

Strategic Planning and Performance Group

Controlled Drug Private Prescription (PCD1) Application Form (For use by prescribers based in Northern Ireland ONLY)

Please ensure the PCD1 application form is fully completed and signed prior to submitting online.

PCD1 application forms that are incomplete or missing information will be returned to the applicant. This will delay the application being processed. If you have any queries in relation to the completion of this form, please email pcd1applications@hscni.net

PCD1 applications will notify you when your application has been processed.

Please DO NOT email requesting updates.

1. Prescriber Information

- Please include your full name as it is listed on your professional register. Please note names longer than 30 characters will be abbreviated to your initials and surname on your PCD1 prescription forms.
- Correspondence will only be sent to the applicant's secure email address, not Gmail/Hotmail or shared accounts.
- If you prescribe privately in other parts of the UK, please provide your private PIN/cipher number(s).

Title e.g. Dr			
Full name as listed on your professional register			
Home address			
Postcode			
Contact telephone number (UK)			
Personal secure email (Gmail or Hotmail will not be accepted)			
Professional registration number (e.g. GMC, GDC, NMC)		Health Service prescriber code (registered cipher number)	

Private Cipher(s) or PIN number(s) (if applicable)	
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2. **Profession** (please select) - *if other, please provide details of prescriber type, e.g. physiotherapist.*

Doctor - GP on GMC Register		Dentist	
Doctor - Specialist on GMC Register		Pharmacist	
Nurse		Other (please specify)	

3. **Are you under regulatory investigation by any professional organisation?**

YES/NO

If yes, please provide details of any regulatory investigation, including fitness to practice.

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4. **Are you under investigation by any government agency, e.g. police?**

YES/NO

If yes, please provide details.

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5. **Do you have any restrictions on practice?**

YES/NO

If yes, please provide details of the restrictions on your practice.

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6. Controlled Drug Accountable Officer (CDAO)

- Dr Lisa Byers is the CDAO for primary care in NI. See [Controlled Drugs Accountable Officer | Department of Health](#)
- Health and Social Care Trusts and some Private Organisations will have their own CDAO. A list of CDAOs is available at [Guidance on the safe management and use of controlled drugs | Department of Health](#)

Please provide details for your CDAO. Please advise your CDAO that the Strategic Planning and Performance Group (SPPG) will be writing to them as part of the application process. A timely response will help the application process run more efficiently.

Please complete all sections for your CDAO and list relevant CDAO in all areas where you work.

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

Medical Professionals Only

7. Responsible Officer

Please provide details for your Responsible Officer (RO). Please advise your RO that the Strategic Planning and Performance Group (SPPG) will be writing to them as part of the application process. A timely response will help the application process run more efficiently.

Please complete all sections for your RO.

Title	
Full name	
Organisation name and address	
Postcode	
Contact telephone number (UK)	
Secure email	
GMC number	

8. Appraisal Details

Please provide the details for your current appraisal.

Please complete all sections for your appraiser.

Date (DD/MM/YY) of last appraisal	
Appraiser name	
Appraiser organisation	

9. Medical Director Details or Governance Lead

Please provide details for your Medical Director in the places where you work. Please advise your Medical Director(s) that SPPG will be writing to them as part of the application process. A timely response will help the application process run more efficiently.

- If you do not have a Medical Director, please provide the Managing Director or Governance Lead details for your organisation.

Please complete all sections for your Medical Director or Governance Lead.

Title	
Full name	
Organisation name and address	
Postcode	
Contact telephone number (UK)	
Secure email	

Nurse Professionals Only

10. Director of Nursing

Please provide details for your Director of Nursing in all places where you work. Please advise your Director of Nursing that SPPG will be writing to them as part of the application process. A timely response will help the application process run more efficiently.

- If you do not have a Director of Nursing please provide the Managing Director or Governance Lead details for your organisation.

Please complete all sections for your Director of Nursing.

Title	
Full name	
Organisation name and address	
Postcode	
Contact telephone number (UK)	
Secure email	

11. Non - Medical Prescribing (NMP) Lead Details

Please provide details for your NMP Lead. Please advise your NMP Lead that SPPG will be writing to them as part of the application process. A timely response will help the application process run more efficiently.

Please complete all sections for your NMP Lead.

Title	
Full name	
Organisation name and address	
Postcode	
Contact telephone number (UK)	
Secure email	

12. Revalidation and Confirmer Details

Please provide the details for your NMC revalidation and confirmer details.

Please complete all sections for your Revalidation and Confirmer Details.

Date of last NMC revalidation	
Confirmer name	
Confirmer organisation	

13. Employment history - please provide details for your health service and private employers for the past 2 years, including name(s), address(es) and telephone number(s). SPPG may contact them as part of the application process.

Organisation name		Start date	End date
Full address including postcode			
Contact telephone number			
Secure email address			
Medical Director / Governance lead name			

Organisation name		Start date	End date
Full address including postcode			
Contact telephone number			
Secure email address			
Medical Director / Governance lead name			

Organisation name		Start date	End date
Full address including postcode			
Contact telephone number			
Secure email address			
Medical Director / Governance lead name			

Organisation name		Start date	End date
Full address including postcode			
Contact telephone number			
Secure email address			
Medical Director / Governance lead name			

14. Organisation where PCD1 Forms are required for use.

Please provide details for all the organisations where you require PCD1 prescription forms. PCD1 prescription forms are prescriber name **and** address specific, i.e. your name, the organisation name and address will be printed on the PCD1 prescription form.

PCD1 prescription forms are for your use only. They cannot be signed by another prescriber and can only be used in the organisation at the address for which they have been approved for use in.

Please ensure all the information provided is accurate.

