

NON-MEDICAL PRESCRIBING POLICY

To be read in conjunction with the
Medicines Policy, Controlled Drug Policy and
the FP10 Prescribing Forms Policy

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CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	5
2	Purpose and Rationale	5
3	Policy Statement	5
4	Definitions	6
5	Duties and Responsibilities	6
6	Statement of Policy and Guidance	7
6.1	Legislative and Professional Framework	7
6.2	Red Drugs	8
6.3	Community Practitioner Nurse Prescribers	8
6.4	Independent Prescribers	9
6.5	Independent Prescribing	9
6.6	Supplementary Prescribers	10
6.7	Authorisation to Prescribe	10
6.8	Verification of Prescribing Status	11
6.9	Change in Status or Employment	12
6.10	Budget Arrangements for Non-Medical Prescribing	13
6.11	Prescribing with Competence	13
6.12	Responsibility for Prescribing Decisions	13
6.13	Adverse Drug Reaction Reporting	14
6.14	Non-Medical Prescribing Errors	15
6.15	Continuing Professional Development	15

CONTENTS

Section	Summary of Section	Page
7	Monitoring Compliance and Effectiveness	16
8	Training and Competency Requirements	16
	Non-Medical Prescribing Training	17
	Community Practitioner Training	17
	Applications for Non-Medical Prescribing Training	17
	Competency Assessment	17
9	References, Acknowledgements and Associated Documents	18
10	Appendices	19
Appendix A	Non-Medical Prescribing Authorisation Form	20
Appendix B	Flowchart of Pathway for Approval for Administration of Red Drugs	22

NON-MEDICAL PRESCRIBING POLICY

1. INTRODUCTION

- 1.1 Somerset Partnership NHS Foundation Trust supports the safe and secure prescribing of medicines for patients by appropriately trained and registered non-medical prescribers (NMPs) employed within the Trust and working within the Trust area.
- 1.2 Staff should ensure the patient is able to understand the information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information. A capacity assessment should be considered for those patients who are unable to consent to the procedure and reference should be made to the relevant Trust policy.

2. PURPOSE AND RATIONALE

- 2.1 The purpose of this policy is to provide a governance framework for non medical prescribing in Somerset Partnership NHS Foundation Trust, setting out the principles for safe, effective, evidenced based prescribing, in accordance with the relevant legislation.

3. POLICY STATEMENT

- 3.1 This policy will ensure that the following objectives are met:
 - appropriate training and educational programmes will be provided by the Trust to ensure that Non Medical Prescribers maintain safe and effective prescribing;
 - all Non Medical Prescribers in the Trust are aware of their responsibilities regarding the safe and effective prescribing of medicines;
 - all Non Medical Prescribers in the Trust are able to maintain high standards of practice at all times in the prescribing of medicines and enabling them to act at all times in the best interest of the patient;
 - when there are incidents where the policy either cannot be followed *or has not been followed*, that these are reported using the Trust's Datix reporting system;
 - all Non-Medical Prescribers must prescribe in accordance with the Somerset Prescribing Formulary and prescribing recommendations from the Trust Medicines Oversight Group
- 3.2 This policy should be read in conjunction with the following Trust Policies:
 - Medicines Policy;
 - Standard Operating Procedures for Controlled Drugs (prescribing);
 - FP10 Prescribing Forms Policy;

- Patient Group Directions;
- Immunisations and Vaccinations;
- The Administration of Injections;
- Infection Control Policies;
- Clinical (Healthcare) Waste Management;
- Medical Devices;
- Just In Case Box Policy (Community Health Directorate only);
- Untoward Events Reporting Policy – DATIX

4. DEFINITIONS

Independent Prescribers

- 4.1 An experienced health practitioner who has successfully completed an approved education programme and is registered with their professional body as an Independent Prescriber. Independent Prescribers may prescribe medicines within their own agreed competence: V300 qualification
Community Prescriber.
- 4.2 Community Practitioner Nurse Prescribers (formerly District Nurses and Health Visitors (DN/HV)), who have undergone an approved training programme, may prescribe from a limited list of products specified in the Nurse Prescribers' Formulary: V100 and V150 qualifications.

Supplementary Prescribers

- 4.3 Supplementary prescribers work in partnership with an independent medical prescriber, who is a doctor or a dentist, to implement an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement: V300 qualification

5. DUTIES AND RESPONSIBILITIES

- 5.1 The **Chief Executive** is ultimately responsible for ensuring the trust complies with legal requirements and national recommendations for non-medical prescribing.
- 5.2 The **Trust Board** has a responsibility to ensure training is available to all relevant staff and that competency assessment is available via the clinical practice team as required. This responsibility is delegated to the director of nursing and patient safety.
- 5.3 The **Director of Nursing AHP and Patient Safety** is the lead for Non-Medical Prescribing for the Trust and has devolved responsibility for Non-Medical Prescribers, ensuring training, updates and Non-Medical Prescribing information is cascaded.

