

Non-Medical Prescribing Policy

Issue Date	Review Date	Version
February 2021	February 2023	8.1

Purpose

The key principles in the use of non-medical prescribing within UHP are:

- patient safety
- maximum benefit to patients in terms of quicker and more efficient access to medicines for patients
- better use of non-medical professional skills

It is the purpose of this document to ensure that these key principles are upheld.

Who should read this document?

All non-medical prescribers.
All designated prescribing practitioners
All supervising consultants.
All potential non-medical prescribers.
All line managers of non-medical prescriber or potential non-medical prescribers.

Key messages

This policy has been developed to ensure safe and effective non-medical prescribing within UHP. The policy considers independent prescribing, supplementary prescribing and Community Practitioner Nurse Prescribing.

This policy covers the full spectrum of non-medical prescribing within UHP from the application process to train as a non-medical prescriber to the prescribing process itself.

There are sections to ensure safe and effective practice as well as facilitate appropriate audit and professional development.

Accountabilities

Production	Jonathan Palmer, Consultant Nurse Trust lead for non-medical prescribing
Review and approval	Medicine Governance Committee
Ratification	Dr. Mark Hamilton, Medical Director
Dissemination	Medicines Utilisation and Assurance Committee
Compliance	Medicines Utilisation and Assurance Committee

Links to other policies and procedures

Medicines Management Policy and Standard Procedures: v10.5
Policy for the Procurement, Prescribing, Supply and Administration of Unlicensed Medicines: v3
Policy for the Safe Prescribing, Dispensing and Administration of Oral and Parenteral Anticoagulants: v4

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Trust Commitment to Valuing People

UHP is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

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Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

Legislation is in place to allow non-medical health care professionals that are registered with a professional body to prescribe medicines. There are currently three systems available:-

- Independent Prescribing
- Supplementary Prescribing
- Community Practitioner Nurse Prescriber

It is important that the most effective, efficient and safe systems are chosen for prescribing and supplying medicines to patients within the Trust. There are a number of options available:-

- Doctor prescribing
- Independent prescribing by a restricted range of health care professionals
- Supplementary prescribing by a restricted range of health care professionals
- Community practitioner nurse prescribing from the Nurse Prescribers Formulary (NPF) only.
- Patient Group Directions by a broad range of health care professionals
- Patient Specific Directions by a broad range of health care professionals
- “Standing” orders permitted under The Human Medicine Regulations 2012 (SI 2012/1916) for Midwives

This policy has been developed to ensure safe and effective non-medical prescribing within UHP. The policy considers both independent prescribing and supplementary prescribing. Its development has been discussed with current non-medical prescribers with UHP who have provided input and feedback during its development.

This policy covers the full spectrum of non-medical prescribing within UHP from the application process to train, to the prescribing process itself. There are sections to ensure safe and effective practice, as well as facilitate appropriate audit and professional development.

2 Purpose, including legal or regulatory background

The key principles in the use of non-medical prescribing within UHP are:

- improve patient care without compromising patient safety
- make it easier and quicker for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of health professionals
- contribute to the introduction of more flexible team working across the health service.

It is the purpose of this document to ensure that these key principles are upheld.

The key legal and regulatory background is as follows:

- The Medicinal Products: Prescription by Nurses etc. Act 1992.
- Section 63 of the Health and Social Care Act 2001.
- Amendments to the Prescription Only Medicines Order 2003.
- Misuse of Drugs Regulations 2001.
- The Medicines and Human Use (Prescribing) Order of May 2006.
- Improving Patients Access to Medicines (DOH 2006).
- Standards for Nurse and Midwife Prescribers (NMC, 2019)
- Standards for Prescribing (HCPC, 2016)
- Health Circular 009/2012 (DoH 2012).
- The Human Medicines Regulations (DoH, 2012)
- Single Competency Framework for All Prescribers (RPS, 2016)

3 Definitions

- **Non-Medical Prescriber (NMP)** – a non-medical, health care professional registered with a professional body, that has undertaken additional training to prescribe licensed medicines.
- **Independent Prescribing** – prescription of any licensed medicine including some Controlled Drugs for any medical condition within the competence of a non-medical prescriber.
- **Supplemental Prescribing** – prescription of a licensed medicine including some Controlled Drugs within an agreed clinical management plan by a qualified non-medical prescriber.
- **Community Practitioner Nurse Prescribers (CPNP)** – nurses who have successfully completed a Nursing and Midwifery Council (NMC) community practitioner nurse prescribing course (also known as v100 or V150 courses). The majority of nurses who have done this course are district nurses and public health nurses (previously known as health visitors), community nurses and school nurses. They are qualified to prescribe only from the Nurse Prescribers Formulary (NPF) for Community Practitioners. This formulary contains appliances, dressings, pharmacy (P), general sales list (GSL) and thirteen prescription only medicines (POMs).
- **Designated Prescribing Practitioner (DPP)** – “the designated practitioner responsible for the non-medical prescribing trainee’s period of learning in practice. It acts as an umbrella term to bring a number of different profession-specific titles together for the framework. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:
 - Designated Medical Practitioner
 - Designated Prescribing Practitioner
 - Named Practice Supervisor
 - Practice Assessor
 - Practice Educator

The aim of the DPP role is to oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice.

The full requirements for the DPP role can be found here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160>

- **Supervising Consultant**– a registered medical practitioner who works at consultant or general practitioner level who will provide clinical supervision and support to a non-medical prescriber once qualified and authorised to prescribe.
- **Practice Assessor- for nurses** any qualified and experienced prescriber who can assess and confirm the student's achievement of practice learning for a placement or a series of placements.
- **Controlled Drugs** – medications which are subject to special legislative controls because of the potential for them to be abused or diverted and cause harm.
- **Unlicensed Drugs** – medicines which do not have a UK Marketing Authorisation (MA) granted by the Medicines and Healthcare products Regulatory Agency (MHRA) or European Medicines Agency (EMA).
- **Off-License (Off-Label) Drugs** – Licensed medicines used for unlicensed applications.
- **Research (Trial) Drugs** – Medications used as part of a research project or trial. These may or may not have a license
- **South & West Devon Formulary** – a tool to assist cost-effective prescribing within the South and West Devon Area. It can be accessed [here](#).
- **TTA Charts** – Medication 'to take away' upon discharge

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Duties

i. Who may prescribe within University Hospitals Plymouth NHS Trust?

Nurses or midwives (from here on referred to solely as nurses), paramedics, optometrists, pharmacists, physiotherapists, podiatrists and therapeutic radiographers can all undertake a qualification to allow them to become independent and/or supplementary prescribers. Dieticians and diagnostic radiographers can train to become supplementary prescribers. District nurses, public health nurses community nurses and school nurses can undertake a qualification to allow them to become Community Practitioner Nurse Prescribers. They are qualified to prescribe only from the Nurse Prescribers Formulary (NPF) for Community Practitioners.

All non-medical prescribing within UHP must be undertaken by a qualified independent or supplementary prescriber or those with a community practitioner nurse prescribing

qualification. The latter are restricted to prescribing from the limited list of approved medicines as defined in *The Nurse Prescribers' Formulary for Community Practitioners* (NPF).

All non-medical prescribing within UHP must be undertaken by professionals working within their sphere of competence. If a non-medical prescriber is asked to work outside of their normal working area, for instance they are asked to support a nursing team in an area where there are staff shortages or increased dependency then they should only prescribe if the prescription falls within their normal sphere of competence.

In addition all NMPs must:

- be health care professionals whose names are on the register of their professional body;
- be health care professionals who are, in addition, registered with their professional body as an independent / supplementary non-medical prescriber;
- be employed by University Hospitals Plymouth NHS Trust (UHP) in a suitable position which has an agreed scope for practicing as an independent / supplementary non-medical prescriber or
- be employed by a partner health care provider, providing services to the UHP under an honorary contract;
- be employed by MOD and providing services within UHP
- be employed by NHS Professionals or Registered Nursing Agency and working in a role in which they use to prescribe when a substantive employee
- be working in a post which has an AfC banding of at least 6.
- be approved to practice as a Non-Medical Prescriber (NMP) within UHP by the non-medical prescribing lead or deputy and in certain circumstances the Director of Pharmacy or Accountable Officer for Controlled Drugs. Details will be entered onto the UHP non-medical prescribing register, kept by the lead NMP. Approval to practice is essential and necessary for all NMP's irrespective of whether they are newly qualified or have previously practiced in another Trust. Those working within UHP under honorary contracts who are employed by partner organisations also have to seek approval to practice as do those employed by the MOD. The application for approval form is available in either Appendix 7a (newly qualified) or 7b (previously qualified/honorary contract).
- have the need to prescribe included within their job description as part of their role and responsibilities.

ii. Application for training (see appendix 5)

Eligible non-medical health care professionals, who wish to undertake training to become a non-medical prescriber within UHP, must complete the application form found in Appendix 5a.