Note: PCD1 form are only for use by prescribers based in Northern Ireland.

Clinic name	
Full address	
Postcode	
Contact telephone number	
Medical Director	
Secure email	
CDAO	
Secure email	

Clinic name	
Full address	
Postcode	
Contact telephone number	
Medical Director	
Secure email	
CDAO	
Secure email	

Clinic name	
Full address	
Postcode	
Contact telephone number	
Medical Director	
Secure email	
CDAO	
Secure email	

15. Please list the controlled drugs that you intend to prescribe, including clinical rationale and quantity.

- The [Department of Health NI](#) has issued a strong recommendation that the quantity of Schedule 2, 3 and 4 CDs prescribed should not exceed 30 days' supply.
- Modified release CDs should be prescribed by brand as per HSC [generic exemptions list](#).
- Methylphenidate should be prescribed by brand as different versions of these modified-release preparations may not have the same clinical effect. For further information, see [BNF](#).

16. Do you intend to prescribe Cannabis-based medicinal products (CBMP)? [Please refer to guidance](#).

YES/NO

17. If YES, are you on the GMC specialist register to prescribe CBMP?

YES/NO

18. Controlled Drug Standard Operating Procedures

The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009¹ (amended in 2015) outline that each organisation **MUST** have Standard Operating Procedures (SOPs) in place for managing CDs.

Controlled Drug Standard Operating Procedures	
Please Complete	
Do you have written standard operating procedures or policies in place that are appropriate to the activities carried out in your organisation/clinic covering the complete area of handling and management of CDs as required by the Regulations?	Y / N
Are you familiar with, and do you implement, the legal and best practice requirements for each of the following areas relating to the management of Schedule 2-5 controlled drugs?	
• Access to CDs	Y / N
• Storage and transportation	Y / N
• Security	Y / N
• Disposal and destruction (including any patient returns)	Y / N
• Who to alert if complications arise	Y / N
• Record keeping including CD registers	Y / N
• Prescribing, supply, administration and clinical monitoring of CDs	Y / N
Do you have a prescription security protocol?	Y / N

Do you have a procedure for identifying, reporting, dealing with and learning from significant events ² involving CDs?	Y / N
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19. Prescribing Controlled Drugs (CDs)

Prescribers are reminded of the LEGAL obligations regarding monitoring and review of all CDs prescribed from [Schedule 2 - 5](#) (The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 (amended in 2015)¹.

Controlled Drug Prescribing Please Complete	
Are you familiar with, and do you implement, the legal and best practice guidance relating to the CDs, and therapeutic indications for which, you prescribe?	Y / N
Do you inform the patient's health service (HSC) GP (if registered), of all private prescribing?	Y / N
Do you ensure private prescribing does not duplicate HSC prescribing for a patient?	Y / N
Do you prescribe CDs for people who are known to misuse or are addicted to drugs or other substances?	Y / N
Are there any special factors which influence the prescribing or use of CDs by the clinic? If YES please provide details	Y / N
Are all CD prescriptions limited to a maximum 30-day supply?	Y / N
Do you prescribe for patients not residing in Northern Ireland? <ul style="list-style-type: none"> Patients travelling out of the UK with Schedule 2 - 5 CDs 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, this includes travel within Ireland. A Home Office personal import/export licence is required if a traveller is carrying a supply of CDs (into or out of the UK) that will last more than 3 months, or will be travelling with CDs for 3 months or more. Further information is available at https://www.gov.uk/travelling-controlled-drugs. If YES please provide details	Y / N

20. Controlled Drug Stock

Controlled Drug Stock																	
Do you use or intend to use CDRF1 forms to order private CD stock?		Y / N															
Do you currently possess personal stock of any CDs?		Y / N															
<p>IF YES Please list private CD stock ordered or held. Include name, strength, formulation and quantity.</p> <table border="1"> <thead> <tr> <th>Name and Strength</th> <th>Formulation e.g. amps, tabs, rectal tubes</th> <th>Quantity</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name and Strength	Formulation e.g. amps, tabs, rectal tubes	Quantity													
Name and Strength	Formulation e.g. amps, tabs, rectal tubes	Quantity															
Do you prepare and sign your own CDRF1 stock requisitions?		Y / N / NA															
Do you have a CD register covering your current possession of schedule 2 CD stock?		Y / N / NA															
Do you have a CD register covering additional possession of schedule 2 CD stock over the past 2 years (this includes schedule 2 CDs that you may no longer hold)?		Y / N / NA															
Does your CD register meet the legal requirements?		Y / N / NA															
Do you have secure storage for CD stock?		Y / N / NA															

21. Complaints

Complaints / Concerns*		Please provide brief details
Have there been any complaints ³ involving CDs within the last two years?	Y / N	
Do you have any concerns about particular patients' use of CDs?	Y / N	
Have there been any concerns expressed by colleagues, police, drugs misuse services or others about unusual, excessive or inappropriate use of CDs by patients under your care?	Y / N	
Have you identified any discrepancies between register running balances and actual CDs stored in the last 2 years?	Y / N / NA	
Have there been any other significant events involving CDs?	Y / N	

***Note all CD related concerns or incidents MUST be reported to the CDAO**
controlleddrugsaccountableofficer@health-ni.gov.uk

Prescriber Declaration

I declare that to the best of my knowledge and belief that the handling, management and use of all CDs 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 CD regulations.

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.

Full Name (as per professional register)

Signature (not typewritten) of Applicant:

Date:

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

² A 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. All incidents and concerns must be reported to controlleddrugaccountableofficer@health-ni.gov.uk

Please send the fully completed and signed (not typewritten) PCD1 application form to pcd1applications@hscni.net