer (CDAO)

Title		Full name	
Trust/clinic address			
		Postcode	
Contact telephone number		Secure email	
Professional registration number			

6. I give permission for the SPPG to contact my RO and CDAO regarding my application for PCD1 forms to prescribe controlled drugs (please tick)

7. Employment history please provide HSC and private employers for the past 2 years name(s), address(s) and telephone number(s)

Trust/Clinic name			
Address			
		Postcode	
Contact telephone number		Secure mail	
Trust/Clinic name			
Address			
		Postcode	
Contact telephone number		Secure email	
Trust/Clinic name			
Address			
		Postcode	
Contact telephone number		Secure email	

8. Private clinic(s) details please provide the clinic site/practice name(s), address(s) and telephone number(s) where private treatment will be delivered

NB include all clinics. PCD1 forms are required for private Controlled Drugs (CD) prescribing, PCD1 prescription forms are for **your use only**, they cannot be signed by another prescriber, nor can they be used in another practice/clinic.

Clinic name			
Address			
		Postcode	
Contact telephone number		Secure email	

Clinic name			
Address			
		Postcode	
Contact telephone number		Secure email	

Please add additional sheet if required

9. Are you under regulatory investigation by any professional organisation? (please tick)

YES NO

<i>if yes please provide details</i>

10. Controlled drugs that you intend to prescribe - Name, approx. quantity & clinical rationale for all

--

11. Cannabis based medicinal products (CBMP): Are you on the GMC specialist register to prescribe CBMP? (please tick)

YES NO

12. Standard Operating Procedures

The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009¹ (amended in 2015) outline the duty of Accountable Officers (AO) to collaborate and share information. The Regulations state that the AO for primary care, is responsible for the safe management and use of controlled drugs in primary care and has a responsibility to monitor and analyse, the prescribing and dispensing of CDs for appropriateness.

The Regulations also outline that each organisation must have Standard Operating Procedures (SOPs) in place for managing controlled drugs which include procedures relating to:

- Access to CDs
- Storage and transportation
- Security
- Disposal and destruction (including any patient returns)
- Who to alert if complications arise
- **Record keeping**
- **Prescribing, supply, administration and clinical monitoring of CDs**

Furthermore, the Regulations advise that the AO may:

- Request a written declaration and self-assessment, and
- Carry out additional visits to review CD procedures

On that basis, as part of the application process for the issue of PCD1 forms private prescribers of CDs, you are asked to provide an assurance that adequate procedures are in place for the management of CDs within their organisation. The declaration and self-assessment (Part B of PCD1 Application Form) should be used to provide information in support of this assurance.

Declaration and self-assessment (Part B) completed (please tick):

13. I confirm that (please tick):

- There are no outstanding issues or concerns relating to CDs in my professional practice.
- My indemnity provider has been notified that I am prescribing CDs in a private capacity.

Signature (not type written) of Applicant:	Date:
---	--------------

Please complete Part B - declaration and self-assessment

Both Part A and B MUST be fully completed, incomplete forms will be returned to the applicant which will delay your application being processed.

Part A MUST be completed and signed (not type written) by each applicant.

Part B may be completed by one person on behalf of the private clinic (e.g. Accountable Officer or Governance Lead) and **MUST** be signed (not type written) by all prescribers.

Please advise your Responsible Officer and Controlled Drug Accountable Officer that SPPG will be writing to them in relation to your application to ensure a timely completion of the process.

Return fully completed and signed (not type written) application form (Part A & B) either via email to pcd1applications@hscni.net, **or** by post to **PCD1 Applications**, Directorate of Primary Care, 12-22 Linenhall Street, Belfast, BT2 8BS.

Application forms that are incomplete or missing information will be returned to the applicant this will delay your application being processed. You will only be notified when your application has been processed.

Controlled Drug Private Prescription (PCD1) Application Form - Part B

Declaration and Self-Assessment

Part B may be completed by one person on behalf of the private clinic (e.g. Accountable Officer or Governance Lead) and **MUST** be signed (not type written) by all prescribers including regular locums (see Section 6.2).