- 5.4 The **Medical Director and the Medicines Oversight Group** will monitor the implementation of this policy and will ensure it is updated at least every three years or sooner according to changes in local or national guidance.
- 5.5 All **Non-Medical Prescribers (independent, community, supplementary)** are accountable for their practice and must ensure that they have met the criteria for approval for non-medical prescribing training and adhered to the process of Trust authorisation prior to practicing.
- 5.6 **Bank and Agency staff** will be considered and allowed to prescribe on a case by case basis by the line manager for that area. To ensure agency staff are covered by the Trust the staff must be NHS Patient and Supply Agency approved.

Principles for Non-Medical Prescribing

- 5.7 Non medical prescribing will be supported in the Trust where it can be demonstrated that the following principles are met:
- provide safe and effective prescribing and clear accountability for prescribing;
 - improve patient care without compromising patient safety by enabling appropriately qualified professionals working within multidisciplinary teams to extend and utilise their skills by prescribing;
 - improve timely access to medicines and treatment for patients by enabling health professionals to prescribe treatment where appropriate;
 - make efficient use of resources and the skills of health professionals;
 - to support patient centred care, through the redesign of services to be provided at home, in community settings or health care premises.
- 5.8 The Trust will develop Non-Medical Prescribing roles that are required for service development, using the South West Strategic Health Authority Non Medical Prescribing Strategy for identifying new prescribers (Appendix A).

6. STATEMENT OF POLICY AND GUIDANCE

Legislative and Professional Framework

- 6.1 This policy supports prescribing by non-medical prescribers in accordance with the requirements of their relevant professional and regulatory bodies. All non medical prescribers, including community practitioner prescribers, independent prescribers, and supplementary prescribers must comply with the current legislation for prescribing and are accountable for their prescribing practice.
- 6.1.1 The following legislation and professional standards and guidance provide the legal and professional framework for non medical prescribing:
- The Human Medicines Regulations 2012
 - Medicines Act 1968
 - Misuse of Drugs Act 1971
 - The Medicinal Products: Prescription by Nurses Act 1992
 - Health Act 2006

- 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 6 Part 2
- The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006
- Safer Management of Controlled Drugs: (1) Guidance on Strengthened Management Arrangements January 2007
- British National Formulary
- British National Formulary for Children
- HCPC legal and professional framework:
 - HCPC Standards for Prescribing (2013)
 - HCPC Standards of Conduct, Performance and Ethics (2016)
 - HCPC Standards of Proficiency: Chiropodists/Podiatrists (2013)
 - HCPC Standards of Proficiency: Podiatric Surgery (2015)
 - HCPC Standards of Proficiency: Physiotherapists (2013)
 - HCPC Standards of Proficiency: Dietitians (2013)
- Medicines Matter: A guide to mechanisms for the prescribing, supply and administration of medicines Department of Health July 2006
- Improving Patient's Access to Medicines: Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England Department of Health April 2006
- Standards of conduct, ethics and performance. General Pharmaceutical Council 2012
- Standards of Proficiency for Nurse and Midwife Prescribers (NMC) April 2006
- Standards for Medicines Management Nursing & Midwifery Council (NMC) 2008
- Record Keeping: Guidance for Nurses and Midwives (NMC) 2010

6.1.2 The Medicinal Products: Prescription by Nurses Act 1992 and subsequent amendments to the Pharmaceutical Services regulations set out the arrangements to allow registered health visitors and district nurses, to undertake a programme of training to qualify as a community practitioner prescriber enabling them to prescribe from the Nurse Prescriber's Formulary.

Red drugs

6.2 When a drug is classified a 'red drug' in the Traffic Light Guidance (located on the intranet) the medication must be prescribed by the specialist in secondary care and **not** the non-medical prescriber working for Somerset Partnership unless they are competent to prescribe the drug. The list of specialist non-medical prescribers is available on the intranet. Administration of red drugs must adhere to the Red Drug Pathway (Appendix B).

Community Practitioner Nurse Prescribers

6.3 Community Practitioners (formerly known as Health Visitors and District Nurses) are able to prescribe from a limited formulary; these may consist of appliances, dressings and pharmacy (P) and general sales list (GSL) medicines, and a small number of Prescription Only Medicines, suitable for use in community settings. Details of the formulary are set out in the British National Formulary and Part XVIIIB(i) of the Drug Tariff.

- 6.3.1 Community practitioner nurse prescribers must have a recorded prescribing qualification on the Nursing and Midwifery Council register, to become community practitioner prescribers. Practitioners whose prescribing status is denoted on the register as community practitioner prescriber, and who are approved within their employment setting, may prescribe from the list of drugs approved for this purpose contained within the Nurse Prescribers' Formulary and any amendments made to it.

