Non-Medical Prescribing (NMP)

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The following Appendices can be found on the TST Pharmacy intranet page and the Sompar Pharmacy intranet page (under Non-Medical Prescribing / Medicines Management Governance):

- **APPENDIX 1** Business Case form
- **APPENDIX 2** Notification of Practice form
- **APPENDIX 3** Leavers form
- **APPENDIX 4** Taking a break from practice / changing speciality/ role
- **APPENDIX 5** Yearly Self-Assessment Audit form
- **APPENDIX 6** Yearly Appraisal flow chart and record form
- **APPENDIX 7** Three Yearly Re Authorisation to Prescribe flow chart and record form
- **APPENDIX 8** FP10 Aide-memoire
- **APPENDIX 9** Clinical Management Plan template
- **APPENDIX 10** Equality Impact Assessment (EIA) Statement
1.0 (a) FLOW DIAGRAM / ALGORITHM OR KEY STEPS

Application process – Non-medical prescribing Higher Education Institute (HEI) training

Non-medical prescribing is identified as a requirement to support service need, by the line manager. Forward nominations to the Learning & Development Administration Team

Line manager and applicant meet to review pre course governance criteria (sections 5.1-5.5)

Line manager and applicant complete the business case form (Appendix 1), confirming pre course governance criteria. All sections of the form need to be completed.

Send the business case to the Trust non-medical prescribing lead for approval.

Learning & Development Administration Team will send out the HEI Application Pack

The applicant completes the HEI application form, sending this to the Trust non-medical prescribing lead for signature.

Application approved. Learning & Development administrators will confirm the HEI training allocation

Governance criteria not confirmed:-
The Trust non-medical prescribing lead will meet with line manager and applicant to support
1.0 (b) FLOW DIAGRAM

Authorisation to Prescribe for newly qualified Non-Medical Prescribers and APeL process for Non-Medical Prescribers joining the Trust from another Healthcare Organisation

The Non-medical prescriber advises the Line manager of successful completion of the HEI course

Line manager completes the Notification of Practice form (Appendix 2), confirming the points detailed below.

Governance assurance checks to be undertaken:

Newly qualified Non-medical prescribers

- the NMP qualification is recorded with the professional regulator (legal requirement)
- identify an experienced NMP ‘supervisor buddy’ to support the initial 3 month transition to prescribing practice
- send the form to the Trust non-medical prescribing lead
- the NMP will meet with the Trust Lead for non-medical prescribing to discuss the Trust authorisation process

Non-medical prescribers – APeL

- the NMP qualification is recorded with the professional regulator (legal requirement)
- the last date of the NMPs prescribing and their speciality/ role at that time
- identify an experienced DMP / NMP supervisor to support consolidation of prescribing practice
- send the form to the Trust non-medical prescribing lead
- the NMP will meet with the Trust Lead for non-medical prescribing to discuss the Trust authorisation process

For SomPa non-medical prescribers:

- the NHSBSA registration is arranged by the Trust Lead for non-medical prescribing
- Electronic prescribing on the RiO system, or issue of FP10 prescription pads via the Locality Ordering Clerks will be requested

Authorisation to Prescribe letter issued by the Trust non-medical prescribing lead

and

The NMPs details will be recorded on the Trust Non-medical Prescribing register

The Non-medical prescriber completes the Trust Medicines Management update, specific to NMPs, with the Lead Medicines Management Nurse(s) - SomPar / TST
2. INTRODUCTION

Strategic Direction: Workforce development to maintain Operational Service Delivery

2.1. This policy provides guidance to registrants regarding the legal and ethical frameworks governing non-medical prescribing. The policy supports the strategic direction of the Trust, and details governance assurance arrangements.

2.2. All registered members of staff undertaking the non-medical prescribing Higher Education Institute course, must have an identified designated medical practitioner for the duration of the training.

2.3. Managers of Independent prescribers, Supplementary prescribers and Community prescribers, must agree the business case for non-medical prescribing, and comply with support and monitoring requirements set out in the policy guidance, including prescribing review at the yearly appraisal, Continued Professional Development, and compliance with the three yearly re authorisation process.

2.4. It is government policy to extend prescribing responsibilities to non-medical professions to:

- improve patient care without compromising patient safety
- make it easier for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of healthcare professionals
- contribute to the introduction of more flexible team working across the NHS
- enable patients to be seen and treated in the most appropriate setting by appropriately skilled healthcare professionals.