- Applications, using form 5a must be made by professionals wishing to undertake any of the following
 - a stand-alone NMP course supported by UHP;
 - an NMP module which is part of an advanced practitioner or other course supported by UHP;
 - a self-funded course which is not supported by UHP, if upon successful completion of the course, the professional wishes to prescribe with UHP

- Applicants must fulfil the legal criteria for eligibility to prescribe.
- Addition of non-medical prescribing to the role of an applicant must have been identified and agreed at IPR.
- Applicant, Line Manager, Service Line Director and the Designated Prescribing Practitioner (DPP) who will supervise the applicant during training, must complete the trust application form.
- Applicants must be able to provide evidence that they can undertake successful study at level 6 or 7 (or equivalent) depending on professional body requirements. Evidence should be no older than 3 years.
- Upon application evidence of registration with the appropriate professional body must be supplied.
- Applicants must be authorised to attend 26 study days over 6 months, 14 of these are self-directed. This is non-negotiable and is an essential part of the course as directed by the NMC, HCPC, GPC, etc.

To be authorised as a DPP, a non-medical prescriber must be a registered professional with an independent prescribing qualification who is an experienced prescriber with at least 3 years post qualification experience as a prescriber AND be an active prescriber in a patient-facing role, with appropriate knowledge and experience relevant to the trainee's area of clinical practice.

All potential non-medical DPPs must complete the HEC DPP course before taking on this role. The course can be accessed here:

<https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hecooperative.co.uk%2Fdpp%2F&data=04%7C01%7Crichard.lowe%40plymouth.ac.uk%7Ce859a8cc6a143a329d208d9661d3355%7C5437e7eb83fb4d1abfd3bb247e061bf1%7C1%7C0%7C637653097865325376%7CUnknown%7CTWFpbGZsb3d8eyJWljoimC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C1000&data=mhd8CdIzBVaVN53xiK8mzSeDD5nnsfKgRJ8ea9OpxQ8%3D&reserved=0>

All non-medical DPPs must be authorised by the lead NMP or deputy before a student starts on a NMP course. Authorisation must be sought using the paperwork in

Appendix 5d. Separate applications must be made for every student that the DPP will be supervising. Each DPP can only supervise one student NMP at any time

Failure to complete the appropriate forms and thereby failure to be authorised to undertake training may exclude the professional from prescribing within UHP upon successful completion of any course.

Before being accepted onto any NMP course applicants must have a valid Disclosure and Barring Service (DBS) check in place. This is not required upon application to UHP to undertake a prescribing course. A DBS undertaken in the last 3 years for all non-medical prescribing applicants will be required upon application to the University providing the course. The exception to this is for physiotherapy applicants who require a screen within 3 months, A DBS screen can be provided by the human resources department at UHP.

Appendix 5b provides full details of the specific entry requirements as set by each individual professional body.

iii. Allocation of Training Places

The allocation of funded places to UHP may not be sufficient to enable all those who apply to be allocated free contracted places. Additional places can be funded via individual service line educational budget. In the event that there are more applicants than available free, contracted, academic places, the non-medical prescribing lead or deputy will allocate training places based upon the three key principles of non-medical prescribing, namely:

- improve patient care without compromising patient safety
- make it easier and quicker for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of health professionals
- contribute to the introduction of more flexible team working across the health service.

In practice this will mean that places will be allocated based upon the following order of priority:

- Professionals who are or will be supporting junior doctor rotas.
- The need to prescribe by those not on junior doctor rotas but in clinical areas where non-medical prescribing will keep patients safe and maximise benefit to patient.
- Ability of clinical areas to release professionals for 26 study days over 6 months.
- Availability of Designated Prescribing Practitioner
- Time since application.

Decisions will be made by the NMP lead following discussions with Matrons, Heads of Nursing and Director of Pharmacy

To arbitrate and ensure fair allocation of places the NMP lead and Director of Pharmacy reserve the right to undertake interviews to ensure appropriate allocation of places.

A waiting list of applicants will be kept by the non-medical prescribing lead.

Applicants will be offered a place on up to two courses. If a place is not accepted or deferred on two occasions then that application will be terminated. The applicant will need to reapply to undertake training. Subsequent applications will then be prioritised as above.

Applicants who are granted and take up a place on a course and who do not complete the course will not be returned to the waiting list. Such individuals will need to re-submit an application form with a covering email or letter detailing why they should be reconsidered for a place.

iv. Approval to practice within UHP

Upon successful completion of training and registration of prescribing qualification with the relevant professional body, the newly qualified NMP must seek final approval from the non-medical prescribing lead or deputy and in certain circumstances the Director of Pharmacy or Accountable Officer for Controlled Drugs before undertaking any prescribing activities. Applications for approval to prescribe (Appendix 7a) should be completed and forwarded to the non-medical prescribing leads' inbox.

Newly qualified non-medical prescribers must apply for approval within 2 months of Registration with their professional body.

Any healthcare professional registered as an NMP prior to commencement of employment within UHP and who wishes to practice as an NMP within UHP must complete the approval to prescribe application (Appendix 7b)

Upon approval to practice the prescriber's details including registration number, areas of practice will be entered on to the UHP Non-Medical Prescribing Register.

The UHP Non-Medical Prescribing Register will be held by the Non-Medical Prescribing lead with a copy sent to pharmacy general office on a monthly basis. The Register will hold the following details:

- Name
- Profession
- Registration Number
- Speciality

- Type of prescriber
- NMP Number
- Date on register
- Date off register
- CD, FP10, NHSP/Agency Authorisation

Confirmation to practice as an NMP and prescribing number will be sent from the Lead NMP or deputy to the applicant via e-mail using appendix 7e. Prescribing must not take place until this email of authorisation has been received.

v. Locum and NHS Professionals Staff

NHS Professionals staff cannot prescribe within UHP, unless they are undertaking an additional duty within their normal sphere of competence. If a non-medical prescriber leaves UHP and undertakes NHS Professionals shifts in the same or similar role that they previously held then with the departmental manager's and supervising consultant's agreement prescribing rights can be authorised. Authorisation must be sought using the 'Application and authorisation for a previous UHP prescribing employee to continue prescribing when undertaking NHS Professional shifts' form found in Appendix 6c.

Staff working for agencies other than NHS professionals cannot prescribe in UHP.

If a non-medical prescriber undertake a NHS professional shift outside of their normal sphere of competence then they cannot prescribe on that shift.

Confirmation to continue practicing as an NMP with the current prescribing number (prefixed NHSP) will be sent from the non-medical prescribing lead or deputy and in certain circumstances the Director of Pharmacy or Accountable Officer for Controlled Drugs to the applicant via e-mail using appendix 7b. Prescribing must not take place until this email of authorisation has been received.

vi. Change in Circumstances

- **Area of Practice**

If a NMP changes their area of practice within UHP there must be application and authorisation to prescribe in this area before prescribing takes place. This is undertaken using appendix 6e.

Confirmation to practice as an NMP in the new area will be sent from NMP Lead or deputy to the applicant via e-mail. Prescribing in the new area is not authorised until this confirmatory email has been received.

- **Authorisation to prescribe controlled drugs or use FP10**

NMP's who have not previously been authorised to do so, may need to start prescribing controlled drugs or via FP10

Approval to do this must be sought using appendix 6d. Applicants cannot prescribe controlled drugs or via FP10 until they have the relevant authorisation from the Accountable Officer for Controlled Drugs and/or NMP lead or deputy.

vii. Return from prolonged leave or prolonged period of non-prescribing

If a non-medical prescriber is absent from their normal area of prescribing practice for more than six months or if a prescriber, for whatever reason has not prescribed for six months then they must complete and submit a declaration of competence to prescribe form before restarting their NMP role. This document can be found in appendix 8.

Periods of absence include:

Secondments.