Independent Prescribers

- 6.4 Non-Medical Prescribers are able to prescribe any **licensed** medicine (i.e. products with a UK marketing authorisation) for any medical condition within their competence. This includes Controlled Drugs (CDs) in Schedules 2,3,4 or 5 of the MDR 2002 Regulations as amended. The Trust does not authorise NMPs to prescribe CDs for opioid dependents. However, it is acceptable for NMPs that are competent and authorised to prescribe CDs when relieving pain, for example, following organic disease or injury.
- 6.4.1 The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006, the Standards of Proficiency for Nurse and Midwife Prescribers Nursing and Midwifery Council (April 2006) state that nurse independent prescribers must only ever prescribe for medical conditions that are within their own level of experience and competence.
- 6.4.2 AHP Independent Non-Medical Prescribers can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers and can prescribe from a stated list of 7 controlled drugs. This can be reviewed against the current approved list of nationally approved medicines for prescribing.
- 6.4.3 Mixing two licensed medicines where one is not a vehicle for the administration of the other results in a new, unlicensed product being produced. Medicines legislation has been amended to enable nurse, midwife and pharmacist Independent Prescribers to mix medicines themselves and direct others to mix for the purpose of administration to individual patients. These changes also relate to Supplementary Prescribers provided the mixing of medicines is included in the Clinical Management Plan relating to the treatment of an individual patient.
- 6.4.4 Existing good practice should continue in relation to mixing of controlled drugs based on the Home Office Circular 009/2012.

Independent Prescribing

- 6.5 The Independent Prescriber is competent to assess, diagnose and make treatment decisions for the patient:
- for conditions that the independent prescriber is competent to treat independently
 - the independent prescriber is authorised by the Trust to undertake this role as part of their job description

Supplementary Prescribers

- 6.6 Supplementary Prescribers must be appropriately trained and registered practitioners. There are no legal restrictions on the clinical conditions that may be treated.
- 6.6.1 The clinical management plan will be drawn up, with the patient's agreement, following diagnosis of the patient by the independent prescriber. Following consultation and agreement of the clinical management plan between the independent and the supplementary prescriber, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. There is no formulary for supplementary prescribing, and no restrictions on the medical conditions that can be managed under these arrangements.
- 6.6.2 This mechanism of prescribing may be helpful for Non-Medical Prescribers when they are newly qualified. It will also be appropriate in specific situations, for instance:
- when working within a team where a doctor is accessible
 - for specific long-term conditions including those affecting mental health
- 6.6.3 Supplementary Prescribers can prescribe any medicine (including controlled drugs and unlicensed medicines) within the framework of a patient-specific clinical management plan which has been agreed with a doctor, and where the doctor has prescribed the initial prescription.

Authorisation to Prescribe

- 6.7 A medicine may only be supplied in accordance with a prescription written by an authorised prescriber.
- 6.7.1 Somerset Partnership NHS Foundation Trust provides authorisation for non-medical prescribers to prescribe in the course of their clinical practice where they can demonstrate to the non-medical prescribing lead that they meet the all of the following conditions:
- they are registered as an independent/ supplementary /community practitioner nurse prescriber with their regulatory body;
 - they have completed an accredited prescribing training programme and have a prescribing qualification registered with their regulatory body;
 - they have completed an agreed Physical Assessment and Clinical Reasoning course;
 - they are employed as a prescriber and their job description includes the requirement to prescribe;
 - a budget has been identified for the prescribed treatment.
- 6.7.2 Non-Medical Prescribers must only prescribe medicines for NHS patients under the care of Somerset Partnership NHS Foundation Trust, within the clinical speciality in which they have demonstrated competence.

- 6.7.3 Non-medical prescribers are not authorised to prescribe medicines to any individual who is not under their care as a patient of Somerset Partnership NHS Foundation Trust.
- 6.7.4 The exception to 5.7.2 and 5.7.3 is where a Non-Medical Prescriber employed by the Trust is seconded to another NHS provider. Under these circumstances, the Non-Medical Prescriber will prescribe for patients under the care of that NHS provider, adhering to the prescribing guidance of that NHS provider. However, the Non-Medical Prescriber must also adhere to the Somerset Partnership NHS Foundation Trust Non-Medical Prescribing Policy at all times.
- 6.7.5 Non-Medical Prescribers are not authorised to prescribe for themselves, or for family and friends.
- 6.7.6 Non-Medical Prescribers are only authorised to prescribe medicines from the relevant national formulary determined by their qualification and their agreed scope of practice and comply with the Somerset prescribing formulary, the Trust's Wound Dressing Formulary and prescribing recommendations made by the Medicines Management Group and within the limits set by the legislation (Section 5).
- 6.7.7 After verification, Non-Medical Prescribers will be added to the list of Authorised Non-Medical Prescribers, held by the Director of Nursing AHP and Patient Safety.
- 6.7.8 Authorisation is given to Non-Medical Prescribers for a period of three years, after which an authorisation form (appendix F) must be completed and submitted to the Director of Nursing AHP and Patient Safety. All of the requirements for continued Non-Medical Prescribing authorisation must be fulfilled.
- the Non-Medical Prescriber must be registered with their respective regulatory body;
 - the Non-Medical Prescriber must complete 12 hours of non-medical prescribing related Continuing Professional Development every year and be able to provide evidence of this;
 - the Non-Medical Prescriber must have attended a workshop identified by the Trust as ensuring their compliance with 'A Competency Framework for all Prescribers 2016', once in every three years;
 - the Non-medical Prescriber, must have completed both an agreed Physical Assessment and Clinical reasoning course and Non-Medical Prescribing courses.
- 6.7.9 Non-compliance with these criteria will result in the removal of the name of the individual Non-Medical Prescriber from the list of authorised Non-Medical Prescribers.