2.5. Registered nurses, midwives, allied health professionals and pharmacists holding the Higher Education Institute (HEI) non-medical prescribing qualification, can prescribe medicines to patients.

2.6. As registered independent prescribers or supplementary prescribers:-

Government policy (DoH, 2006) details prescribing benefits, namely, supporting patients to receive timely access to medicines, safe outcomes for patients and workforce development to support and maintain operational service delivery.
3. DEFINITIONS and ABBREVIATIONS

3.1. Medicines and Healthcare Products Regulatory Agency (MHRA)
- the agency responsible for regulating medicines in the UK; the agency’s responsibilities include ensuring that medicines and high, medium and low risk medical devices are both safe to use, and safely used by trained and competent staff, at the point of patient care. The agency can bring prosecutions when there is evidence that medicines legislation has been broken.

3.2. Clinical Management Plan (CMP)
Prior to undertaking supplementary prescribing, there must be an agreed clinical management plan in place for a named patient, and relating to the named patient’s specific condition and diagnosis.

3.3. Vicarious Liability
Refers to a situation where an employer can be liable for acts or omissions of employees. The Trust will accept vicarious liability for the non-medical prescriber’s actions, where a health professional who is appropriately qualified and:

- has received authorisation to prescribe from the Trust
- is annotated on the Trust non-medical prescribing register
- their prescribing qualification is recorded with their professional regulator
- prescribes as part of their professional duties as stipulated in the Trust authorisation letter, as a supplement to their job description, and in accordance with this policy
- will maintain a review of their prescribing at the yearly appraisal, and complete the three yearly re-authorisation to prescribe, as set out in this policy.

3.4. Advanced Clinical Practice is defined as
Advanced clinical practitioners (ACPs) come from professional backgrounds such as nursing, pharmacy, physiotherapy and advanced paramedics. They are healthcare professionals educated to a minimum at master’s (Msc) level in advanced clinical practice / complex cases (8.16) and have developed the skills and knowledge to allow them to take on extended roles and scope of practice, caring for patients’

3.5. Non-medical prescribing (NMP):
Prescribing of medicines by registered nurses, specialist community public health nurses, pharmacists and allied health professionals, who have successfully completed a HEI
course, with the prescribing qualification recorded with the appropriate professional regulator, and authorised by the Trust, before undertaking a prescribing role.

3.6. **Independent prescribers (trained nurse, pharmacist, physiotherapist, therapeutic radiographer, optometrist, podiatrist)**

Are legally permitted to prescribe and take responsibility for the clinical assessment of a patient, diagnosing and overseeing the clinical management required, as well as the responsibility for prescribing medication. The above groups of registrants can also prescribe any licensed or off label medicine within their scope of professional and clinical competence, in the role in which they intend to prescribe.

3.7. **Independent prescribing of unlicensed medicines (V300)**

Medicines legislation has been amended and came onto force on 21st December 2009, to allow a nurse and pharmacist to independently prescribe unlicensed medicines, within their scope of professional and clinical competence (8.10).

3.8. **V300 NMC – Independent and supplementary nurse prescribers (optometrist, trained nurse, pharmacist, physiotherapist, dietician, diagnostic radiographer, podiatrist, advanced paramedics)** can prescribe as independent practitioners. If the nurse or allied health professional is a Supplementary prescriber, they must follow an agreed Clinical Management Plan, drawn up by a doctor or dentist, with involvement of the patient.

3.9. **Role of the Prescription Pricing Division of the NHS Business Services Authority (NHSBA) in the case of FP10 Prescription pads and electronic prescribing – Community prescribers**

Pertinent to the V300 qualification and all other Independent non-medical prescribers working in the community, where individual FP10 prescriptions are required, or electronic prescribing access is required.

The NHSBSA undertakes checks to ensure that the non-medical prescriber who has written the prescription is registered, and has permission to prescribe against the identified cost code for the specific area of practice ie: GP surgery, Community Healthcare Trust.

Community non-medical prescribers must be registered with the NHSBSA. For notification of non-medical prescribers joining the organisation, the relevant NHSBSA registration form must be completed by the Trust authorised signatory (either the Trust lead for non-medical prescribing, the Director of Care with responsibility for non-medical prescribing or the Chief Pharmacist)
4. **ROLES and RESPONSIBILITIES**

4.1. **The Chief Executive** is legally accountable for the oversight of patient safety and care delivery, demonstrating governance assurance.

4.2. **The Chief Nurse** is accountable for the quality of care that patients receive, and for receiving assurances for patient safety.

