

Non-Medical Prescribing Policy

Date	Version
Sep 16	V7
Purpose	
<p>The key principles in the use of non-medical prescribing within PHNT 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 non-medical professional skills <p>It is the purpose of this document to ensure that these key principles are upheld.</p>	
Who should read this document?	
<p>All non-medical prescribers. All designated medical prescribers. All supervising consultants. All potential non-medical prescribers. All line managers of non-medical prescriber or potential non-medical prescribers.</p>	
Key messages	
<p>This policy has been developed to ensure safe and effective non-medical prescribing within PHNT. The policy considers both independent prescribing and supplementary prescribing.</p> <p>This policy covers the full spectrum of non-medical prescribing within PHNT 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.</p>	
Accountabilities	
Production	Jonathan Palmer Consultant Nurse
Review and approval	Medicine Governance Committee
Ratification	Dr. Philip Hughes, Medical Director
Dissemination	Medicine Governance Committee
Compliance	Medicine Governance Committee
Links to other policies and procedures	
<p>TRW.MMA.POL.265.8 Medicines Management Policy TRW.MMA.POL.519.2 Policy for the Procurement, Prescribing, Supply & Administration of Unlicensed Med</p>	
Version History	
V3.3	<p>October 2010 Approved by Chairman's Action (MGOC), Equality Impact Assessment Added</p>

V4.0	February 2012	Approved by MGC and Ratified by Dr Alex Mayer
V5.0	July 2014	Approved by MGC and Ratified by Dr Philip Hughes, Medical Director
V5.1	September 2014	Approved by MGC and Ratified by Dr Philip Hughes, Medical Director

V6 June 2016

Changes since Version 5i

Section 4.i

Changed to reflect non-medical prescribing legislation and the professional groups who can prescribe on an independent or supplemental basis.

Minimum banding requirement made explicit.

Section 4.ii

Clarification surrounding pre-training requisite and around DBS certification.

Regulators mandatory requirements for study day requirements made explicit.

Clarity around allocation of places in the event of a mismatch between places and applicants added.

Addition of statement around applicants declining an allocated place.

Addition of statement clarifying the position of applicants undertaking a non-medical prescribing course which is integrated into advanced practitioner courses.

Section 4.iii

Process update for the issue of NMP prescribing numbers.

Section 4.iv

Statement added to clarify the prescribing rights of those working in PHNT as part of NHS Professionals or a private agency.

Section 4.v

Section added to provide clarity around return from prolonged leave or prolonged period of non-prescribing.

Section 4.vii

Changes to the authorisation process for approval to prescribe controlled drugs and clarity around the legislation surrounding prescription of controlled drugs by non-medical prescribers.

Section 4.viii

Clarification of prescribing media including electronic prescribing.

V5i

TRV

		<p>Clarification of prescribing via FP10.</p> <p>Section 4. ix</p> <p>Clarification regarding CPD and the addition of an annual self-declaration of competence to prescribe.</p> <p>Appendix 5a.</p> <p>Regulatory body specific entry requirements added to application form.</p> <p>Removal of FP10 and CD application process as part of the application to train.</p> <p>Section added for line manager and service line director to authorise release of applicants for the full 28 days of study.</p> <p>Appendix 8</p> <p>Declaration of Competence for non-medical prescribers who have returned to a prescribing role after a period of absence or after a prolong period of not prescribing, added.</p> <p>Appendix 9</p> <p>Annual Declaration of Competence for non-medical prescribers and process added.</p>
7	November 2018	Extended to by the Medicines Governance Committee
Last Approval		Due for Review
September 16		Extended to November 2019

Trust Commitment to Valuing People

PHNT 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.

An electronic version of this document is available on the Trust Documents Network Share Folder.

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

Contents

	Page	
1.	Introduction	8
2.	Purpose, including legal or regulatory background	8
3.	Definitions	9
4.	Duties	9
4.i	Who may prescribe within Plymouth Hospitals NHS Trust?	9
4. ii	Application for training	10
4. iii	Approval to practice within PHNT	12
4. iv	Locum and NHS Professionals Staff	12
4.v	Change in Circumstances	12
4.vi	Return from prolonged leave or prolonged period of non-prescribing	13
4.vii	Prescribing and Dispensing Process	14
4. viii	Record Keeping	15
4. ix	Formulary Submissions (New Drug Applications)	15
4. x	Maintaining Competency	15
4. xi	Incident and adverse reaction reporting	16
4. xii	Legal and Clinical Liability	17
4. xiii	Relationships with Pharmaceutical Companies	17
5.	Overall Responsibility for the Document	17
6	Consultation and Ratification	18
7.	Dissemination and Implementation	18
8.	Monitoring Compliance and Effectiveness	18
9.	References and associated documentation	18
Appendix 1	Dissemination Plan	20
Appendix 2	Review and Approval Checklist	21