Verification of Prescribing Status

- 6.8 All professional groups must register their prescribing qualification with their regulatory body before being authorised to prescribe. This will be checked by Somerset Partnership NHS Foundation Trust before they are authorised to prescribe (see Appendix B).

- 6.8.1 Somerset Partnership NHS Foundation Trust's Director of Nursing AHP and Patient Safety will keep a central register of authorised Non-Medical Prescribers with sample signatures, details of registration and qualification.
- 6.8.2 When a clinician has qualified as a non medical prescriber they will complete the NHS Business Services Authority (BSA) amendment of non-medical prescribers practice form (Appendix C). This should be sent to the Director of Nursing and Patient Safety.
- 6.8.3 On receipt of the BSA amendment of non medical prescribers practice form by the Trust, recording of the prescribing qualification with the relevant professional body will be checked. Once this has been assured the Director of Nursing AHP and Patient Safety, as authorised signatory, will sign the BSA amendment form providing authorisation of the individual practitioner to prescribe. The BSA form will be sent to the Head of Medicines Management who will amend the central register and authorise prescription pads to be ordered for the registered non medical prescriber.
- 6.8.4 For nurse Non-Medical Prescribers the following entry codes are used by the Nursing and Midwifery Council to indicate from which formulary the nurse independent prescriber is qualified to prescribe:
- V100: Community Practitioner Nurse Prescriber;
 - V150: Community Practitioner Nurse Prescriber (without a specialist practitioner qualification or a specialist community public health nurse qualification);
 - V200: Nurse Independent Prescriber (extended formulary);
 - V300: Nurse pharmacist and eligible AHP Independent / Supplementary Prescriber.

Change in Status or Employment

- 6.9 In circumstances where a member of staff changes their name, is suspended from duty or had their employment terminated this notification must be reported to the Director of Nursing and Patient Safety by completing Appendix C, The Director of Nursing and Patient Safety will forward the form to the Head of Medicines Management who will notify the BSA. FP10 information will be removed as described in FP10 policy. The NMP's prescription pad must also be returned to the Head of Medicines Management when new forms have been provided.
- 6.9.1 The Non-Medical Prescriber will advise the Director of Nursing AHP and Patient Safety of any change in personal details. For example, change of name, area of work or scope of practice in order that details held by the BSA can be kept current. This will be through completion of a BSA amendment form in the following circumstances:
- when a Non-Medical Prescriber leaves their employment or practice setting;
 - when a Non-Medical Prescriber takes up further employment / new post where they will be working as a non medical prescriber in the new post;
 - when a Non-Medical Prescriber works in more than one practice setting and has a prescribing role in each setting, a PPA amendment form must be completed for both settings and prescription pads ordered for each setting.

- 6.9.2 When an employee leaves their employment or practice setting and prescribing is no longer in their scope of practice as determined by their line manager, their prescribing pads will be retrieved as necessary and returned to the Head of Medicines Management.

Budget Arrangements for Non-Medical Prescribers

- 6.10 Community Practitioner Nurse Prescribers will prescribe for the patients on the defined clinical caseload using the correct GP code. The respective GP code will be printed on the prescription. Prescribers must ensure that they are prescribing on the appropriate FP10 for the service they are prescribing under. This will ensure that payment is attributed to the relevant GP Practice.
- 6.10.1 Independent prescribers will need to have identified with their line manager the relevant prescribing budget for their prescribing practice prior to starting their training.
- 6.10.2 Where an independent prescriber or supplementary prescriber is prescribing within another NHS organisation in the course of their clinical practice, they will be required to have an honorary contract in place with the relevant NHS organisation and agreement about the relevant prescribing budget that from which they will prescribe. Also, if it is the Trust's activity then prescribing on the Trust's prescription pads is to continue, if it is activity by another provider then the outside organisation pads must be used. When there is a dual contract then the provider must use their own FP10s.

Prescribing within Competence

- 6.11 All Non-Medical Prescribers must work within their own level of professional competence and expertise, and within their specified scope of practice. Non-Medical Prescribers must seek advice and make appropriate referrals to other professionals with different expertise. Non-Medical Prescribers are accountable for their own actions, and must be aware of the limits of their skills, knowledge and competence.
- 6.11.1 All Non-Medical Prescribers must act within their respective Codes of Conduct, Standards Performance and Ethics.