Maternity/shared parental leave/adoption Leave

Sabbaticals

Long Term Sickness.

viii. Prescribing and Dispensing Process

NMPs must inform each patient of their qualification to prescribe, ensuring the patient understands the scope of NMP practice relevant to the patient's care. It is best practice for this to be documented in the patient record.

NMPs may not prescribe drugs outside their area(s) of practice or clinical competence.

NMPs can only prescribe in areas where it is agreed by the line and service line manager that there is a need for a prescribing role.

All prescribing must conform to the UHP Medicines Management Policy.

All prescribing must conform to the South & West Devon Formulary.

NMP's may prescribe drugs which are part of a research project or a trial.

NMPs may not prescribe for themselves, their colleagues, their family or their friends.

NMPs may not issue private prescriptions as part of work with UHP.

NMPs may not issue verbal orders for the administration of any medicine

NMPs, if they work in a role which would usually require it, may transcribe i.e. make an exact copy, usually in writing of previously prescribed medicines to enable their timely administration. This would include but not be limited to prescribers working in admission units, within ward teams, etc.. When transcribing unless there has been a transcribing error, responsibility and accountability for the original prescribing rests with the original prescriber/prescribing team and not with the transcribing NMP.

NMPs if they work in a role which would usually require it, may transcribe i.e. make an exact copy from a written chart to EPMA to facilitate timely access to electronic administration of medicines. When transcribing medications from paper based drug charts to the EPMA system unless there has been a transcribing error, responsibility and accountability for the original prescribing rests with the original prescriber/prescribing team and not with the transcribing NMP.

Prescribing pharmacists may legally prescribe and dispense prescriptions. However, UHP requires the separation of these duties for the benefit of patient safety. Therefore, pharmacists who prescribe a drug must ensure that the prescription is clinically screened by another pharmacist. A prescribing pharmacist may not dispense a prescription that they have written themselves.

Non pharmacist NMP's may prescribe and administer medication; however the administration must be checked by another health care professional who is competent to administer the prescribed medication.

NMPs may prescribe and dispense medication where the medication is supplied in a pre-pack. In these circumstances the issue of the pre-pack must be checked by another registered health care professional.

In exceptional circumstances, for instance an NMP is working by themselves in a peripheral clinic or in a domiciliary setting where there is limited access to other registered professionals **and** it is in the interests of the patient, a request can be made to the lead NMP for authorisation to enable individual NMPs in a team to prescribe and administer/dispense/supply pharmaceuticals without this process being double checked. Where this occurs, appropriate processes, risk assessment and audit trail, must be in place to ensure this is safe and appropriate.

NMPs must have access to the most recently published and available British National Formulary (BNF) and South & West Devon Formulary when prescribing. These are available in clinical areas, electronically on the Trust intranet and via the BNF App for smart mobile devices.

Prescriptions must be written on UHP recognised prescribing media; this includes inpatient 'prescription' charts; community 'prescription/administration' charts; discharge prescription (TTA) charts, electronic discharge summaries, outpatient prescriptions, FP10 and where electronic prescribing software. When working in primary care settings prescribing on recognised prescribing media, MAR charts, community prescriptions, etc. is permitted.

ix. Controlled Drug Prescribing.

The legislation for the prescription of controlled drugs varies between professions. Optometrist and Therapeutic Radiographers cannot independently prescribe any controlled drugs. Physiotherapists and Podiatrists can only independently prescribe a limited range of controlled drugs.

NMPs cannot prescribe schedule 1 controlled drugs

Independent nurse and pharmacy prescribers can only prescribe schedule 2 controlled drugs but only with the agreement of the Accountable Officer for Controlled Drugs, the non-medical prescribing lead or deputy and the relevant line manager. Approval will be recorded on the register. Those NMP's who are authorised to prescribe CD's will have the suffix 'CD' applied to their prescriber number. All other schedules of controlled drugs can be prescribed by independent nurse and pharmacy prescribers without additional authorisation.

Physiotherapists and Podiatrists can prescribe the controlled drugs listed in the legislation only with the agreement of Accountable Officer for Controlled Drugs, the non-medical prescribing lead or deputy and the relevant line manager. Approval will be recorded on the register. Those NMP's who are authorised to prescribe CD's will have the suffix 'CD' applied to their prescriber number.

Supplemental prescribers can only prescribe schedule 2, 3, and 4 controlled drugs with the agreement of the Director of Pharmacy, the non-medical prescribing lead or deputy and the relevant line manager. Approval will be recorded on the register. Those NMP's who are authorised to prescribe CD's will have the suffix 'CD' applied to their prescriber number.

Authorisation to prescribe controlled drugs should be sought when seeking authorisation to prescribe. Authorisation to prescribe controlled drugs can be obtained following the allocation of a prescribing number if the need to do so changes (see section 4 vi).

x. Prescribing unlicensed and 'off label' drugs

Pharmacist and nurse NMP's may prescribe unlicensed drugs when there is no appropriate licensed alternative. No other professionals group of NMP can independently prescribe unlicensed drugs. This includes drugs which become unlicensed because of the necessity to mix two or more pharmaceuticals in a syringe driver for palliative care purposes.

All supplementary prescribers of whatever profession can prescribe unlicensed drugs as part of patient's clinical management plan. This includes drugs which become unlicensed because of the necessity to mix two or more pharmaceuticals in a syringe driver for palliative care purposes.

All prescribing of unlicensed drugs must conform to the UHP Policy for the Procurement, Prescribing, Supply and Administration of Unlicensed Medicines.

All NMP's may prescribe off licence drugs (off label) in line with current practice.

xi. Prescribing for outpatients, in the community or outside of normal working hours.

Outpatient prescriptions will be written on a Lloyds Pharmacy hospital outpatient prescription form (paper or electronic). There are few exceptions to this rule. These are:

- If a patient is being seen in a satellite clinic or during a home visit, prescriptions may be written on FP10 forms.
- If a patient is seen outside of normal working hours for example in ED, MIUs or additional OPD clinics.

There is not an automatic authority to prescribe via FP10 for NMPs. Agreement for NMPs to prescribe on FP10 should be sought when seeking authorisation to prescribe post registration. Where FP10's are used they must be used as per the guidance in the Medicine Management Policy. All prescription pads must be stored safely.

xii. Prescribing via a Clinical Management plan

All supplementary prescribing within UHP whether by supplemental only prescribers (dietitians and diagnostic radiographers) or independent prescribers needing or wanting to prescribe on a supplementary basis must be undertaken using the UHP clinical management plan template, that is located in Appendix 9.

xiii. Record Keeping

NMPs must make records of all patient consultations and prescriptions directly in the patient's medical record. Copies of letters detailing the consultation may be used.

Contemporaneous notes must be kept and transcribed into clinical records no later than 72 hours after the events to which they relate, and must adhere to professional standards. If the date of the entry does not coincide with the date of the contact with the patient, then the date of the entry, actual time of visit and the date of the contact must be recorded.

The prescription record should clearly indicate the date, the name of the prescriber, the name of the item prescribed the strength (if any), dose and the quantity to be dispensed or duration prescribed.

It may be necessary, in the clinical judgment of the NMP, to advise the patient's supervising consultant or general practitioner immediately of the medicine prescribed.

All professionally held records must be stored in a secure manner in accordance with the Health Records Policy.

Supplementary prescribers must have a copy of the patient specific Clinical Management Plans (CMP) in the patient's medical notes. Patients should be given a copy of their consultation record where requested, in line with trust policy.

xiv. Maintaining Competency

NMPs of whatever profession have a responsibility to keep themselves abreast of developments within their profession and speciality. NMPs will be expected to keep themselves up-to-date with best practice in the management of conditions for which they can prescribe.

Although not mandatory it is expected that NMP's make every effort to attend the annual NMP update day and participate in electronic discussions via e-mail.

On application to practice the line manager must authorise that he/she agrees to support attendance at the annual study day. If attendance at the annual NMP update day is not possible then other relevant study must be completed to ensure on-going competence.

The Trust recognises the Competency Framework for all Prescribers document published by the Royal Pharmaceutical Society as a useful tool to assist non-medical prescribers with their professional development. It can be accessed at:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>

Failure to undertake professional study in relation to prescribing and/or maintain competence could result in revocation of authorisation to prescribe.

A portfolio of NMP CPD must be maintained although this can be as part of a general professional portfolio/revalidation process. Where as part of professional revalidation or re-registration requirement a number of written reflective accounts are required then it is expected that at least 1 of these will be related to prescribing.