Appendix 3	Equality Impact Assessment	23
Appendix 4	Process to train as an NMP	25
Appendix 5a	Application to train as an NMP	26
Appendix 5b	Approval to train	32
Appendix 6	Roles and responsibilities of the Designated Medical Practitioner	33
Appendix 7	Process for approval to practice as an NMP within PHNT	35
Appendix 7a	Applications for approval to prescribe	36
Appendix 7b	Applications for approval to prescribe (previously qualified NMP)	39
Appendix 7c	Application for a “change in circumstances” for NMPs currently practicing within PHNT	43
Appendix 7d	Application to prescribe controlled drugs or via FP10 for NMPs currently practicing within PHNT	47
Appendix 7e	Approval to practice as a Non-Medical Prescriber in PHNT.	49
Appendix 8	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.	51
Appendix 9	Annual Declaration of Competence for non-medical prescribers.	54

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

- Independent Prescribing
- Supplementary Prescribing

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
- 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 PHNT. The policy considers both Independent prescribing and Supplementary prescribing.

This policy covers the full spectrum of non-medical prescribing within PHNT 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 PHNT 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.

The key legal and regulatory background is as follows:

- The Medicinal Products: Prescription by Nurses, etc. Act 1992 [which amended the National Health Service Act 1977 (section 41) and The Human Medicine Regulations 2012 (SI 2012/1916)
- The Medicinal Products: Prescription by Nurses, etc. Act 1992: (Commencement No 1) Order 1994.
- Section 63 of the Health and Social Care Act 2001
- The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006

- Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (DoH 2006)

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.
- **Designated Medical Practitioner** – a medical consultant responsible for assessing whether the learning outcomes of a student non-medical prescriber have been met and whether the trainee has acquired all competencies.
- **Supervising Consultant**– a medical consultant who will provide clinical supervision and support to a non-medical prescriber once qualified and authorised to prescribe.
- **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

4 Duties

i. Who may prescribe within Plymouth Hospitals NHS Trust?

Nurses or midwives*, 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.

All non-medical prescribing within PHNT 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).

In addition all NMPs must be

- health care professionals whose names are on the register of their professional body;
- health care professionals who are, in addition, registered with their professional body as an independent / supplementary non-medical prescriber;
- employed by Plymouth Hospitals NHS Trust (PHNT) in a suitable position which has an agreed scope for practicing as an independent / supplementary non-medical prescriber or
- employed by a partner health care provider providing services to the Trust under an honorary contract;
- working in a post which has an AfC banding of at least 6.
- approved to practice as a Non-Medical Prescriber (NMP) within PHNT by the non-medical prescribing lead and the Director of Pharmacy. Details will be entered onto the PHNT non- medical prescribing register, kept by the Director of Pharmacy. 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 PHNT under honorary contracts who are employed by partner organisations also have to seek approval to practice. The application for approval form is available in either Appendix 7a (newly qualified) or 7b (previously qualified/honorary contract).

*Where the word nurse is used within this document this can be read as nurse or midwife.

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 PHNT, must complete the application form found in Appendix 5a.

- 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 Medical Practitioner (DMP) who will supervise the applicant during training, must complete the trust application form. Specification of the role of Designated Medical Practitioner (DMP) is contained in appendix 6
- Applicants must have a portfolio demonstrating professional experience and academic qualifications, which supports their application.
- Applicants must provide evidence with their application that they are able to undertake successful study at level 6. Evidence should be no older than 3 years.
- Upon application evidence of Registration with the appropriate professional body must be supplied.
- Applicants must provide evidence within the application form of DMP agreement to contribute to and mentor the applicant's learning in the practice element of training.
- Applicants must have a valid Disclosure and Barring Service (DBS) check in place. A DBS must have been undertaken in the last 3 years for all non-medical prescribing applicants apart from physiotherapists whose DBS screen must be within 3 months of starting the course
- Applicants must be authorised to attend 28 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.

In the event that there are more applicants than available academic places the non-medical prescribing lead will allocate non-pharmacy training places based upon the following order of priority:

- Priority within clinical areas as determined by discussion with matrons and Heads of Nursing.
- Ability of clinical area to release professionals to train.
- Availability of DMPs.
- Time since application.

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.

For pharmacy applicants, training places will be allocated by the Director of Pharmacy or Deputy.

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.

Applications from self-funding professionals are welcome. PHNT approval to train (using Appendix 5a) must be sought before training begins. Failure to do so may exclude the professional from prescribing within PHNT upon successful completion of the course.

A Non-Medical Prescribing qualification is being integrated into an increasing number of post graduate advanced practitioner courses. Whilst PHNT will support professionals undertaking these courses, PHNT approval to train (using Appendix 5a) must be sought before the course starts. Failure to do so may exclude the professional from prescribing within PHNT upon successful completion of the course.