Responsibility for prescribing decisions

- 6.12 Non medical prescribers should comply at all times with the standards for prescribing practice set by their relevant professional Body.
- 6.12.1 Non-Medical Prescribers can only prescribe a medicine for a patient whom he/she has assessed for care / treatment prior to writing the prescription. For exemption see 5.12.5.
- 6.12.2 Before prescribing any medicines, the non medical prescriber is required to undertake a holistic assessment of the patient. Their choice of medicines must take into account other medications already prescribed for the patient and any potential interactions should be considered.

- 6.12.3 Prescribing should include discussion with other members of the multidisciplinary team where appropriate, even where a clinical management plan has been previously agreed.
- 6.12.4 Non-Medical Prescribers will be expected to recognise those situations where it is inappropriate for them to prescribe.
- 6.12.5 Non-Medical Prescribers cannot issue prescriptions on behalf of non-prescribing pharmacists, nurses and allied health professionals. The exception to this is for community practitioner prescribers where a patient on their caseload is receiving treatment to a wound. When a non-prescribing nurse from the community nursing team has reassessed the wound of a patient and identified the need to change treatment, the community practitioner nurse prescriber may issue a prescription for this change in treatment, however, the community practitioner prescriber remains responsible and is accountable for the decision to prescribe.
- 6.12.6 Prescriptions should generally provide treatment for a period of no more than one month after which the medication treatment should be reviewed. However, the non medical prescriber will ensure that the prescribed medicine is both cost effective and meets the clinical treatment needs of the patient, and there is room for locally accepted discretion. (example: Somerset-wide Integrated Sexual Health (SWISH) may provide medications for longer periods as per the licensed use, for example contraceptive methods).
- 6.12.7 All Non-Medical Prescribers will make prescribing decisions based on clinical assessment of the patient and in accordance with relevant NICE Guidance or relevant national guidelines and in compliance with the Somerset Prescribing Formulary and the Trust Wound Dressing Formulary. Additionally prescribing decision must comply with the prescribing recommendations of the Trust Medicines Oversight Group, and the current Trust approved formulary.
- 6.12.8 The non-medical prescriber must be aware of professional and ethical issues and not allow pharmaceutical representatives to affect their prescribing decisions (Refer to Medicines Policy for further guidance).
- 6.12.9 The non-medical prescriber must always use the current British National Formulary (BNF) to aid prescribing. It is the non-medical prescriber's responsibility to dispose of the BNF when a new copy of the BNF is received.
- 6.12.10 When writing a prescription, the non-medical prescriber will use the approved name of the drug. The exceptions to this is when the brand name has to be specified, for example, slow, extended or modified release preparations as indicated in the BNF or when prescribing wound management and related products from the Nurse Prescribing Formulary or the Trust Wound Dressing Formulary, when it will be necessary to state the name of the product required.

Adverse Drug Reaction Reporting

- 6.13 If a patient reports a severe or unexpected reaction to a medicine prescribed by a non-medical prescriber, the non-medical prescriber will report this immediately to the patient's General Practitioner, or clinician responsible for the patient's medical

treatment for inpatients, and take appropriate action to minimise the drug reaction. For further information refer to the Adverse Drugs Policy.

Non-Medical Prescribing Errors

- 6.14 For Non-Medical prescribing errors refer to the Medicines policy section on medicines incidents and report via DATIX. Lessons learnt will be identified following written reflective practice with supervision.

Continuing Professional Development

- 6.15 All non-medical prescribers are responsible for maintaining their continuous professional development for their clinical practice and for their prescribing practice. Non-medical prescribers must keep themselves up to date with items in the Nurse Prescriber's Formulary / British National Formulary within their scope of clinical practice taking account of changes.
- 6.15.1 All non-medical prescribers are responsible for keeping themselves up to date with relevant NICE guidance and national guidance and the most recent evidence base for their area of clinical practice in respect of prescribing decisions that may be made.
- 6.15.2 The Trust will ensure non-medical prescribers are issued with up to date British National Formularies, and that community nurse prescribers are issued with up to date nurse prescriber's formularies. A list of non-medical prescribers will be maintained by the Nursing AHP and Patient Safety Team.
- 6.15.3 Somerset Partnership NHS Foundation Trust will ensure that non-medical prescribers are provided with up to date information in relation to National Patient Safety Agency Safety Alert Bulletins concerning prescribing and drug administration cascaded by the Governance Unit Leads.
- 6.15.4 All non-medical prescribers must provide evidence of a minimum of twelve hours Continuing Professional Development (CPD) per year. Evidence will be reviewed by the Director of Nursing and Patient Safety (or designated deputy) every three years. Non-compliance with this requirement may result in the Non-Medical Prescriber no longer being authorised to practice as a Non-Medical Prescriber with the removal of their name from the respective Trust Non-Medical prescribing register.
- 6.15.5 All Non-Medical prescribers should regularly discuss their NMP related CPD during supervision with their clinical supervisors and annually through their appraisals.
- 6.15.6 The Trust has a Non-Medical Prescribing forum that meets on a quarterly basis. The focus is on providing continuing professional development and reflection on current practice and consideration of any relevant published material.
- 6.15.7 The revised Single Competency Framework (now 'A Competency Framework for all Prescribers 2016') sets out a set of prescribing competencies central to effective prescribing performance. The maintenance of these competencies ensures that Non-Medical Prescribers are safe and effective prescribers who are able to support patients to get the best outcomes from their medicines. It is a requirement that every

authorised Non-Medical Prescriber must complete an ascribed prescribing competency workshop, and doing so during every 3 years of authorised practice.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