Maintaining competence in relation to NMP must be discussed and documented during annual IPR of a non-medical prescriber.

Each NMP must complete and submit a declaration of competence to the NMP Lead on an annual basis. Non-submission may exclude the professional from prescribing within UHP on a temporary or permanent basis. All prescribers who qualified before August 31st in the preceding year must complete a declaration. The document and process chart can be accessed in appendix 10.

Newly registered NMPs must participate in a 'buddy' system, for a minimum of three months, where they regularly 'meet' with an established NMP, preferably working in a related clinical area. The buddy is expected to provide informal prescribing support for newly qualified prescribers. The frequency of meetings will vary between prescribers. This is in addition to established Clinical Supervision.

Previously qualified NMP's who are newly appointed to UHP must also have a 'buddy' if their new role is considerably different from their last. Clarification on this can be obtained from the UHP lead or deputy for non-medical prescribing.

The 'buddy' must be agreed before approval to practice is sought and be documented on the approval to practice form (Appendix 7a or 7b)

All areas of practice for Supplemental Prescribers must be assessed and approved by the supervising consultant.

xv. Incident and adverse reaction reporting

Adverse incidents should be recorded via Datix as per UHP policy.

All adverse drug effects should be reported according to guidance from the Medicines & Healthcare products Regulatory Agency (MHRA), using the Yellow Card system, which can be accessed here: <https://yellowcard.mhra.gov.uk/>

All NMP's must read any appropriate guidance/information that comes from the Medical Director or Director of Pharmacy or their designated deputies.

NMP's must ensure that they are fully aware of the section of the Home Office's Misuse of Drugs Regulations dealing with the storage of Controlled Drugs and of all UHP policies related to medicines, which are available on the trust intranet.

xvi Legal and Clinical Liability

Trust approved NMP's are covered by vicarious liability. NMPs are individually and professionally accountable to their patients, employer and professional body and must act at all times in accordance with their Professional Code of Practice. The Department of Health recommend that all NMPs consider having professional indemnity insurance that may be available through the NMP's professional organisation, or through an independent insurer or trade union.

xvii Relationships with Pharmaceutical Companies

Representatives from pharmaceutical companies must follow the trust policy regarding appointments with NMP.

When considering the acceptance of gifts and hospitality, staff should adhere to the Trust's Standards of Business Conduct Policy

Sponsorship of any sort, including hospitality, meetings and conferences, should not compromise any prescribing or purchasing decisions. These must be based upon clinical evidence and what is in the best interests of patients. Value for money in the use of public money must remain a priority at all times.

NMP's should register any sponsorship on the Trust Hospitality Register, as per the trust policy, accessed in the Chief Executive's office

5 Overall Responsibility for the document

Approved By:

Signatures:

Sally Mayell
Interim Director of
Pharmacy

Lenny Byrne
Director of Nursing
& Director of Integrated
Clinical Profession

Dr Mark Hamilton
Medical Director

Date:_____

Date:_____

Date:_____

6 Consultation and ratification

This document is published on the Trust Wide Public Folders. The Records Strategy and Archive Manager is responsible for holding and maintaining a master file containing a register and a signed copy of the policy and corresponding Equality Impact Assessment.

The Records Strategy and Archive Manager will ensure that old versions of the policy are archived in the archive master file. Access to archived documents will be through the Records Strategy and Archive Manager.

The Records Strategy and Archive Manager will issue the policy numbers and maintain an index that will include the document's title, policy number and version, owner, issue date and next review date.

The approvals are indicated by the front sheet of the document as is the version control.

This document was developed by the non-medical prescribing lead. Non-medical prescribers and departmental heads have been consulted on this version. The policy has been ratified by the Medicines Governance Committee, who will continue to maintain overall responsibility for it.

7 Dissemination and Implementation

Following approval and ratification by the above group, this policy is being rolled out across the Trust.

Publication of this policy has been publicised in Vital Signs, the Trust's weekly staff news briefing. All Service Line Managers, non-medical prescribers and trainees will have had the policy sent to them and it is available electronically on the Trust Wide Public Folders on Microsoft Outlook.

8 Monitoring compliance and effectiveness

A system for audit, relevant to the NMP's practice, must be in place and available for review and discussion at appraisal.

For supplementary prescribers, a record of the number and length of sessions the prescriber and supervising consultant work together must be kept. As a guide, it is suggested that a minimum of two hours per month (usually as a series of short meetings) is suitable for NMPs prescribing one session per week.

NMPs are encouraged to use the non-medical prescribers distribution list to discuss developments, concerns and provide peer support, especially to new prescribers.

NMP's must meet regularly and formally with their supervising physician to ensure adequate clinical supervision and development.

The lead NMP will provide a report to the Medicines Governance Committee detailing incidents, compliance, audits and other related and relevant data on an annual basis.

9 References and associated documentation

Department of Health (2004) Every Child Matters. London: The Stationery Office. Available at:

<http://webarchive.nationalarchives.gov.uk/20130403155839/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM5860>

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Great Britain (2012) Home Office Circular 009/2012. Nurse and pharmacist independent prescribing, 'mixing of medicines', possession authorities under patient group directions and personal exemption provisions for Schedule 4 Part II drugs. London: The Stationery Office. Available at: <https://www.gov.uk/government/publications/nurse-and-pharmacist-independent-prescribing-mixing-of-medicines-possession-authorities-under-patient-group-directions-and-personal-exemption-provisions-for-schedule-4-part-ii-drugs>

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Royal Pharmaceutical Society of Great Britain (2007). Professional standards and guidance for pharmacist prescribers. London: Royal Pharmaceutical Society of Great Britain.

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Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines.
[https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/RCN%20RPS%20additional%20guidance.pdf?
ver=2020-03-05-121229-987](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/RCN%20RPS%20additional%20guidance.pdf?ver=2020-03-05-121229-987)

Core Information				
Document Title	Non-Medical Prescribing Policy			
Date Finalised	March 2021			
Dissemination Lead	Jonathan Palmer, Consultant and Non-medical Prescribing Lead			
Previous Documents				
Previous document in use?	Yes (electronically)			
Action to retrieve old copies.	Substitute electronic files			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All: <ul style="list-style-type: none"> • non-medical prescribers and trainees, • service line managers, • matrons/AHP leads • heads of department 	September 2021	Via e-mail	Jonathan Palmer	

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	NA
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y

Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Sally Mayell
Directorate	Pharmacy
Date	05/02/2021
Title	Non-Medical Prescribing Policy
What are the aims, objectives & projected outcomes?	<p>The key principles in the use of non-medical prescribing within UHP are:</p> <ul style="list-style-type: none"> • patient safety • maximum benefit to patients in terms of quicker and more efficient access to medicines for patients • better use of skills of non-medical professionals <p>It is the purpose of this document to ensure that these key principles are upheld.</p>
Scope of the assessment	
See names and contributors on page one of the policy	
Collecting data	
Race	There is no evidence to suggest that there is a disproportionate impact on race regarding this policy
Religion	There is no evidence to suggest that there is a disproportionate impact on religion or belief and non-belief regarding this policy
Disability	There is no evidence to suggest that there is a disproportionate impact on disability regarding this policy
Sex	There is no evidence to suggest that there is a disproportionate impact on gender regarding this policy
Gender Identity	There is no evidence to suggest that there is a disproportionate impact on gender identity regarding this policy
Sexual Orientation	There is no evidence to suggest that there is a disproportionate impact on sexual orientation regarding this policy
Age	There is no evidence to suggest that there is a disproportionate impact on age regarding this policy
Socio-Economic	There is no evidence to suggest that there is a disproportionate impact on socio-economic issues regarding this policy
Human Rights	There is no evidence to suggest that there is a disproportionate impact on human rights regarding this policy
What are the overall trends/patterns in the above data?	Overall patterns and trend are not identified.