Confirmation to practice as an NMP and prescribing number will be sent from the non-medical prescribing lead or Director of Pharmacy to the applicant via e-mail.

iii. Approval to practice within PHNT (see appendix 7a)

Once training has been completed, the newly qualified NMP must seek final approval from the non-medical prescribing lead and the Director of Pharmacy **before undertaking any prescribing activities**. Appendix 7a must be completed and forwarded to the non-medical prescribing lead.

Any healthcare professional registered as an NMP prior to commencement of employment within PHNT and who wishes to practice as an NMP within this trust must complete appendix 7b.

In both cases evidence must be provided by the professional that they are registered as a non-medical prescriber with the relevant professional body.

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

All NMPs will be given a prescribing number once registered and approved. This number must be used on every prescription (documented alongside signature).

Non-Medicals Prescribers cannot prescribe until they receive their prescribing number and confirmation from the non-medical prescribing lead or Director of Pharmacy.

Confirmation to practice as an NMP and prescribing number will be sent from the non-medical prescribing lead or Director of Pharmacy to the applicant via e-mail.

iv. Locum and NHS Professionals Staff

Locum and NHS Professionals staff cannot prescribe within PHNT, unless they are undertaking an additional duty within their normal sphere of competence.

v. Change in Circumstances

Any change in circumstances to a NMP's practice within PHNT must be brought to the attention of the non-medical prescribing lead and the Director of Pharmacy using appendix 7c. Changes in circumstances include:

- changes or additions to an area of practice;
- for supplemental prescribers only, a change in supervising consultant.

Confirmation to practice as an NMP and prescribing number will be sent from the non-medical prescribing lead or Director of Pharmacy to the applicant via e-mail. (using appendix 7e)

It is recognised that on occasion an NMP's who have not previously been authorised to do so, may need to start prescribing

- Controlled drugs
- via FP10

Approval to do this must be sought using appendix 7d. Applicants cannot prescribe controlled drugs or via FP10 until they have the relevant authorisation from the non-medical prescribing lead and Director of Pharmacy.

vi. 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 in excess of 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 found in appendix 8.

Periods of absence include:

Secondments.

Maternity Leave

Sabbaticals

Long Term Sickness.

vii. 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 registered areas of practice or clinical competence.

All prescribing must conform to the PHNT Medicines Management Policy.

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

The legislation for the prescription of controlled drugs varies between professions. NMP's can only prescribe controlled drugs which the legislation dictates and then only with the agreement of the Director of Pharmacy, the non-medical prescribing lead and their 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.

Agreement to prescribe controlled drugs should be sought when seeking authorisation to prescribe post registration (Appendix 7a, 7b or 7c).

NMP's may prescribe unlicensed drugs when there is no appropriate licensed alternative. 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 PHNT Policy for the Procurement, Prescribing, Supply and Administration of Unlicensed Medicines.

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

NMP's may prescribe off licence drugs (off label) in line with current practice. All prescribing must conform to the PHNT Policy Medicines .

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

NMPs may not issue private prescriptions.

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

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

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.

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 and electronically on the Trust intranet

Prescriptions must be written on PHNT recognised prescribing media; this includes inpatient 'prescription' charts; community 'prescription/administration' charts; discharge prescription (TTA) charts, electronic discharge summaries, outpatient prescriptions and when available electronic prescribing software.

Outpatient prescriptions will normally be written on Lloyds Pharmacy hospital outpatient prescription form. If a patient is being seen in a satellite clinic or during a home visit, prescriptions may be written on FP10 forms. 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 (Appendix 7a, 7b, 7c or 7d). 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.

All NMPs must enter their prescribing number on all prescriptions submitted to PHNT Pharmacy Department.

viii. 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, NMP number, 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.

ix. Formulary Submissions (New Drug Applications)

All new drug applications must be submitted to the current Drugs and Therapeutics Committee.

x. 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.

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 Single Competency Framework for all Prescribers document published by the National Prescribing Centre as a useful tool to assist non-medical prescribers with their professional development. It can be accessed at:

https://www.associationforprescribers.org.uk/images/Single_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 PHNT on a temporary or permanent basis. The document and process chart can be accessed in appendix 9.

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 frequency of meetings will vary between prescribers. This is in addition to established Clinical Supervision.

Previously qualified NMP's who are newly appointed to PHNT must also have a 'buddy' if their new role is considerably different from their last. Clarification on this can be obtained from the Trust lead 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, 7b or 7c)

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

xi. Incident and adverse reaction reporting

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

All adverse drug effects should be reported according to guidance from the Medicines & Healthcare products Regulatory Agency (MHRA), using the Yellow Card system, copies of which can be found at the back of a current British National Formulary.

All NMP's must read the Medicine's Governance Bulletin and Prescribing Update Bulletins as a matter of routine.

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 PHNT policies related to medicines, which are available on the trust intranet.

xii 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.