- 7.1 The Non-Medical Prescribing Group will review the spend of non-medical prescribers and will review the prescribing practice of the non-medical prescribers. The Non-Medical Prescribing Group will meet every other month.
- 7.2 Controlled drug prescribing will be monitored by the Medicines Management Group and any risks identified will be investigated by the Trust's Accountable Officer for Controlled Drugs.
- 7.3 All Non-medical prescribing incidents will be reviewed and discussed at the Non-Medical Prescribing Group to identify trends and lessons learnt by informing the service leads. This group will also review the prescribing practice of all non-medical prescribers. Any lessons learnt or areas of risk identified will be further discussed at Medicines Oversight Group and disseminated to the relevant Best Practice Groups in relation to the area of practice identified.
- 7.4 The Medicines Incident Group will inform the Non-Medical Prescribing group of any incidents relating to non-medical prescribing practice for discussion and review.
- 7.5 This policy will be reviewed in three years and updated in accordance with changes in legislation with regard to medicine's management and in accordance with safety alert information in relation to prescribing practice.

8. TRAINING REQUIREMENTS

- 8.1 Any member of staff who is interested in becoming a prescriber must discuss this with their line manager and the Trust lead for non-medical prescribing if this is part of service need within their specified department. If it can be demonstrated as a service need, then any enquiries about places available must be directed via the Training and Development Department for the attention of the Trust Education Lead.
- 8.1.1 There are clear criteria that have to be met for approval for all non-medical prescribing training as listed:
- evidence of study at Level 5
 - Nurse practitioner qualification or qualification providing competence in physical examination, history taking and assessment
 - There is a recognised requirement for non-medical prescribing to be part of the role
 - A medical mentor has been identified. A prescribing/medical mentor is a requirement of the professional Non-Medical Prescribing training, enabling the Non-Medical Prescriber to critically reflect upon and apply the principles of prescribing to their local sphere of clinical practice
 - There is support from the line manager
- 8.1.2 The line manager must define their scope of practice for prescribing, relating to the defined and potentially developing role, within the post held by the Non-Medical Prescriber.

Non-Medical Prescribing Training

- 8.2 Applicants for Non-Medical prescribing training must have at least three years' post-registration experience and the requirements for entry are that they must have completed the Health Assessment and Physical Examination stand alone module or the Physical Examination stand alone module.
- 8.2.1 The final decision to authorise individuals will always remain with the Trust to authorise training and to practice as an independent prescriber.
- 8.2.2 Higher education institutions provide a specific programme of preparation and training for non-medical independent prescribing and supplementary prescribing. These programmes are approved by the respective regulatory bodies.
- 8.2.3 Non-Medical Prescribers must successfully complete an approved training programme to become a nurse independent prescriber and supplementary prescriber and then register their prescribing qualification with their regulatory body.

Community Practitioner Prescribing Training

- 8.3 Training for community practitioner nurse prescribers to prescribe from the Nurse Prescriber's Formulary (NPF) is integrated into the specialist practitioner programme for community practitioners, so all recently qualified District Nurses are entitled to prescribe from the Nurse Prescriber's Formulary, dependent on clinical need. However, District Nurse Training has now ceased.

Applications for Non-Medical Prescribing Training

- 8.4 The Director of Nursing and Patient Safety as the non-medical prescribing lead is authorised to approve all new prescribers. Non-Medical prescribers will only be developed when there is an identified service need which improves patient care as set out in Section 3 of this policy.
- 8.4.1 Applications for non-medical prescribing training will be considered by the Non-Medical Prescribing Group and then approved by the Director of Nursing and Patient Safety. The forms are obtained from the Trust training department. In order to apply for non-medical prescribing training, practitioners must demonstrate that they can meet the criteria as listed in 6.2.
- 8.4.2 All applications for non-medical prescribing training must be approved by the Trust's Non Medical Prescribing Lead to ensure that the individual applicant can meet these criteria. If these are met applications will be forwarded to the Trust Training Department for approval for funding.

Competency Assessment

- 8.5 Before any non-medical prescriber is allowed to prescribe they must provide evidence of their training and competency assessment held in their portfolio at time of appraisal or new to the Trust to their line manager and a completed authorisation form (Appendix F). This evidence must be held in the employee's professional portfolio and in their personal file.