Specific issues and data gaps that may need to be addressed through consultation or further research	There are no specific equality & human rights issues and data gaps that need to be addressed through consultation and/or further research
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Involving and consulting stakeholders	
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Internal involvement and consultation	The Medicines Governance Committee Non-Medical prescribers within UHP
--	--

External involvement and consultation	There has been no external consultation or involvement
--	--

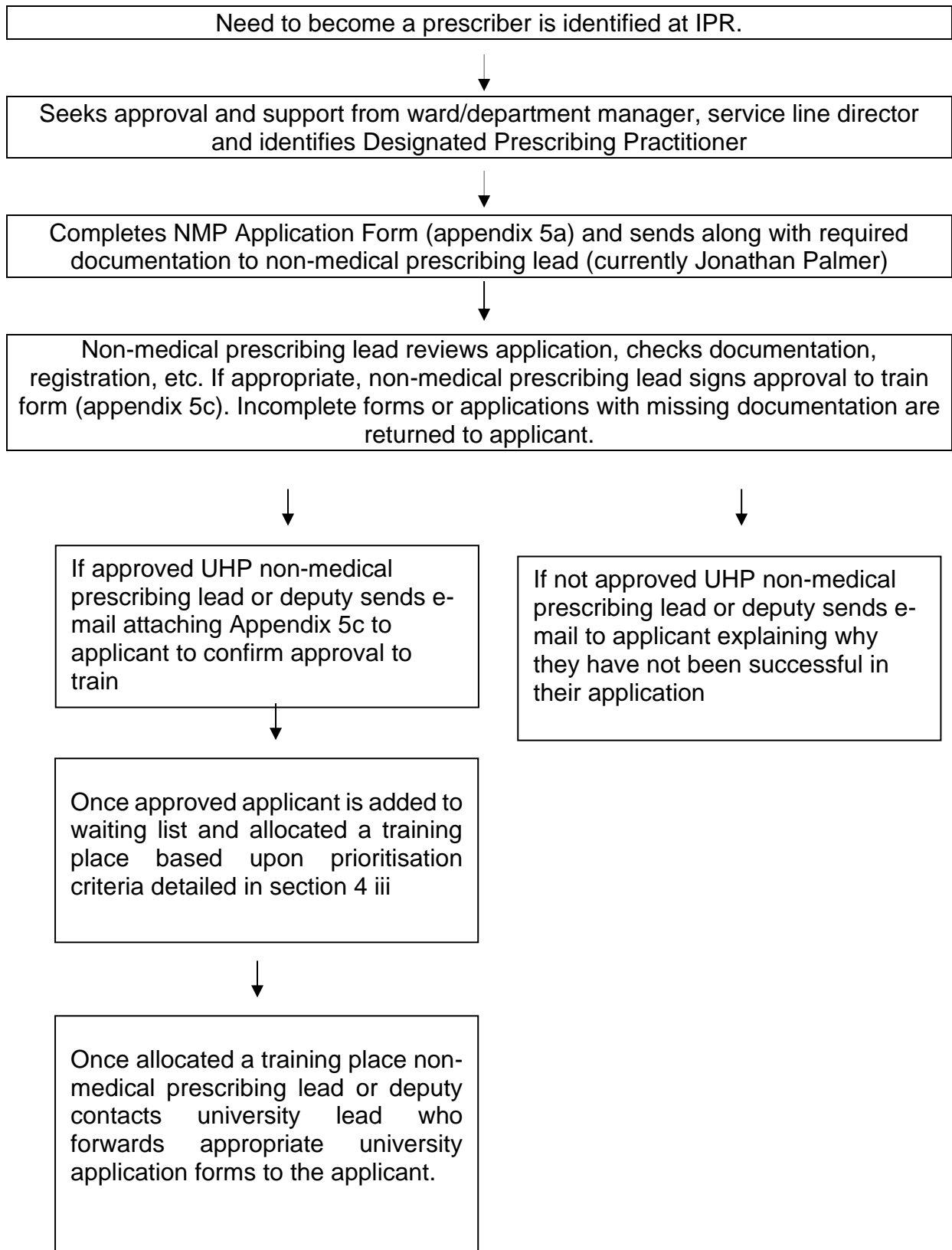
Impact Assessment	
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Overall assessment and analysis of the evidence	This policy has no impact on equality
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Action Plan				
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Action	Owner	Risks	Completion Date	Progress update

Process to train as an NMP



Application form for training as an NMP

This form should be completed by all staff working within UHP who wishes to train as a NMP.

Name of applicant	
Profession	
Post currently held	
AfC Banding (must be 6 or above)	
Area of speciality	
Length of time in current specialty	
Year of professional registration	
Professional Registration Number	
Type of non-medical prescribing	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Training institute	
Manager's name	
Manager's designation	
Name and professional number of Designated Prescribing Practitioner (DPP)	
DPP Post currently held	
DPP Area of speciality	

Applicant statement

Please state why you feel that non-medical prescribing will benefit your client group / patients , under the following headings:

- Patient safety

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- Quicker and more efficient access to medicines for patients

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- Better use of skills of non-medical professionals

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Please state the clinical areas in which you intend to practice as a non-medical prescriber and your current level of practice within this area.

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<p>For Physiotherapy Applicants only</p> <p>Are you working at advanced practitioner level or equivalent?</p> <p>Yes / No</p> <p>If yes, please attach evidence of this on your on-going professional development evidence.</p> <p>If no, the HCPC would not support your application.</p>

For Nursing Applicants only

Are you competent to undertake clinical examination, history and diagnosis?

Yes / No

If no, the NMC would not support your application.

For All Applicants

Are you able to provide evidence of level 6 or 7 (depending on professional body requirements) academic work within the past 3 years.

Yes / No

If yes please provide this.

If no your professional body, the training institute and UHP will not support your application

Are you receiving any sponsorship for your post?

Yes/No

If yes, please give details

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Applicant signature:

Date.....

Line manager's statement

Please state how the applicant's ability to prescribe will improve the current level of service to their patient population.

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I fully support the development of non-medical prescribing within the specified clinical area and for to undertake the necessary training. I also agree to support’s CPD in regard to their prescribing practice and in particular their attendance at the annual NMP Update day.

I am aware that I will have to release..... for 26 study days over 6 months. This is non-negotiable and is an essential part of the course as directed by the NMC, HCPC, GPC, etc.

For nursing applicants I confirm thatis competent to undertake a history and examination within the specialist area in which they will be prescribing.

Managers' signature.....

Date.....

Service Line Director's Statement

Please state how the applicant's ability to prescribe will improve the current level of service to their patient population.

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I fully support the development of non-medical prescribing within the specified clinical area and for to undertake the necessary training.

I am aware that I will have to release..... for 26 study days over 6 months. This is non-negotiable and is an essential part of the course as directed by the NMC, HCPC, GPC, etc.

Signed:
Full Name.....
Date.....

Designated Prescribing Practitioner

Please state how long you have worked with the applicant and how you intend to support them in their training / practice e.g. clinical training and supervision, regular meetings, assessment of areas of practice, continuing training

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I fully support the development of non-medical prescribing within the specified clinical area & agree to contribute to and supervise the applicant's training.

Signed:
Full Name.....
Profession.....
Professional registration number.....
Date.....

Application to Train Checklist

Incomplete applications will be rejected leading to delays, please ensure that the following is returned with your application:

Completed application form completed and signed by:

- Applicant
- Line Manager
- Service Line Director
- Designated Prescribing Practitioner
- Successful study at Level 6 or 7 within the last 3 years
- Evidence of current registration with the relevant professional body

Upon completion this form should be forwarded preferably electronically to Jonathan Palmer Non-Medical Prescribing Lead, Chest Clinic, Derriford Hospital

Nurses and midwives

(NMC requirements)

- Entrants must be a registered nurse (level 1), a midwife or a SCPHN with NMC registration.
- Entrants must have been registered with the NMC for a minimum of **1 year** prior to application for entry onto the programme.
- Entrants must possess the competence, experience and academic ability to study at the level required for that programme. This includes advance practice skills such as: clinical/health assessment, diagnostics/care management, planning and evaluation of care.
- Entrants are live on the NMC register, and therefore up-to-date with all revalidation requirements.
- The entrant/nominating organisation must have identified a designated prescribing practitioner (DPP) or practice assessor with experience and qualifications in supporting and assessing students, who also is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking.

Physiotherapists, podiatrists and therapeutic radiographers

(HCPC / AHPH requirements)

- Entrants must be registered with the HCPC in one of the relevant Allied Health Professions.
- Entrants must normally have at least **3 years** relevant post-qualification experience in the clinical area in which they will be prescribing.
- Entrants must be working at an advanced practitioner or equivalent level.
- Entrants can demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection and learning.
- The entrant/nominating organisation must have identified a DPP, normally recognised by the employer/commissioning organisation as having experience in the relevant field of practice and training and experience in the supervision, support and assessment of trainees.