Xiii Relationships with Pharmaceutical Companies

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

Gifts and hospitality may only be accepted by NMPs where they are inexpensive (i.e. less than £5.00) and relevant to practice, e.g. pens, diary, desk clock.

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:

Simon Mynes
Director of Pharmacy

Greg Dix
Director of Nursing

Dr Philip Hughes
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 and 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 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.

9 References and associated documentation

- The Medicinal Products: Prescription by Nurses, etc. Act 1992 [which amended the National Health Service Act 1977 (section 41)]
- The Medicinal Products: Prescription by Nurses, etc. Act 1992: (Commencement No 1) Order 1994.
- Section 63 of the Health and Social Care Act 2001
- The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006

- Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (DoH 2006)
- The Human Medicine Regulations 2012 (SI 2012/1916)

Core Information				
Document Title	Non-Medical Prescribing Policy			
Date Finalised	May 2014			
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, • service line manager, • matrons 	May 2014	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	Simon Mynes
Directorate	Pharmacy
Date	11/09/2012
Title	Non-Medical Prescribing Policy
What are the aims, objectives & projected outcomes?	<p>The key principles in the use of non-medical prescribing within PHNT 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
---	---

Involving and consulting stakeholders	
--	--

Internal involvement and consultation	The Medicines Governance Committee
--	------------------------------------

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

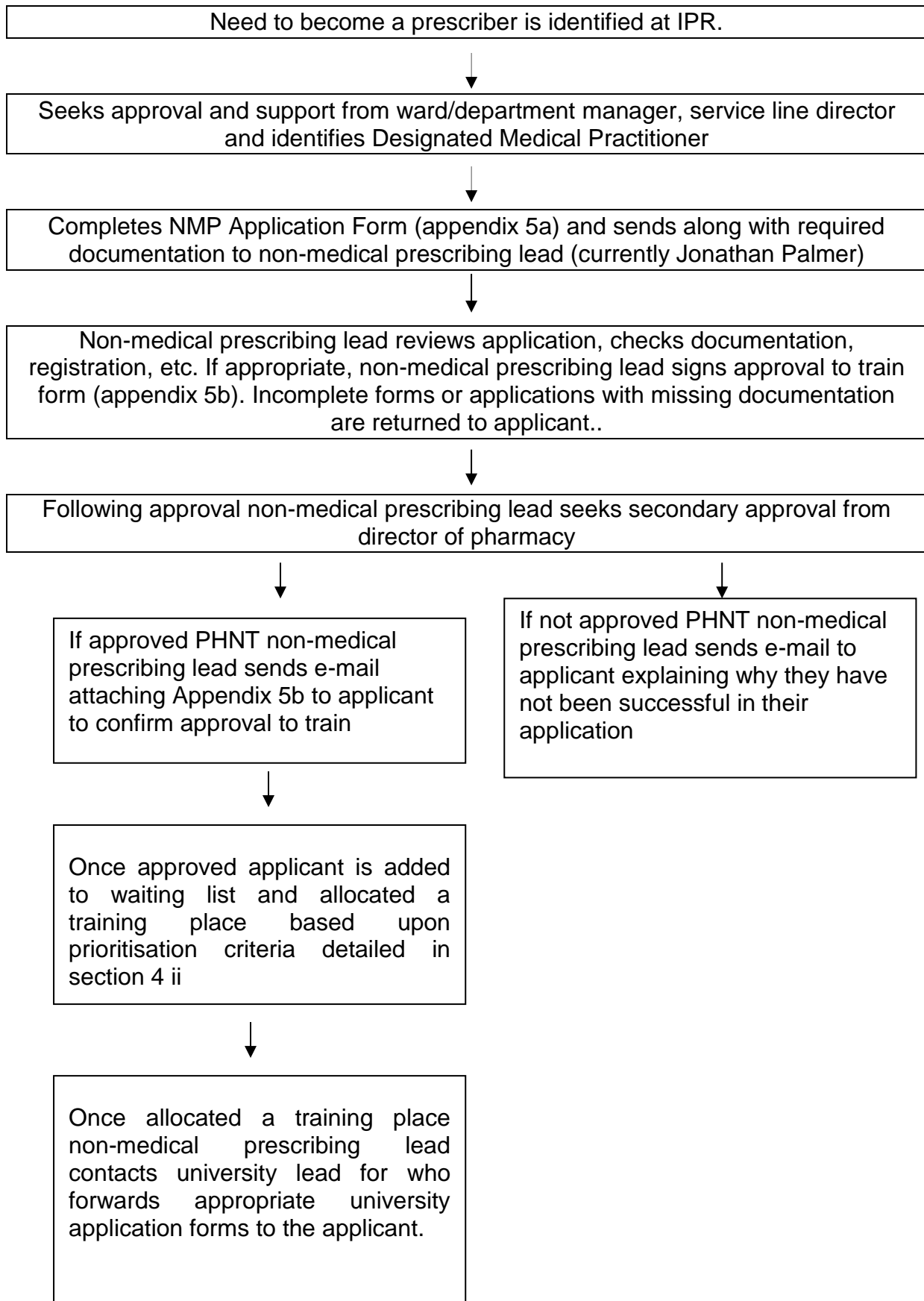
Impact Assessment	
--------------------------	--