4.3. **The Director of Mental Health and Learning Disabilities Care** has overall strategic responsibility for non-medical prescribing, and is accountable to the Chief Nurse for ensuring the development, implementation and sustainability of non-medical prescribing, is achieved within a safe and supportive environment.

4.4. **The Trust Lead for Non-Medical Prescribing** is responsible for:
   - providing Trust-wide leadership and co-ordination of development of the non-medical prescribing role.
   - oversight of processes to meet governance assurances, including chairing the Trust Non-Medical Prescribing Group meeting.
   - review of governance assurances for HEI course applications, designated medical practitioner support and approval of business cases and HEI applications, to ensure that the member of staff nominated to undertake non-medical prescribing training, has the approval to train as set out in this policy.
   - the authorisation process for newly qualified non-medical prescribers, and for the APeL process for non-medical prescribers joining the Trust from other healthcare organisations, supporting and working with the identified administrators, line managers and the Non-Medical Prescribing Group, to maintain a ‘live’ version of the local register of non-medical prescribers.
   - review of the monthly update returns for the Trust non-medical prescribing register, and producing a report for the Non-Medical Prescribing Group
   - compliance with Continued Professional Development needs, the yearly appraisal, and three yearly re-authorisation to continue to prescribe, pre course business case and post course governance checks to inform compliance reports
   - overseeing monthly ‘spot-check’ audits, and prepare a yearly compliance report for submission to relevant committees, and the accountable Director of Care for non-medical prescribing
   - escalation of practice concerns and non-compliance with processes, as set out in this policy.
4.5. **Chief Pharmacists** have overall responsibility as ‘Accountable Officers’ for management and use of controlled drugs and responsibility for the safety and legality of all Medicines Management related policies, procedures and guidelines.

4.6. **Line Managers** are responsible for:

- ensuring this policy is implemented and monitored within their area of responsibility and remain responsible for the support and supervision of their staff.
- identifying service need and ensuring applicants for prescribing training complete a business case (Appendix 1) and exploring whether a Patient Group Direction would be more appropriate
- confirming that applicants meet the local governance requirements, Disclosure and Barring Service (DBS) clearance, and meet the relevant professional regulator standards to apply for the HEI course. As a minimum, applicants need to be in a band 6 role.
- working with the Trust non-medical prescribing lead and the Non-Medical Prescribing Group, to develop extended / new prescribing roles as part of future service delivery, with development of additional training to meet governance assurance requirements
- completion of relevant forms (Appendices 2, 3 or 4) for non-medical prescribers ie: newly qualified, joining the organisation from another healthcare provider, returning to the role following a twelve month or more break from prescribing, changing speciality/role, and when prescribers leave Trust employment.
- ensuring the authorisation to prescribe letter (as a supplement to the main job description), is signed by the prescriber, and placed in the personnel file.
- supporting the prescriber to use their prescribing regularly to support service delivery
- confirming that prescribing is reviewed and discussed at the yearly appraisal conversation, and overseeing the three yearly reauthorisation process
- oversight of FP10 Standard Operating Procedures, regarding processes for security, usage, reporting discrepancies or loss of a prescription pad, and prompt return of prescription pads when a non-medical prescriber leaves Trust employment, or has an extended break from prescribing. Regarding Prescribers leaving a substantive position, and returning to the same clinical area as bank staff, line managers have responsibility for the secure safekeeping of the FP10 pads, and monitoring prescription use aligned with the bank staff / prescribers bank shifts.
- Advising the NMP administrator and Trust non-medical prescribing lead of changes to personal details (i.e.: name change), for local register / NHSBSA updates.
- on a monthly basis, update the Trust register of non-medical prescribers and return the register by the required date, to the Administrator for non-medical prescribing.
4.7. **Designated Medical Practitioners (DMP)** undertaking mentor/assessor roles in support of training, are responsible for fulfilling the time requirements and negotiating learning opportunities. They have a role in providing continuing professional support by:

- Initial face to face meetings to review the trainee prescriber’s SWOT analysis, and negotiate a learning contract with the trainee, and agree SMART learning objectives leading to successful achievement of competencies
- A formative review of progress (at 3 months’) and identify further support. At this stage, if concerns are raised regarding progress, the Trust non-medical prescribing lead should be advised, so that additional support can be offered
- Facilitating learning with critical thinking and reflective practice
- Provide dedicated learning opportunities where the trainee can 'shadow' the DMP undertaking patient consultations
- Using direct and indirect methods of assessment, allow opportunities for the trainee to develop competence and confidence for the prescribing role and patient assessment, through integration of theory and practice.
- Negotiate a summative review of practice and competency achievement