They must have also agreed to provide the student with opportunities to develop competence in prescribing, and supervise, support and assess the student during their clinical placement.

Paramedics

(HCPC / AHPH / CoP requirements)

- Entrants must have been qualified and registered for at least **5 years** and normally have at least **3 years** relevant post-qualification experience in the clinical area in which they will be prescribing.
- Entrants must have (or be working towards) an advanced practice qualification and have experience and evidence of competency in diagnostics, physical examination and decision-making skills relevant to their area of prescribing practice.
- Have evidence of post-registration study.
- The entrant / nominating organisation must have identified a DPP, normally recognised by the employer/commissioning organisation as having experience in the relevant field of practice and training and experience in the supervision, support and assessment of trainees.

They must have also agreed to provide the student with opportunities to develop competence in prescribing, and supervise, support and assess the student during their clinical placement.

Pharmacists

(GPhC requirements)

- Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).
- Entrants must have at least **2 years** appropriate patient-orientated experience post registration, in a relevant UK practice setting.
- Entrants must have an identified area of clinical or therapeutic practice in which to develop independent prescribing practice. They must also have relevant clinical or therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training.

The applicant or nominating organisation must have identified a Designated Prescribing Practitioner (DPP), with:

- Normally at least three years recent clinical responsibility for a group of patients or clients in the relevant field of practice.
- An independent prescribing qualification with active prescribing competence and appropriate patient-facing clinical and diagnostic skills.
- An understanding of the requirements of the DPP role in terms of responsibilities and preparation as set out by the **Standards for the education and training of pharmacist independent prescribers (GPhC, 2019)** taking into account the **Guidance on tutoring and supervising pharmacy professionals in training (GPhC, 2018)** for pharmacists and pharmacist technicians, as well as the **Royal Pharmaceutical Society's Competency Framework for Prescribers (RPS, 2016)**.
- The support of their employing organisation to act in the role of DPP and can assure that support, supervision, learning and assessment provided complies with the GPhC requirements.
- The DPP having agreed to provide supervision, support and shadowing opportunities for the student.

The non-medical prescribing lead approves the following non-medical practitioner to undertake the training necessary to register as a non-medical prescriber. The applicant has provided the following:

Completed application form completed and signed by:

- Applicant
- Line Manager
- Service Line Director
- Designated Medical Practitioner
- Evidence of successful study at Level 6 within the last 3 years
- Evidence of current registration with the relevant professional body

Name of Applicant	
Professional group	
Professional registration number	
Area of practice	
Type of non-medical prescribing approved	Supplementary / Independent/ Community Practitioner Nurse Prescriber

Signed:

Jonathan Palmer
Trust Lead Non-Medical Prescribing

Date:

You will now be added to a waiting list and notified as soon as you have been allocated a training place

Professionals who are self-funding or undertaking training as part of an advanced practice course can take this as authorisation that the Trust supports their application.

About the non-medical DPP

Name and NMP number of non-medical prescriber	
Date of qualification as an NMP	
Professional group	
Professional registration number	
Area of practice	
Are you currently prescribing?	Yes No (delete as appropriate)
Have you completed the HEC DPP course?	Yes No (delete as appropriate) (please supply evidence of successful completion)
Do you meet the essential criteria for a DPP as described in the RPS DPP competency framework document (see page 9)	Yes No (delete as appropriate)

About the student NMP

Name of Student	
Professional group	
Area of practice	

I confirm that the above information is factually correct

Signed-----

Full Name -----

Date-----

The above non-medical prescriber is authorised to undertake a designated prescribing practitioner role for:.....

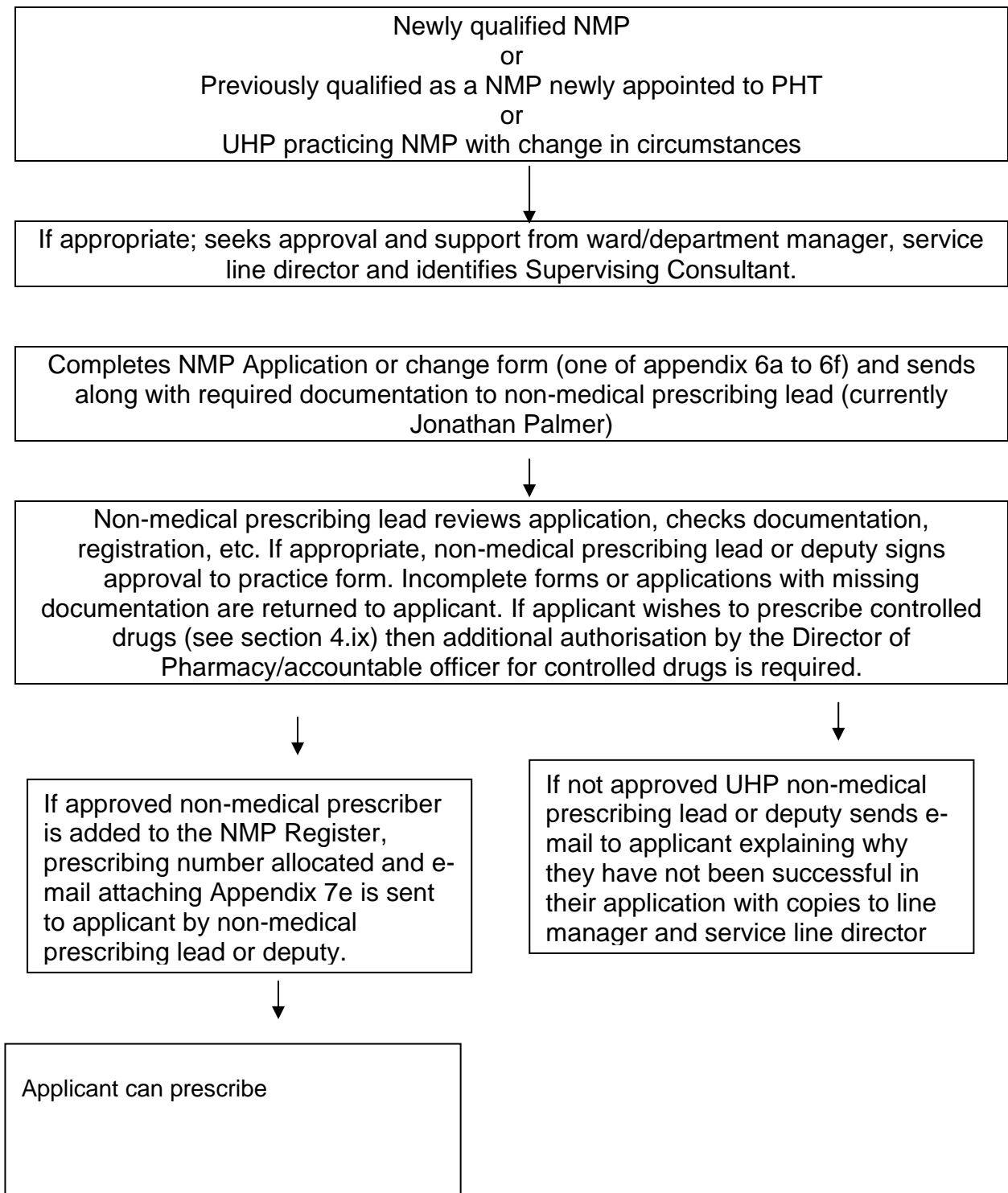
Signed-----

Date-----

Jonathan Palmer

Trust Lead Non-Medical Prescriber

Process for approval to practice as an NMP within UHP



**Application for approval for UHP trained NMPs
to undertake prescribing activities**

Name	
Professional group	
Professional registration number	
Date of professional registration	
Date of NMP qualification (proof to be attached)	
Proposed areas of practice	
AfC Banding (minimum band 6)	
Type of non-medical prescribing	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of Supervising Consultant	
Supervising Consultant post / area of speciality	
Name and Prescribing Number of NMP Buddy	
Need to use FP10? <i>If yes then please provide details overleaf</i>	Yes/No
Need to prescribe controlled drugs? <i>If yes then please provide details overleaf</i>	Yes/No

If as part of your prescribing practice, you need to prescribe controlled drugs then please provide a brief explanation as to why:

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If as part of your practice, prescribing via FP10 is required, please give a brief explanation as to why this is necessary.

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Applicant's signature:.....

Date:.....