Overall assessment and analysis of the evidence	This policy has no impact on equality
--	---------------------------------------

Action Plan				
--------------------	--	--	--	--

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 PHNT 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*	
Date of last DBS Check** (Formally known as Criminal Records check).	
Professional Registration Number	
Type of non-medical prescribing	Supplementary / Independent
Training institute	
Manager's name	
Manager's designation	
Name of Designated Medical Practitioner (DMP) who will supervise training	
DMP Post currently held	
DMP Area of speciality	

*Nurses must be at least three years post registration before they undertake a non-medical prescribing course with at least 1 year of this being in the prescribing speciality.

* Physiotherapists must have at least 3 years' experience of working in the prescribing speciality.

*Pharmacists must be at least two years post registration before they undertake a non-medical prescribing course.

**Please contact HR if this has not been within the last 3 years.

Applicant statement

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

- Patient safety

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

- Quicker and more efficient access to medicines for patients

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

- Better use of skills of non-medical professionals

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

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.

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

<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 yes, please attach evidence of this on your on-going professional development evidence.

If no, the NMC would not support your application.

Please attach evidence of your of on-going continuing professional development, evidence of successful learning at Level 6 within the past 3 years and current professionals registration

Are you receiving any sponsorship for your post?

Yes/No

If yes, please give details

.....
.....

Applicant signature:

Date.....

Line manager's statement

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

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

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

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 28 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.

Managers’ signature.....

Date.....

Service Line Director’s Statement

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

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

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 28 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 Medical Practitioner's statement.

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

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

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.....

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 Medical Practitioner

A small portfolio of evidence demonstrating professional experience, which supports the application

Evidence of successful study at Level 6 within the last 3 years

Evidence of current registration with the relevant professional body

Evidence of a DBS check within the last 3 years

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

(For office use only)

The non-medical prescribing lead and the Director of Pharmacy approve 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 []

A small portfolio of evidence demonstrating professional experience, which supports the application []

Evidence of successful study at Level 6 within the last 3 years []

Evidence of current registration with the relevant professional body []

Evidence of a DBS check within the last 3 years []

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

Signed:

Jonathan Palmer
Trust Lead Non-Medical Prescribing

Simon Mynes
Director of Pharmacy
Chair, Medicines Governance Committee

Date:

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 can take this as authorisation that the Trust supports their application.

The curricula for preparing nurse and pharmacist prescribers include no less than 12 days of learning in practice. The curricula to prepare allied health professionals (initially chiropodists/podiatrists, radiographers and physiotherapists) and optometrists as supplementary prescribers will include similar requirements.

This period of learning in practice is to be directed by a DMP who will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. Normally, these outcomes and competencies will be identified by the HEI running individual courses.

Eligibility criteria for becoming a DMP

The DMP must be a registered medical practitioner who:

- Has normally had at least three years recent clinical experience for a group of patients/clients in the relevant field of practice
- Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate **or** is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS Employer
- Has the support of the employing organisation or GP practice to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice
- Has some experience or training in teaching and/or supervising in practice
- Normally works with the trainee NMP. If this is not possible, (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee NMP will ultimately be carrying out their prescribing role

What is the Designated Medical Practitioner expected to do?