1. Prescriber Details – individual (if completing on behalf of multiple prescribers go to Section 2)			
FULL NAME			
PLACES OF WORK <i>(Please provide address/clinic details where controlled drugs are prescribed or requisitioned for stock)</i>			
SECURE EMAIL ADDRESS			
CONTACT UK TELEPHONE NUMBER			
NAME OF GOVERNANCE LEAD <i>(if no governance lead please provide Responsible Officer and or Accountable Officer details)</i>			
2. Prescriber Details – multiple (please complete section 2.1 and 2.2 for all prescribers medical and non-medical you are completing this form on behalf of)			
FULL NAME			
PLACES OF WORK <i>(Please provide address/clinic details where controlled drugs are prescribed or requisitioned for stock)</i>			
SECURE EMAIL ADDRESS			
CONTACT UK TELEPHONE NUMBER			
NAME OF ACCOUNTABLE OFFICER/GOVERNANCE LEAD <i>(if different to above)</i>			
2.1 NAMES OF DOCTORS INCLUDING REGULAR LOCUMS (Please indicate if the Doctor holds CD stock)			
Name	CD Stock	Name	CD Stock
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
2.2 NAMES OF NON-MEDICAL PRESCRIBERS (non-medical prescribers cannot order or hold CD stock)			
Name	Profession e.g. nurse	Name	Profession e.g. nurse

Record Additional RELEVANT Information		
Are there any restrictions on the possession, administration or prescribing of controlled drugs on any of the healthcare professionals in your clinic?	Y/N	<i>If Yes please provide brief details</i>
Prescribing		
<p>NOTE: Prescribers are reminded of the LEGAL obligations regarding monitoring and review of <u>all</u> CDs prescribed from Schedule 2 - 5 (The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 (amended in 2015)¹. This is a national requirement. All patients receiving <u>any</u> CDs (opioids, gabapentinoids, stimulants etc) should be reviewed regularly face-to-face, for clinical effectiveness and potential adverse-effects, in line with the patient's management plan. Telephone reviews may be acceptable in some cases. Details of all clinical reviews should be recorded in the patient's notes.</p>		
3. Prescribing (please complete)		Please provide details
(i) Do you inform the patient's HSC GP (if registered) of all private prescribing?	Y/N	
(ii) How do you ensure private prescribing does not duplicate HSC prescribing for a patient?		
(iii) Are there any special factors which influence the prescribing or use of CDs by the clinic? (e.g. patient demographics, involvement with Hospices, prescribing for people who are known to misuse or are addicted to drugs or other substances)	Y/N	
(iv) Does each prescriber in your organisation have PCD1 forms if a prescription for a Schedule 2 or 3 CDs is required?		
(v) Do you use CDRF1 forms if stock for a Schedule 2 or 3 CDs is required and a record of receipt and use made in a CD register book .	Y/N	
(vi) Are all prescriptions that are written for CDs are limited to a maximum 30-day supply.	Y/N	
(vii) Do you prescribe CDs for people who are known to misuse or are addicted to drugs or other substances? (a) routinely (b) as part of a substance misuse service	Y/N	
(viii) Do you prescribe cannabis based medicinal products (CBMP)?	Y/N	
(ix) Do you prescribe for patients not residing in Northern Ireland?	Y/N	

4. Standard operating procedures (SOPs)		
The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 ¹ (amended in 2015) outline that each organisation must have Standard Operating Procedures (SOPs) in place for managing CDs		
4. Standard operating procedures (SOPs)		<i>Please provide brief details</i>
(i) Do you have written SOPs or policies in place that are appropriate to the activities carried out in your organisation covering the complete area of handling and management of CDs as required by the Regulations? This includes the following areas*: <ul style="list-style-type: none"> • Access to Controlled Drugs • Storage and transportation • Security • Disposal and destruction (including any patient returns) • Who should be alerted if complications arise • Record keeping, including Drug Registers & Standing Operating Procedures • Prescribing, supply, administration and clinical monitoring of CDs • Identifying, dealing with and learning from adverse incidents involving controlled drugs 	Y/N	
(ii) Do you have appropriate procedures for the initial and continuing training*(see above areas) and development of all staff who are involved in the prescribing, handling, supply, storage, administration and disposal of controlled drugs?	Y/N	
(iii) Are all CD prescribers (including regular locums) aware of the CD SOP and trained as necessary?	Y/N	
(iv) Are the CD SOP(s) signed by all prescribers (including regular locums)?	Y/N	
(v) Do you have a local procedure for identifying, dealing with and learning from significant events ² involving CDs?	Y/N	
(vi) Do you have a prescription security protocol?	Y/N	
(vii) Are CDs (all Schedules) shared or held centrally for use?	Y/N	
(viii) Does each prescriber holding their own personal supply of CD drugs have a CD register?	Y/N	