Line Manager's Statement

I fully support non-medical prescribing within the specified clinical area and for to prescribe I also agree to support 's CPD in regard to their prescribing practice and in particular their attendance at the annual NMP Update day.

Signed:
Full Name.....
Date.....

Supervising Consultant's statement.

Please state how you intend to support this prescriber with their on-going CPD e.g. clinical training and supervision, regular meetings, informal education

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Signed:
Full Name.....
Date.....

NMP 'Buddy' statement

I agree to support this prescriber for at least the first three months of their independent prescribing. I will provide support, education and training as required.

Signed:
Full Name.....
Date.....

Once complete this form should be sent to the lead non-medical prescriber, currently Jonathan Palmer, with evidence that registration of the prescribing qualification with the relevant Governing Body is complete.

Application for approval for previously qualified NMPs newly appointed to UHP to undertake prescribing activities or for those working within PHT under honorary contracts who are employed by partner organisations

Name	
Professional group	
Professional registration number	
Date of professional registration	
Date of NMP qualification (proof to be attached)	
Areas of practice/speciality	
AfC Banding (minimum band 6)	
Type of non-medical prescribing	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of Supervising Consultant	
Supervising Consultant post / area of speciality	
Name and Prescribing Number of NMP Buddy (If applicable)	
Need to use FP10 <i>If yes then please provide details overleaf</i>	Yes/No
Need to prescribe controlled drugs? <i>If yes then please provide details overleaf</i>	Yes/No

Applicant statement

Please state why non-medical prescribing is an integral part of your role paying specific regard to the key principles of non-medical prescribing:

- Patient safety

- Quicker and more efficient access to medicines for patients
- Better use of skills of non-medical professionals

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Please state whether you will need to prescribe controlled drugs as part of your practice. If yes, please give a brief explanation of why.

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Please state whether you will need to prescribe on FP10 as part of your practice. If yes, please give a brief explanation of why.

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Applicant signature:

Date.....

Line manager’s statement

Please state why the applicant’s is required to be a non-medical prescriber.

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I fully support non-medical prescribing within the specified clinical area and for to prescribe I also agree to support’s CPD in regard to their prescribing practice and in particular their attendance at the annual NMP Update day.

Signed:.....

Full Name.....

Date.....

Service Line Director’s Statement

Please state why the applicant’s is required to be a non-medical prescriber

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I fully support..... non-medical prescribing within the specified clinical area.

Signed:

Full Name.....

Date.....

Supervising Consultant’s statement.

Please state how you intend to support this prescriber with their on-going CPD e.g. clinical training and supervision, regular meetings, informal education

.....
.....
.....

Signed:

Full Name.....

Date.....

NMP 'Buddy' statement (If applicable)

I agree to support this prescriber for at least the first three months of their independent prescribing. I will provide support, education and training as required.

Signed:

Full Name.....

Date.....

Once complete this form should be sent to the lead non-medical prescriber, currently Jonathan Palmer, with evidence that registration of the prescribing qualification with the relevant Governing Body is complete.

Name	
Professional group	
Professional registration number	
Date of professional registration	
Previous UHP prescribing code number	
Date of NMP qualification	
Previous area of practice within UHP	
Equivalent AfC Banding (minimum band 6)	
Type of non-medical prescribing	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of supervising consultant	
Supervising consultant post / area of speciality	
Previously authorised to use FP10? <i>If no then authorisation will not be granted for NHSP shift working</i>	Yes/No
Previously authorised to prescribe controlled drugs? <i>If no then authorisation will not be granted for NHSP working</i>	Yes/No

Signed:
Full Name.....
Date.....

Supervising consultant statement.

I fully support, a non-substantive employee to undertake the responsibilities of a non-medical prescriber including the prescription of controlled drugs and use of FP10's where previously authorised when working NHS Professional shifts

Signed:
Full Name.....
Date.....

Once complete this form should be sent to the lead non-medical prescriber leads' inbox, currently Jonathan Palmer, with evidence that registration of the prescribing qualification with the relevant Governing Body is complete.

Name	
Professional group	
Professional registration number	
Date of professional registration	
UHP prescribing code number	
Date of NMP qualification	
Previous areas of practice	
New area of practice	
AfC Banding (minimum band 6)	
Type of non-medical prescribing	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of new supervising consultant	
Supervising consultant post / area of speciality	
Previously authorised to use FP10?	Yes/No
If no, is there a need to prescribe using FP10 in this new role? <i>If yes then please provide details overleaf</i>	Yes/No
Previously authorised to prescribe controlled drugs?	Yes/No
If no, is there a need to prescribe controlled drugs in this new role?	Yes/No

If yes then please provide details overleaf	
---	--

If in your new role you will be required to prescribe controlled drugs please give a brief explanation as to why this is the case.

.....

If in your new role you will be required to prescribe via FP10 then please give a brief explanation as to why this is the case

.....

Applicant signature:

Date.....

New Line Manager’s statement

Please state why the applicant is required to be a non-medical prescriber in this new role.

.....

I fully support to undertake the responsibilities of a non-medical prescriber including the prescription of controlled drugs and use of FP10’s where applicable . I also agree to support’s CPD in regard to their prescribing practice and in particular their attendance at the annual NMP Update day.

Signed:
Full Name.....
Date.....

Managers' signature.....
Date.....

Service Line Director's Statement

Please state why the applicant is required to be a non-medical prescriber in this new role.

.....
.....
.....
.....
.....

I fully support to undertake the responsibilities of a non-medical prescriber including the prescription of controlled drugs and use of FP10's where applicable in their proposed area.

Service Line Director's signature.....
Date.....

New supervising consultant statement.

Please state how you intend to support this prescriber with their on-going CPD e.g. clinical training and supervision, regular meetings, informal education

.....
.....
.....
.....
.....

Signed:
Full Name.....
Date.....

NMP ‘Buddy’ statement (If applicable)

I agree to support this prescriber for at least the first three months of their independent prescribing. I will provide support, education and training as required.

Signed:

Full Name.....

Date.....

Name	
Professional group	
Professional registration number	
Date of professional registration	
UHP prescribing code number	
Date of NMP qualification	
AfC Banding (minimum band 6)	
Current areas of practice	
Type of non-medical prescribing	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of supervising consultant	
Supervising consultant post / area of speciality	
Need to use FP10? <i>If yes then please provide details overleaf</i>	Yes/No
Need to prescribe controlled drugs? <i>If yes then please provide details overleaf</i>	Yes/No

If this change will require you to prescribe controlled drugs as part of your practice please give a brief explanation as to why this is the case.

.....

.....

.....

.....

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.....

If this change will require you to prescribe on FP10 as part of your practice, please give a brief explanation of why.

.....
.....
.....
.....
.....

Applicant signature:

Date.....

Line Manager's statement

Please state why the applicant is now required to be prescribe Controlled Drugs or use FP10 (delete as applicable).

.....
.....
.....
.....

I fully support to undertake the responsibilities of a non-medical prescriber including their prescription of controlled drugs and/or FP10's (delete as applicable).

Managers' signature.....

Date.....

Approval for a substantive employee to practice as a Non-Medical Prescriber in UHP.

(For office use only)

Appendix 7a

The following Non-Medical Prescriber is approved to practice as a Non-Medical Prescriber within UHP.

Name of NMP	
Professional registration number	
Date of qualification	
Area of practice	
Type of non-medical prescribing approved	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of supervising consultant (where appropriate)	
Supervising consultant post / area of speciality	
Name and Prescribing Number of NMP Buddy (If applicable)	
Details entered on UHP register (date)	
Allocated prescribing code	
Authorised to prescribe controlled drugs as listed on application/change in circumstances form	Yes/No
Authorised to use FP10	Yes/No

Signed:

Date:

Signed: (if required)

Date:

Jonathan Palmer
Trust Lead Non-Medical Prescribing

Or

Sally Mayall
Director of Pharmacy/
Accountable Officer for
Controlled Drugs

Signed:

Date

Full Name -----

Deputy Non-Medical Prescribing Lead

Approval for a previously substantive employee to practice as a Non-Medical Prescriber in UHP when working as for NHS Professionals

(For office use only)

Appendix 7b

The non-medical prescribing lead and the Director of Pharmacy approve the following non-substantive employee to practice as a Non-Medical Prescriber in UHP when working for NHS Professionals

The applicant has provided the following:

Completed application form completed and signed by:

- Applicant
- Line Manager
- Supervising consultant
- Evidence of registration of a non-medical prescribing qualification with the relevant professional body

The following non-substantive Non-Medical Prescriber is approved to practice as a Non-Medical Prescriber within UHP.