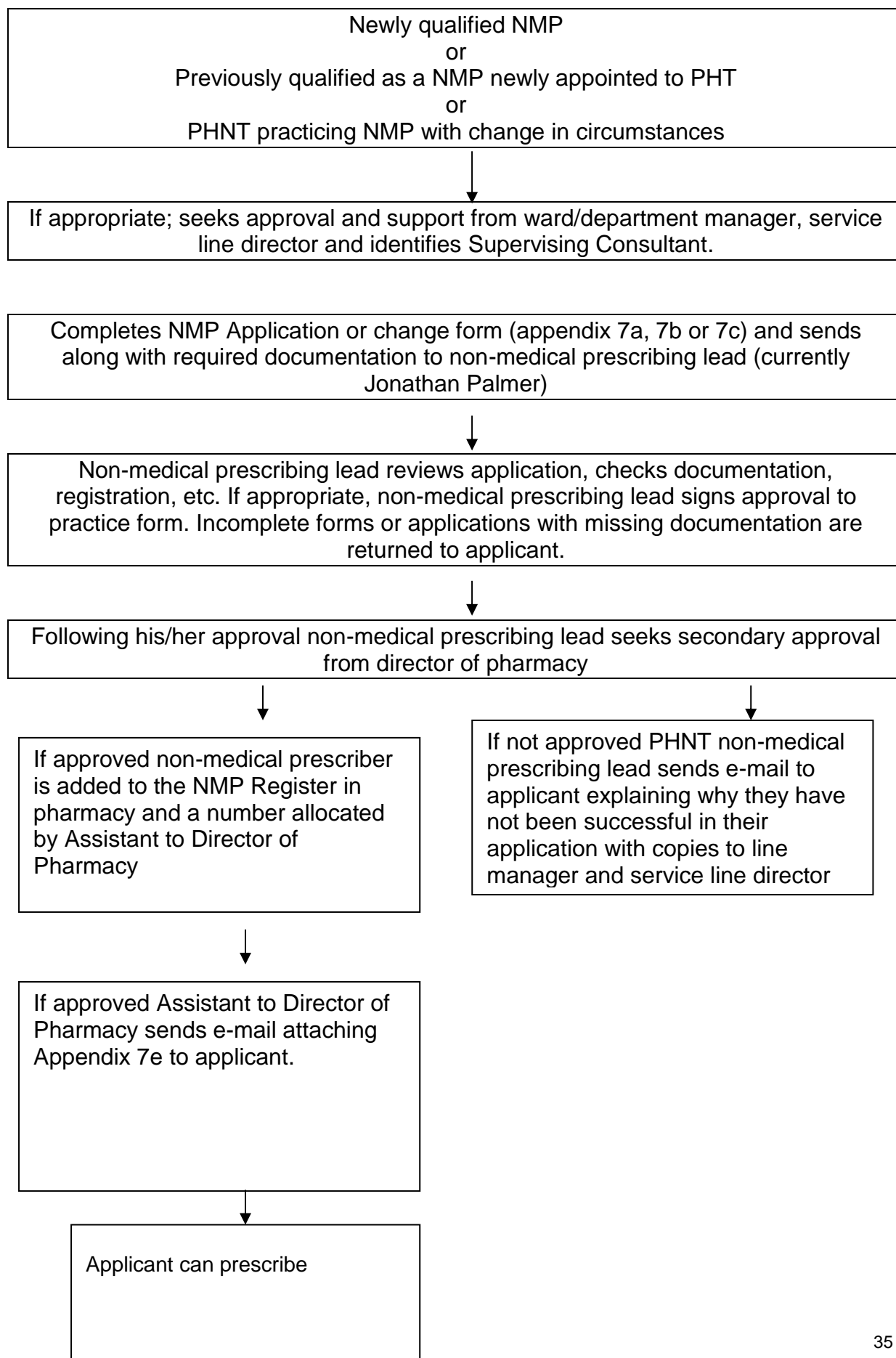
The DMP has a crucial role in educating and assessing non-medical prescribers. This involves:

- Establishing a learning contract with the trainee
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation/interview with patients and/or carers and the development of a management plan
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Helping ensure that the trainees integrate theory with practice

- Taking opportunities to allow in depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further
- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role

© National Prescribing Centre – lifted directly from the document 'Training non-medical prescribers in practice – a guide to help doctors prepare for and carry out the role of designated practitioner' February 2005. Available at www.npc.co.uk

Process for approval to practice as an NMP within PHNT



**Application for approval for PHNT 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 (mimimum band 6)	
Type of non-medical prescribing	Supplementary / Independent
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? If yes, please state briefly overleaf why and provide a list of the controlled drugs you will need to prescribe	Yes/No

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

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

Which controlled drugs do you want to prescribe?

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

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

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

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

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

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.....

Application for approval for previously qualified NMPs newly appointed to PHNT 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 (mimimum band 6)	
Type of non-medical prescribing	Supplementary / Independent
Name of Supervising Consultant	
Supervising Consultant post / area of speciality	
Name and Prescribing Number of NMP Buddy (If applicable)	
Need to use FP10	Yes/No
<i>If yes then please provide details overleaf</i>	
Need to prescribe controlled drugs	Yes/No
If yes, please state briefly overleaf why and provide a list of the controlled drugs you will need to prescribe	

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

Date.....

Line manager’s statement

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

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

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.

Service Line Director’s Statement

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

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

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.....

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
- Supervising Consultant
- NMP Buddy

Evidence of current registration including NMP Qualification 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

<u>Application for a “change in circumstances” for NMPs currently practicing within PHNT</u>	Appendix 7c
---	--------------------

Name	
Professional group	
Professional registration number	
Date of professional registration	
PHNT prescribing code number	
Date of NMP qualification	
Current areas of practice	
AfC Banding (minimum band 6)	
Type of non-medical prescribing	Supplementary / Independent
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? If yes, please state briefly overleaf why and provide a list of the controlled drugs you will need to prescribe	Yes/No

Describe the proposed changes to your current prescribing practice and how prescribing will be 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

.....

.....

.....

.....

.....

.....