4.8. **Non-medical prescribers (NMP)** are responsible for complying with current legislation and professional practice requirements and:

- Ensuring their non-medical prescribing qualification is recorded with their professional regulator, and that they have met the Trust authorisation requirements of this policy.
- For all aspects of their prescribing decisions, and to their employers and regulatory bodies for their actions or omissions.
- For ensuring their prescribing registration remains current, with review of the yearly self-assessment audit of practice, and evidence of Continued Professional Development at the yearly appraisal
- Compliant with the Trust three yearly re-authorisation to prescribe process
- Adhere to professional codes of practice and remain accountable for their prescribing practice at all times.
- Advising their line manager of changes to personal details (ie: name change), for local register / NHSBSA updates. Keeping their FP10 Pads secure, and immediately reporting loss of either the whole pad or missing prescription sheets from a pad.

4.9. **Learning and Development Administration** will receive a ‘list of interest’ from the Education Co-ordinator, to be placed on the system, pending approval of the business case application by the Trust non-medical prescribing lead.
4.10. **Locality Ordering Clerks (community based)** are responsible for the issue and disposal of FP10 prescription pads. Any delay in the return of FP10 prescription pads from NMPs, no longer employed by the Trust, must be escalated to the Trust non-medical prescribing lead and the NMPs line manager.

4.11. **NMP Administrator** – is responsible for updating the local register with support and direction from the Trust non-medical prescribing lead and information received from line managers or their delegated support, on a monthly basis.

4.12. **The Non-Medical Prescribing Group (NMPG)** is responsible for approving and reviewing policy, review of monthly audits, accountable for tracking and delivering action plan objectives, responding to practice concerns, review of extended prescribing practice to support service delivery following the screening process, escalation of concerns to the relevant committee, agreement of the yearly assurance report for submission to the Integrated Quality Assurance Board. The group will meet on alternate months’ when quorate. The group will receive and screen proposals for new developments for non-medical prescribing practice, and will forward proposals to the Medicines Governance Committee, the Drugs Therapeutic Committee and the Clinical Care Strategy group for consideration and high level approval.

4.13. **Rio Electronic prescribing team** - responsible for setting up electronic prescribing, once the authorisation process has been confirmed by the Trust non-medical prescribing lead. Monthly reports from the Rio system detailing NMP electronic prescribing activity will be available for review at NMPG meetings.

4.14. **Temporary Staffing service**

The Temporary Staffing Service will undertake the booking of Agency Emergency Nurse Practitioners (ENPs), and will ensure that the relevant pre-employment checks have been received from supplying agencies, in line with contract requirements, prior to approval of shifts in the minor injury unit(s).

5. **PROCESS DESCRIPTION**

5.1. **APPLICATION – CRITERIA TO ACCESS THE HEI TRAINING COURSE**

The Physical Assessment and Clinical Reasoning (PACR) course is not a mandatory requirement prior to undertaking the Higher Education Institute training. However, the PACR course will be available and supported by the Trust, where the line manager and member of staff feel this would support development for a specialist role. Where identified, the PACR course must be successfully completed prior to accessing the HEI non-medical
prescribing course. Staff wishing to apply for the V300 Independent non-medical prescribing course, should be band 6 and above. Where specific banding detail relates to support of a specific clinical service, this must be explicitly recorded in the individual’s job description, the line manager must advise the Trust lead for non-medical prescribing and the Director of Care (with responsibility for non-medical prescribing).

Mandatory criteria to access the HEI Non-Medical Prescribing course

5.2. **Nurses, Midwives, Physiotherapists, Podiatrists, Pharmacists, Therapeutic Radiographers, Optometrists** wishing to apply for the V300 Independent Prescribing Course:

- The line manager must confirm successful achievement of all competencies, for the clinical speciality in which applicant intends to prescribe, with a year’s experience of working in the clinical speciality.
- First level nurses and midwives registered with the Nursing & Midwifery Council
- Optometrists registered with the General Optical Council (GOC)
- Pharmacists registered with the General Pharmaceutical Council (GPhC)
- Podiatrists, Physiotherapists, and Therapeutic Radiographers registered with the Health and Care Professions Council (HCPC)

and

- Evidence of ability to study at level 6 (Degree level)
- At least 3 years’ post registration clinical experience (2 years’ for pharmacists), or part time equivalent.
- Access to a Designated Medical Practitioner during HEI training course is mandatory
- Support from the employer during the HEI course and for Continuing Professional Development (CPD), aligning with local governance requirements
- The Advanced Nurse Practitioner training includes the NMP module, as part of the course content
- Pharmacists may access either the standalone NMP course, or the Clinical Pharmacy Diploma (includes the optional NMP module at the end of the diploma course)