Name of NMP	
Professional registration number	
Date of qualification	
Area of practice	
Type of non-medical prescribing approved	Supplementary / Independent/ Community Practitioner Nurse Prescriber
Name of supervising consultant (where appropriate)	
Supervising consultant post / area of speciality	
Name and Prescribing Number of NMP Buddy (If applicable)	
Details entered on UHP register (date)	

New prescribing code	
Authorised to prescribe controlled drugs as listed on application/change in circumstances form	Yes/No
Authorised to use FP10	Yes/No

Signed:
Date:

Signed: (if required)
Date:

Jonathan Palmer
Trust Lead Non-Medical Prescribing

Sally Mayall
Director of Pharmacy/
Accountable Officer for
Controlled Drugs

Or

Signed:
Date:

Full Name -----
Deputy Non-Medical Prescribing Lead

Copies of this approval will be forwarded to (via e-mail) / kept in the following places:

- The applicant
- The applicant's personal file
- The applicant's line manager and supervising consultant.
- Pharmacy general office

Declaration of Competence for non-medical prescribers who have returned to a prescribing role after a period of absence or after a prolonged period of not prescribing.

Appendix 8

Name.....

NMP Number.....

Professional Registration number.....

Area of Practice.....

Supervising Consultant.....

NMP Buddy.....

Line Manager.....

Non-Medical Prescriber

I confirm that I have had a period of 6 or more months where I have not prescribed.

I confirm that I have undertaken appropriate CPD* and am competent to prescribe.

I confirm that I have read the UHP Non-Medical prescribing policy.

Signed.....

Dated.....

Supervising Consultant.

I confirm that the above NMP undertaken appropriate CPD* before his/her return to prescribing practice and is therefore competent to prescribe.

Signed.....
Dated.....

NMP 'Buddy'

I confirm that I will support the above NMP for the next 3 months by providing informal or formal support and guidance as required.

Signed.....
Dated.....

Line Manager

I confirm that the above NMP is returning to practice in a position where prescribing is required and has undertaken appropriate CPD* before returning to prescribing practice.

Signed.....
Dated.....

NMP Lead.

Declaration received and details added to NMP Register.

Signed.....
Dated.....

*CPD can be formal or informal and will vary between individuals. The competency framework for all prescribers documents the domains and lists the relevant competencies for all prescribers. It can be accessed here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>

Name Date of Birth Hospital Number	AFFIX STICKER HERE	Medication allergies/ sensitivities
Medical history: Current medication:		
Independent Prescriber: Contact details:	Supplementary prescriber: Contact details:	
Condition(s) to be treated:	Aim of treatment:	

Medicines that may be prescribed by SP:			
Preparation	Indication	Dose schedule	When to refer back to IP.
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber	Supplementary prescriber and independent prescriber		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			
Agreed independent prescriber(s):	by	Date	Agreed supplementary prescriber(s):
			by
			Date
			Date agreed with patient/carer

Name.....

NMP Number.....

Professional Registration number.....

Area of Practice.....

Supervising Consultant.....

Line Manager.....

Non-Medical Prescriber

I confirm that I remain competent to prescribe, having undertaken appropriate CPD and practice hours within the specialty above. I also confirm that I prescribe at least once per month and that I have read the UHP Non-Medical prescribing policy.

Signed.....

Dated.....

Supervising Consultant.

I confirm that the above NMP has to the best of my knowledge prescribed appropriately and effectively within the above speciality over the past 12 months.

Signed.....

Dated.....

Line Manager

I confirm that the above NMP has undertaken appropriate CPD in relation to non-medical prescribing over the past 12 months. We have also discussed their non-medical prescribing role at an IPR within the last 12 months.

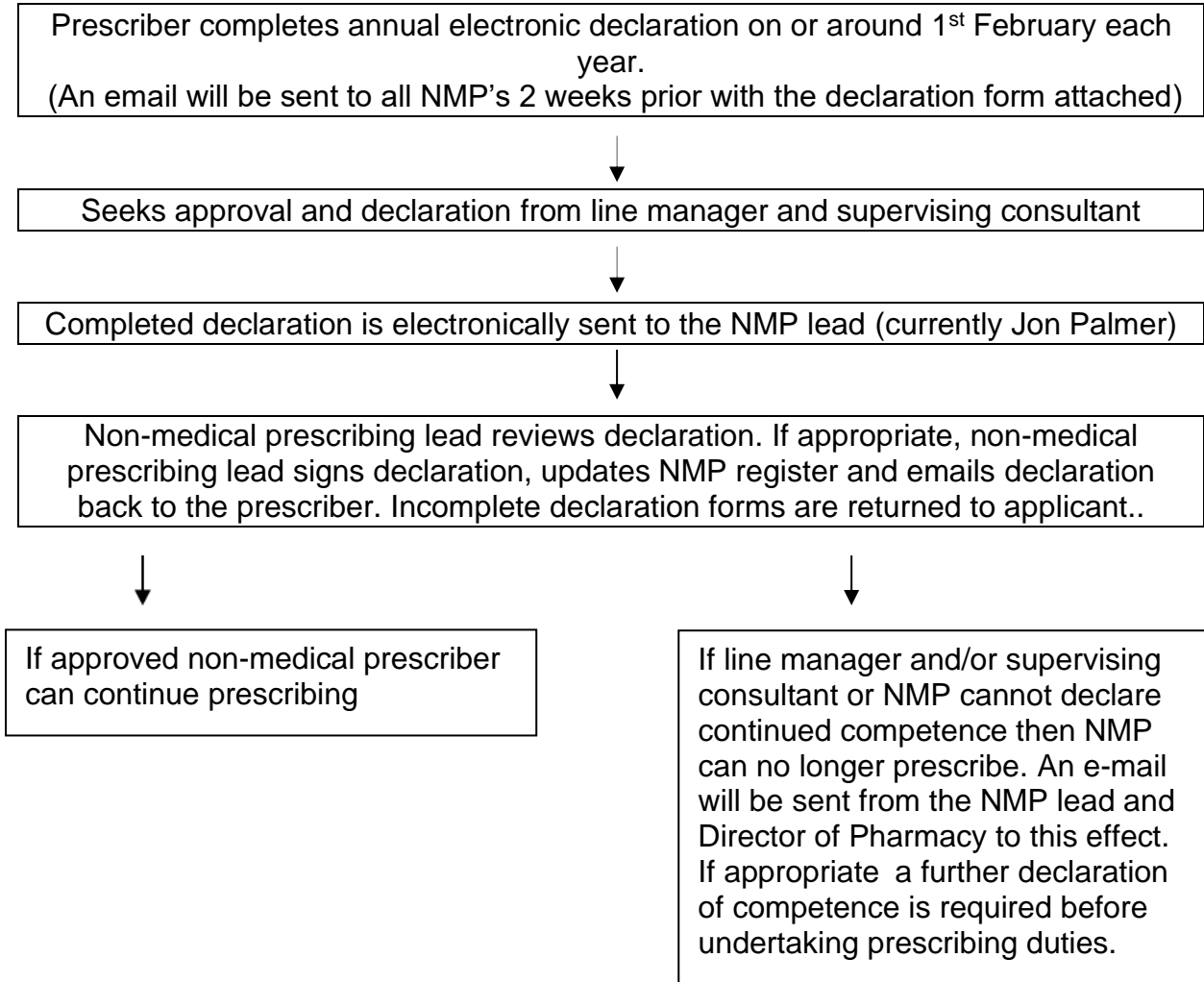
Signed.....

Dated.....

NMP Lead.

Declaration received and details added to NMP Register.

Signed.....



If annual declaration is not received by 15th February the non-medical prescribing lead will contact the prescriber and their line manager reminding them of the need to return the annual declaration.



If received and approved by 28th/29th of February the non-medical prescriber can continue prescribing.



If line manager and/or supervising consultant or NMP cannot declare continued competence then NMP can no longer prescribe. An e-mail will be sent from the NMP Lead to this effect. NMP Register will be updated.



If annual declaration is not received by 28th/29th of February then the NMP can no longer prescribe until such time as an appropriately completed declaration has been received. An e-mail will be sent from the NMP Lead to this effect. NMP Register will be updated.