.....

.....

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

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.

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

Which controlled drugs do you want to prescribe?

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

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.....

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.....

Application to prescribe controlled drugs or via FP10 for NMPs currently practicing within PHNT

Appendix 7d

Name	
Professional group	
Professional registration number	

Date of professional registration	
PHNT prescribing code number	
Date of NMP qualification	
AfC Banding (mimimum band 6)	
Current areas of practice	
Type of non-medical prescribing	Supplementary / Independent
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, please state briefly overleaf why and provide a list of the controlled drugs you will need to prescribe</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.

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

Which controlled drugs do you want to prescribe?

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

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

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.

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

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 to practice as a Non-Medical Prescriber in PHNT.

(For office use only)

Appendix 7e

The non-medical prescribing lead and the Director of Pharmacy approve the following non-medical practitioner to practice in the designated area. The applicant has provided the following:

Completed application form completed and signed by:

- Applicant []
- Line Manager []
- Service Line director (if applicable) []
- Supervising consultant []
- Designated Medical Practitioner []

Evidence of registration of a non-medical prescribing qualification with the relevant professional body []

The following Non-Medical Prescriber is approved to practice as a Non-Medical Prescriber with PHNT.

Name of NMP	
Professional registration number	
Date of qualification	
Area of practice	

Type of non-medical prescribing approved	Supplementary / Independent
Name of supervising consultant (where appropriate)	
Supervising consultant post / area of speciality	
Name and Prescribing Number of NMP Buddy (If applicable)	
Details entered on PHNT 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:
Date:

Jonathan Palmer
Trust Lead Non-Medical Prescribing

Simon Mynes
Director of Pharmacy
Chair, Medicines Governance Committee

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 clinical director
- Pharmacy general office

Appendix 8i

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

Name.....

NMP Number.....

Professional Registration number.....

Area of Practice.....

Supervising Consultant.....

NMP Buddy.....

Line Manager.....

Non-Medical Prescriber

I confirm that I remain competent to prescribe. I have undertaken appropriate CPD* since my return to practice or before I re-start prescribing. I also confirm that I will prescribe at least once per month and that I have read the PHNT Non-Medical prescribing policy.

Signed.....

Dated.....

Supervising Consultant.

I confirm that the above NMP* has undertaken appropriate CPD since his/her return to practice and is 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 has undertaken appropriate CPD* since returning to their role and is required to undertake a prescribing role upon return.

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 single competency framework for all prescribers documents the domains and lists the relevant competencies for all prescribers.

https://www.associationforprescribers.org.uk/images/Single_Competency_Framework.pdf