5.3. **Nurses applying to become Community Practitioner Nurse Prescribers**

- First level nurses registered with the Nursing and Midwifery Council, and ability to study at level 6 (Degree level), at least 2 years’ post registration clinical experience or part time equivalent.
- Access to a Community Practitioner Nurse Prescriber and DMP clinical supervision support from the employer during the HEI course, and for Continuing Professional Development (CPD), aligning with local governance requirements.
• Successfully achieved clinical competencies in the specialist clinical area in which they will prescribe. Prescribers holding the Community Practitioner Nurse Prescriber qualification will prescribe regularly from the Community Practitioner Nurse Prescriber Limited Formulary, following completion of the HEI course.

**Mandatory for all applications:** The Trust business case form (Appendix 1) must be approved by the Trust Lead for non-medical prescribing, before applying for the HEI course.

5.4. **Diagnostic Radiographers and Dieticians applying to become Supplementary Prescribers**

• The line manager must confirm successful achievement of all competencies, for the clinical speciality in which applicant intends to prescribe, with a year’s experience of working in the speciality.
• Registered with the Health and Care Professions Council
• Once qualified as a NMP, will prescribe regularly from the British National Formulary (BNF) as a supplementary prescriber with an independent medical prescriber, following a clinical management plan
• Evidence of ability to study at degree level, and at least 3 years’ post registration clinical experience
• Access to a designated medical practitioner to provide clinical supervision
• Support from the employer during the HEI course and Continuing Professional Development (CPD), aligning with local governance requirements

5.5. **Advanced Paramedics (Accident and Emergency Department)**

• Must meet with the Lead Consultant Nurse in A&E to discuss application to undertake training, in line with the Trust Policy for Trainee Practitioners in Advanced Clinical Practice
• Working towards a MSc programme for Advanced Clinical Practitioner role (mapping for advanced practice)
• At least 5 years’ post registration clinical experience as a paramedic
• Currently working in an environment in which they intend to prescribe (at least two years’ experience)
• Access to a designated medical practitioner (DMP/A&E)
• NHS (e) portfolio, working to ST4 standards in the Accident & Emergency unit (Royal College of Medicine)
• Evidence of current DBS clearance applies to all disciplines, as part of the HEI application process.
5.6. BUSINESS CASE APPLICATION FOR NON-MEDICAL PRESCRIBER TRAINING

1.0 (a) Flow Diagram

- A business case application and the HEI application form to undertake non-medical prescribing training, must be completed and sent to the Trust non-medical prescribing lead for approval, prior to allocation of HEI places.

- The applicant must have the support of their line manager, clinical lead and either the doctor who will act as the designated medical practitioner (in the case of applications for the independent/supplementary prescribing course), or the community practitioner nurse prescribers / DMP who will act as a mentor (in the case of applications for the Community practitioner nurse prescriber course).

- For applicants working within the community, the approval of the Community Services Manager or the Head of Service must be obtained.

- The business case form (Appendix 1) should be completed by the line manager confirming that the applicant has completed a year in the clinical speciality in which they intend to prescribe, and the required specialist competencies have been successfully achieved, and/or successful completion of the PACR course (if identified by the line manager, as a pre requisite to the NMP course).

5.7. Designated Medical Practitioners (DMP) supporting the non-medical prescriber student

- It is a requirement of the Department of Health that each non-medical prescriber student undertaking the independent/supplementary training, has a designated medical mentor that is a registered medical practitioner (DMP).

- It is anticipated that the student will identify such a DMP whom they have a good working professional relationship based in their clinical area.

- The doctor must be a registered medical practitioner who has normally had at least three years’ medical practice, and prescribing responsibility for a group of patients/clients in the relevant field of practice, and has the support of the employing Trust to act as a designated medical mentor.

5.8. Taking on the DMP role for non-medical prescribers new to your speciality

Some non-medical prescribers will move between specialities and wish to continue practising the skill of prescribing for patients. In these circumstances, and if this is appropriate to the new service, the requirements for them to prescribe should be discussed with the specialty consultant medic, the line manager and the Trust non-medical prescribing lead. Any training requirements should be identified that relate to this new area of practice, including competency achievement. This will include the patient group, the range of medications and any specific legal or professional requirements. If this includes
prescribing for the first time for children or pregnant women, additional training and associated competencies should be formally identified. The Non-Medical Prescribing Group will review the proposed training and learning outcomes, and forward to the Medicines Governance Committee.