- 8.5.1 The Royal Pharmaceutical Society: A Competency Framework for All Prescribers is to be completed every three years. All non-medical prescribers are to repeat the competency assessment after long periods of practice, Maternity Leave, sickness, following prescribing incidents and when identified at appraisal by either the line manager or the employee.
- 8.5.2 The competencies outlined within A Competency Framework for All Prescribers must be completed and evidenced then signed off by the line manager when the Non-Medical Prescriber re-authorises every 3 years.

9. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

9.1 References

- The Human Medicines Regulations 2012
 Misuse of Drugs Act 1971
 The Medicinal Products: Prescription by Nurses Act 1992
 Health Act 2006
 The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006
 Safer Management of Controlled Drugs: (1) Guidance on Strengthened Management Arrangements January 2007
 British National Formulary
 Medicines Matter: A guide to mechanisms for the prescribing, supply and administration of medicines Department of Health July 2006
 Improving Patient's Access to Medicines: Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England Department of Health April 2006
 Standards of conduct, ethics and performance. General Pharmaceutical Council 2012
 Standards of Proficiency for Nurse and Midwife Prescribers Nursing and Midwifery Council April 2006
 Standards for Medicines Management Nursing & Midwifery Council (NMC) 2007
 The Code of professional conduct: standards for conduct, performance and ethics (NMC) 2008
 Guidelines for records and record keeping Nursing & Midwifery Council (NMC) 1998
- A Competency Framework for all Prescribers Royal Pharmaceutical Society 2016
 HCPC Standards for Prescribing (2013)
- HCPC Standards of Conduct, Performance and Ethics (2016)
 - HCPC Standards of Proficiency: Chiropodists/Podiatrists (2013)
 - HCPC Standards of Proficiency: Podiatric Surgery (2015)
 - HCPC Standards of Proficiency: Physiotherapists (2013)
 - HCPC Standards of Proficiency: Dietitians (2013)
 - The College of Podiatry: Good Practice in Prescribing and Medicines Management for Podiatrists (2013)
 - CSP Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the safe use of medicines (2nd Edition) 2013
 - BDA Practice Guidance for Dietetics Supplementary Prescribers 2016

9.2 Cross reference to other procedural documents

- Administration of Injections Policy
- Administration of Injections Therapy of Physiotherapists and Podiatrists Performing Injection Therapy Policy
- Antimicrobial Prescribing Policy
- Antipsychotic Guidelines – Mental Health only
- Business Code of Conduct Policy
- Controlled Drugs Policy
- FP10 Prescribing Policy
- Healthcare (Clinical) Waste Policy
- Immunisations and Vaccinations Policy
- Infection Prevention and Control Policy
- Just In Case Policy – Community Health (Multi-Agency)
- Learning Development and Mandatory Training Policy
- Medicines Policy
- Patient Identification Policy
- Records Keeping and Records Management Policy
- Untoward Events Reporting Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

10. APPENDICES

- Appendix A Non-Medical Prescribing Authorisation Form
- Appendix B Flowchart of Pathway for Approval for Administration of Red Drugs

NON-MEDICAL PRESCRIBING AUTHORISATION FORM

TO BE COMPLETED ON INITIAL NMP REGISTRATION AND THEN EVERY THREE YEARS TO GAIN OR MAINTAIN PRESCRIBING AUTHORISATION

1. TO BE COMPLETED BY THE EMPLOYEE (BLOCK CAPITALS)

Full Name:

Title (Mr, Mrs, Miss etc.): NMC No:

Job Title:

Base:

Employment commencement date with Organisation:

NMP Status Community/Supplementary/Independent):
.....

NMP Qualification: Year of NMP registration:

Professional indemnity organisation provided by: Somerset Partnership NHS Foundation Trust

Access to a Designated Medical Practitioner (Name):

Clinical Supervisor (Name).....

My prescribing practice will be in line with the following:

- Medicines Trust Policy
- Controlled Drug Trust Policy
- FP10 policy Trust Policy
- Non-Medical Prescribing Trust policy
- Infection Control and Prevention Trust Policy
- Antimicrobial Prescribing Trust Policy (most recent)
- Somerset Formulary
- British National Formulary (current edition)
- Nursing and Midwifery Council: The code: Standards of conduct, performance and ethics for nurses and midwives (20+08)
- HCPC Standards for Prescribing (2013)
- HCPC Standards of Conduct, Performance and Ethics (2016)
- HCPC Standards of Proficiency: Chiropodists/Podiatrists (2013)
- HCPC Standards of Proficiency: Podiatric Surgery (2015)

- HCPC Standards of Proficiency: Physiotherapists (2013)
- HCPC Standards of Proficiency: Dietitians (2013)

Current Authorisation Date expires:

Date of Attendance at Single Competency Framework Workshop (must be attended during every three year authorisation period):

Evidence of NMP related Continuing Professional Development (CPD) has been provided each year at appraisal (12 hours per annum). Yes:.....No:

2. TO BE COMPLETED BY LINE MANAGER (BLOCK CAPITALS)

Area of authorised prescribing (to list sections that apply from the BNF):

.....

.....

.....

.....

.....

.....