5. Complaints / Concerns		<i>Please provide brief details</i>
(i) Have there been any complaints ³ involving CDs within the last two years?	Y/N	
(ii) Do you have any concerns about particular patients' use of CDs?	Y/N	
(iii) Have there been any concerns expressed by colleagues, police, drugs misuse services or others about unusual, excessive or inappropriate use of CDs by patients?	Y/N	
(iv) Have you identified any discrepancies between register running balances and actual CDs stored in the last 2 years?		
(v) Have there been any other significant events involving CDs?	Y/N	

Prescriber Declaration

6.1 Prescriber declaration – single applicant

Please complete if you are completing a single application for yourself

6.1 Prescriber Declaration – single applicant <i>(if completing on behalf of multiple prescribers go to Section 6.2)</i>			
I declare that to the best of my knowledge and belief that the handling, management and use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971, its associated regulations and the Health Act 2006 and its associated controlled drugs regulations.			
Name	Signature (not type written)	Registration Number	Date Signed

6.2 Prescriber Declaration – multiple applicants

Please complete if you are the organisation Governance lead or AO completing for multiple applicants. Each applicant must complete Part A and sign section 6.3

6.2 Prescriber Declaration – multiple applicants <i>(please ensure that for all prescribers medical and non-medical that you are completing this form on behalf of, have completed Part A and signed Section 6.3)</i>			
I declare that to the best of my knowledge and belief that the handling, management and use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971, its associated regulations and the Health Act 2006 and its associated controlled drugs regulations.			
Name	Signature (not type written)	Registration Number	Date Signed

6.3 Prescriber Declaration – multiple applicant signatures

Please ensure you have completed and signed (not type written) **Part A of the PCD1 application form**, your organisation Governance lead or AO has completed Part B on your behalf.

NOTE: Both Part A & Part B must be returned at the same time

6.3 Prescriber Signatures – multiple <i>(please add additional sheets as required)</i>				
Name (please print)	Signature (not type written)	Registration Number	Role with organisation	Date

¹ The Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations (Northern Ireland) 2015 Available at: http://www.legislation.gov.uk/nisr/2015/278/pdfs/nisr_20150278_en.pdf

² Significant event includes any incident where a patient is harmed or nearly harmed and includes 'near misses', when things almost go wrong.

³ This includes complaints about prescribing inappropriate doses and/or appropriate medicines.

The PCD1 application form Part A & B must be fully completed and signed (not typed), application forms that are incomplete or missing information will be returned to the applicant this will delay the application being processed. You will only be notified when your application has been processed.

Please advise your RO and CDAO the SPPG will be writing to them in relation to your application to ensure a timely completion of the process.

Return fully completed application form (Part A & B) either via email to pcd1applications@hscni.net, or by post to **PCD1 Applications**, Directorate of Primary Care, 12-22 Linenhall Street, Belfast, BT2 8BS.

Additional Information

Controlled Drug Private Prescription Forms (PCD1)

Private prescriptions for Schedule 2 and 3 CDs (including temazepam and tramadol) must be written on a standard private prescription form i.e. PCD1 form and the prescription must be written in line with CD prescription requirements (see below). If a supply of PCD1 forms is required the prescriber must complete a PCD1 application form. This form can be downloaded from <https://online.hscni.net/our-work/pharmacy-and-medicines-management/controlled-drugs/>

Controlled Drug Prescription Requirements

The Misuse of Drugs Regulations states that prescriptions for Schedule 2 and 3 CDs must contain the following details:

- The patient's full name, address and, where appropriate, age.
- The name and form of the drug, even if only one form exists.
- The strength of the preparation (if more than one strength exists)
- The full dose to be taken. (*NOTE: 'one as directed' is acceptable however 'as directed' is not*)
- Either the total quantity of the preparation in both words and figures of the preparation or the number in both words and figures of dosage units to be supplied or in any other case, the total quantity in both words and figures of the controlled drug to be supplied.
- If supply is intended to start later than the date of the prescription, this should be clearly written on the prescription. The address of the prescriber must be stated on the prescription and must be within the UK.