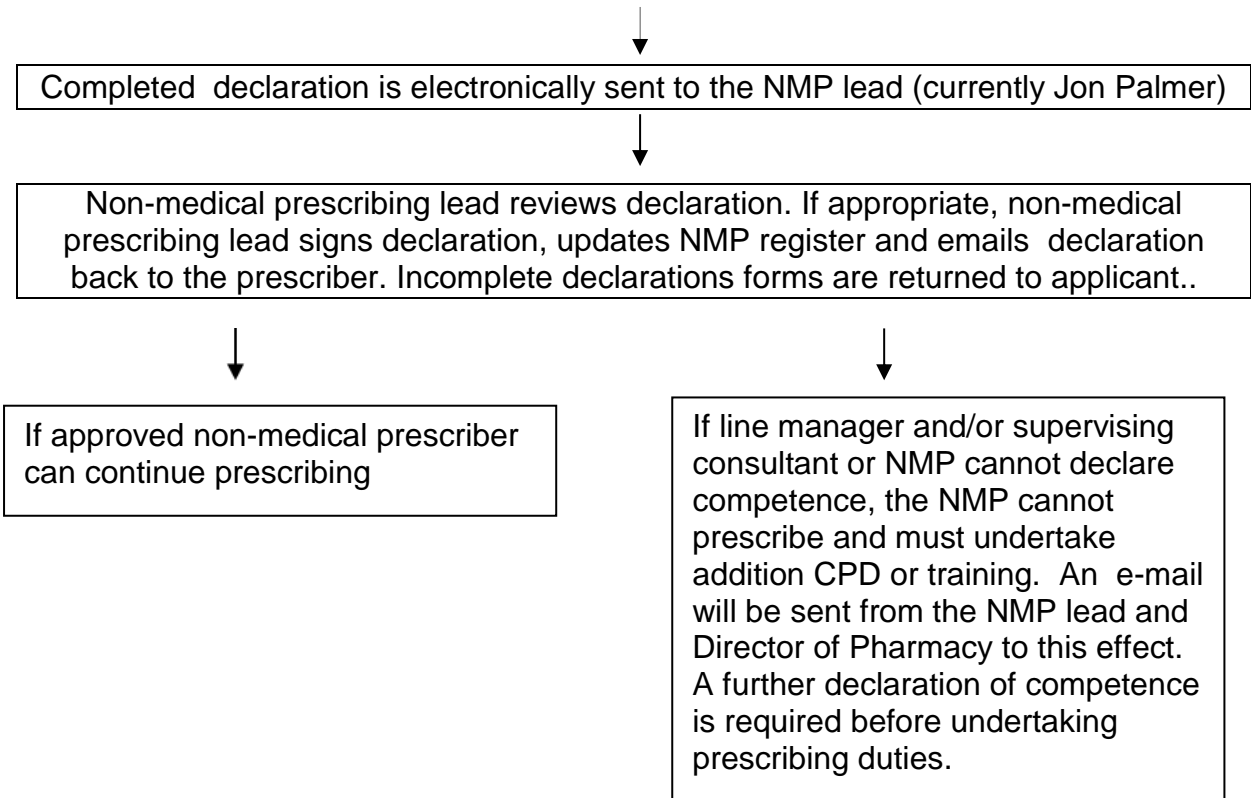
Appendix 8ii

Process for Declaration of Competence for non-medical prescribers returning to a prescribing role after a period of absence or after a prolong period of not prescribing.

Prescriber completes electronic declaration as and when they are competent to prescribe.



Seeks approval and declaration from line manager, supervising consultant and NMP Buddy



Appendix 9i

Annual Declaration of Competence for non-medical prescribers.

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 PHNT Non-Medical prescribing policy.

Signed.....

Dated.....

Supervising Consultant.

I confirm that the above NMP has 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.....

Dated.....

Appendix 9ii

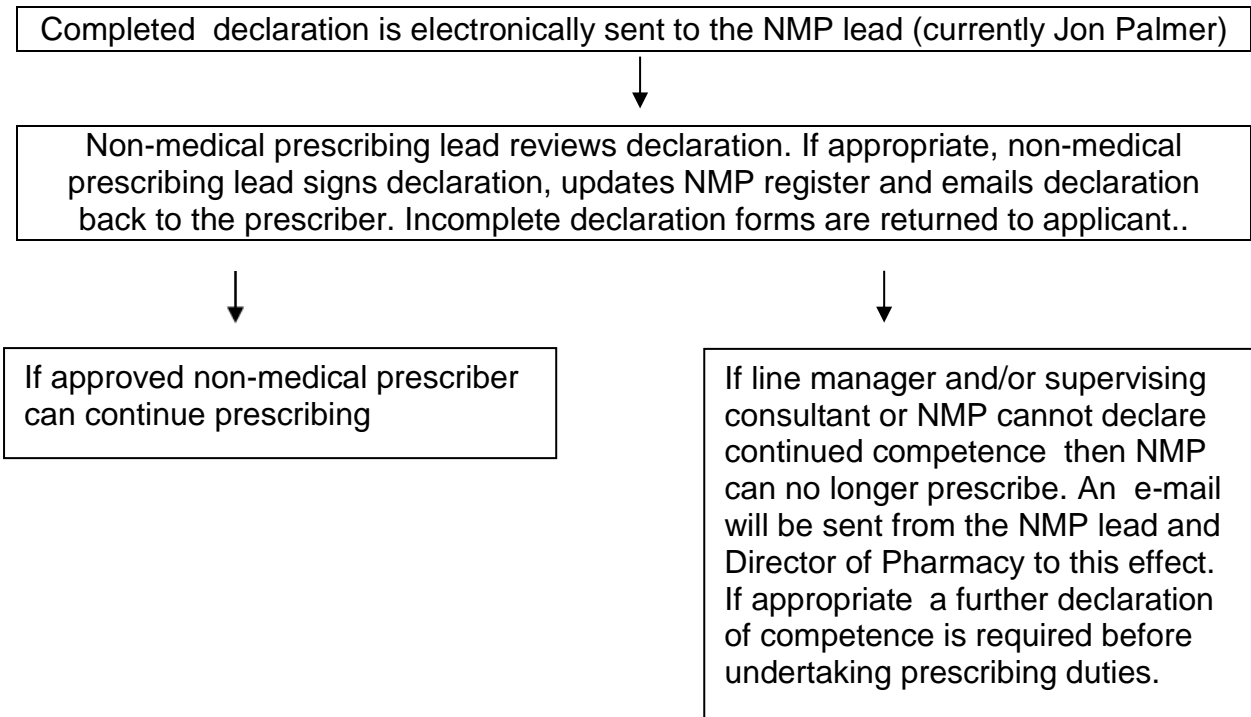
Process for Annual Declaration of Competence for non-medical prescribers

Prescriber completes annual electronic declaration on or around 1st February each year.
(An email will be sent to all NMP's 2 weeks prior with the declaration form attached)



Seeks approval and declaration from line manager and supervising consultant





Appendix 9iii

Process following non-submission of annual declaration of competence for non-medical prescribers