We authorise.....to prescribe as detailed.

Signed (Clinical Supervisor):.....

Print Name:**BLOCK CAPITALS**

Signed (Line Manager):.....

Print Name:**BLOCK CAPITALS**

Signed (Non-Medical Prescribing Lead):

Print Name:**BLOCK CAPITALS**

I agree to fulfil the Trust requirements for my continued authorisation as a Non-Medical Prescriber.

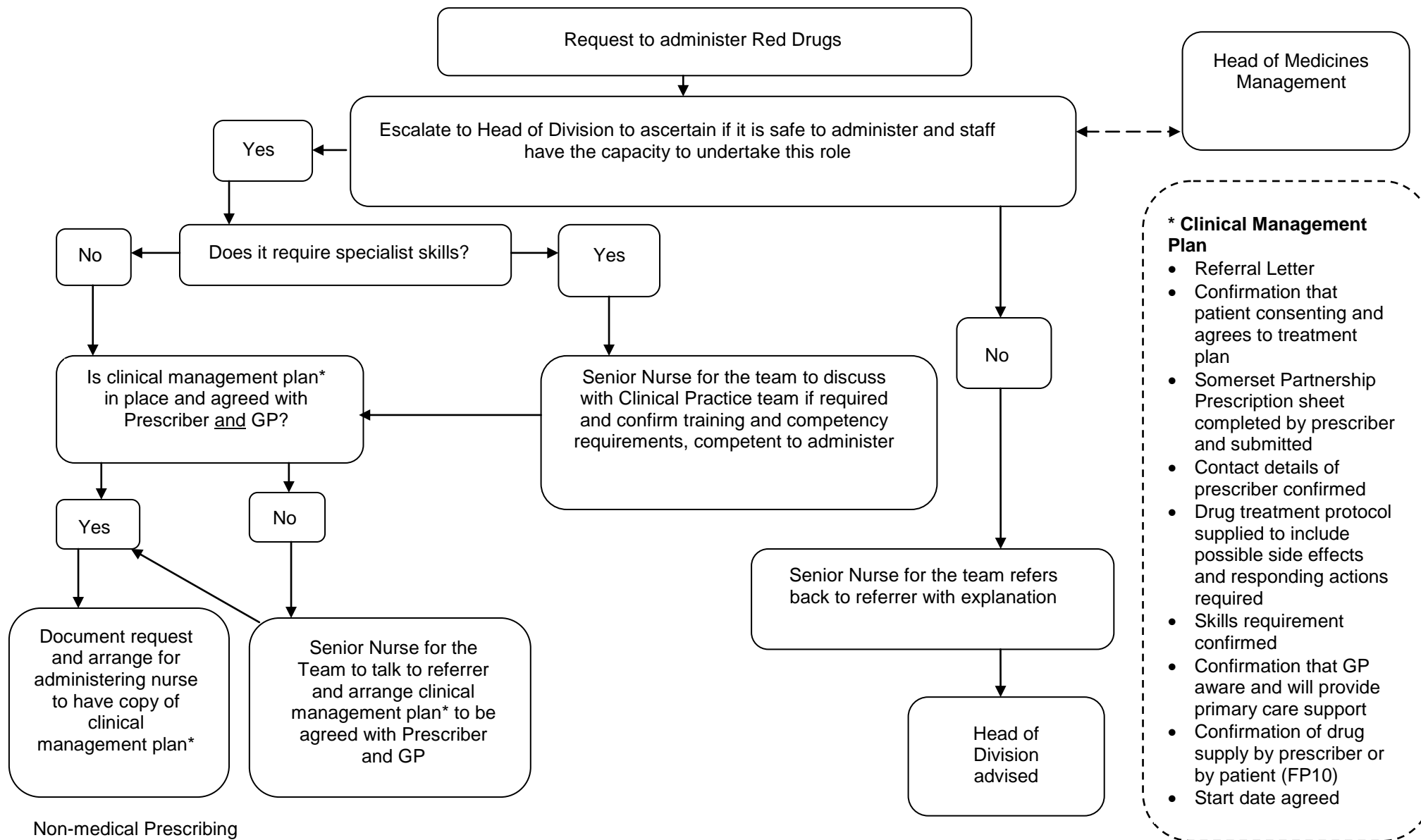
Signed (Employee):

Print Name:**BLOCK CAPITALS**

Email Address (Employee):

Date Authorisation / Re-Authorisation completed:

PATHWAY FOR APPROVAL FOR ADMINISTRATION OF RED DRUGS



- * Clinical Management Plan**
- Referral Letter
 - Confirmation that patient consenting and agrees to treatment plan
 - Somerset Partnership Prescription sheet completed by prescriber and submitted
 - Contact details of prescriber confirmed
 - Drug treatment protocol supplied to include possible side effects and responding actions required
 - Skills requirement confirmed
 - Confirmation that GP aware and will provide primary care support
 - Confirmation of drug supply by prescriber or by patient (FP10)
 - Start date agreed