Controlled Drug Prescription Quantities

The [Department of Health NI](#) has issued a strong recommendation that, as good practice, the quantity of Schedule 2, 3 and 4 controlled drugs prescribed should not exceed 30 days' supply. In exceptional circumstances, where the prescriber believes that a supply of more than 30 days is clinically indicated and would not pose an unacceptable risk to patient safety, the prescriber should:

- Record the reasons for this in the patient's notes
- Be ready to justify his/her decision if required.

In relation to travelling out of the UK with [Schedule 2, 3 and 4](#) CDs prescribed for personal patient use, , patients should be advised to contact the relevant authorities in each new country for advice on the legal requirements regarding movement of CDs to and from the UK.

A Home Office personal import/export licence is required if a traveller is carrying a supply of controlled drugs (into or out of the UK) that will last more than 3 months or will be travelling with controlled drugs for 3 months or more further information is available at <https://www.gov.uk/travelling-controlled-drugs>.

Prescription security

The effective management of prescription forms e.g. how they are stored and accessed by authorized prescribing and non-prescribing staff is very important and there should be appropriate security policies, procedures and systems in place.

Assume "lost" prescriptions are stolen until evidence is available to the contrary. There is an obligation on each prescriber to check if the volume of their own handwritten pad is going down unexpectedly. The risk of forms being stolen or going missing can be reduced if they are taken out of storage only a few at a time.

Missing/Stolen prescriptions for Controlled Drugs must always be reported to:

- The Department of Health Controlled Drugs Accountable Officer (DoH CDAO), Dr Lisa Byers, by submitting any correspondence to the CDAO mail box. ControlledDrugsAccountableOfficer@health-ni.gov.uk (this email box will be subject to appropriate access controls in order to meet requirements of Data Protection law).
- Local Pharmacy & Medicines Management Office, Strategic Planning and Performance Group SPPGCDOccurrence@hscni.net
- CFPS Fraud Hotline (Tel: 0800 0963396) OR Tel: 028 9536 3852. (email: cfs@hscni.net)

- Local district police station - ring 0845 6008000 to get local office number

Disposing of obsolete PCD1 prescription forms

PCD1s are prescriber and practice/clinic specific they cannot be signed by another prescriber nor can they be used in another practice/clinic or at another address.

If a prescriber leaves or retires from the practice/clinic the PCD1 prescription forms should be destroyed according to the practice/clinic's confidential waste policy and records kept of the destruction. A record should be kept of forms destroyed (including start and end serial numbers), date and method of destruction, signature of authorising practitioner and signature of person doing the destroying.

If a prescriber moves to a new practice/clinic or changes address, a new application for PCD1 prescription forms must be submitted for approval and obsolete prescriptions forms disposed of as outlined above.

Controlled Drug Private Stock Requisitions (CDRF1)

The CDRF1 form must be used when obtaining schedule 2 and 3 CDs for stock in such cases and is available at: <https://online.hscni.net/our-work/pharmacy-and-medicines-management/controlled-drugs/>

Completion of the CDRF1 form:

The authorised person ordering Schedule 2 or 3 CDs must:

In Part One of the CDRF1:

- Write in capitals their name, occupation and professional qualification (if applicable).
- Write the name, address and telephone number of the employing organisation/premises where the CDs will be used.
- Sign their name and enter the date in the correct boxes at the bottom of Part One.

Note:

- Requisitions for private hospitals/clinics must be countersigned by a doctor (or dentist) working there.
- Community Pharmacies/Trusts may request the person collecting/receiving the CDs to sign and date the form in the relevant boxes
- Where a messenger is used to collect/receive the CDs, written authorisation is required from the authorised person empowering the messenger to receive the CDs on their behalf. **The use of messengers is not recommended.** For further details refer to Guidance on the Safe Management and Use of Controlled Drugs <https://www.health-ni.gov.uk/publications/guidance-safe-management-and-use-controlled-drugs>