5.9. **AUTHORISATION TO PRESCRIBE PROCESS 1.0 (b) Flow Diagram**

Before non-medical prescribers can start to prescribe in the Trust, it is obligatory for the authorisation process to be completed, as set out in the Flow diagram. The authorisation process provides both legal and governance assurances to support safe outcomes for patient care. The process applies to:

- Newly qualified non-medical prescribers’
- Apel for non-medical prescribers joining the Trust from another healthcare provider
- Non-medical prescribers returning to practice, after a break from prescribing for 12 months’ or more
- Non-medical prescribers changing speciality or role within the Trust
- Non-medical prescribers requesting to extend their prescribing scope of practice, once the proposal has followed the Trust screening process, and received high level approval, from the Medicines Governance Committee, the Drugs Therapeutic Committee and the Clinical Care Strategy group (Appendix 11 NMPG Flow Chart)

5.10. **LEGAL AND CLINICAL LIABILITY**

Non-medical prescribers are individually and professionally accountable to their professional regulator and their employer for this aspect of their practice, and must act in accordance with their respective Code of Professional Conduct and Scope of Professional Practice. The Trust, as an employer, assumes vicarious liability for the actions of non-medical prescribers' who are undertaking prescribing duties that are in the normal course of their work, providing the prescriber has followed the provisions of this policy, is authorised to prescribe by the Trust and has completed the yearly CPD appraisal requirements leading to the three yearly re authorisation to prescribe.

5.11. **PRESCRIBING ROLE**

- **Legal Basis of independent prescribing by Non-medical prescribers:**
  The ability to prescribe is a privilege granted by legislation, and should be acknowledged in this light. Non-medical prescribers' may only prescribe following successful achievement of an approved HEI course, with their prescribing qualification recorded with the relevant professional regulator.
• **Scope and Limitations of Prescribing**
  The non-medical prescriber can only prescribe if agreed within the employing organisation, and has received and signed the Trust authorisation to prescribe letter, as a supplement to their main job description. The non-medical prescriber can only prescribe for patients under the care of the Trust, and must never prescribe for themselves, and can only prescribe for friends or family in exceptional circumstances (e.g. life-saving treatment, where no other prescriber is available). Independent and supplementary non-medical prescribers must only prescribe within their Scope of Practice. They must have clinical and pharmaceutical knowledge of the conditions and/or medications identified within their scope of practice, using an up-to-date evidence base.

• **Repeat prescribing**
  It is essential that non-medical prescribers are familiar with the Trust’s policy on repeat prescribing, to ensure patient safety, compliance and appropriateness of prescribing. A full prescribing review should be undertaken before repeat prescribing, and it is essential to inform / discuss with the patient’s GP, the need for a repeat prescription and shared care needs. Accurate record keeping must be maintained.

• **Transcribing**
  Transcribing is undertaken when there is a need to transfer medicine information from one document to another. The process of transcribing medication, does not legally exist, as this process is seen as a request to provide a new prescription. Therefore, any request to transcribe medication should be given the same level of responsibility, care and rigor, as with writing all prescriptions. In this situation, the non-medical prescriber must only prescribe following a full patient assessment and diagnosis, with review of previous care planning documents and previous prescriptions. The principles of medicines reconciliation to any previously prescribed medication must be undertaken.

• **Prescribing for Children**
  Only non-medical prescribers with relevant knowledge, competence, skills and experience in caring for children should prescribe for children. This is particularly important in primary care, (out-of-hours services and minor injury units). Non-medical prescribers must be able to demonstrate competence to prescribe for children, and refer to another prescriber when working outside their area of expertise and level of competence. Newly qualified prescribers, and experienced prescribers moving to a new area, who will regularly prescribe for children as part of their job role, must ensure that the initial three months’ of the Consolidation of Prescribing Practice, includes a significant number of supervised prescriptions for children. Supervision by a Consultant
DMP, Nurse Consultant and/or a senior experienced non-medical prescriber, must be part of the consolidation process, as agreed with the line manager. Reference should be made to the following documents:

The BNF for Children. www.bnfc.org
The National Service Framework for Children, Young People and Maternity Services:

Medicines for children and young people: Standard 10. Department of Health and
Department for Education and Skills (2007)

- **Prescribing off license / off label medicines (drugs without a UK marketing
  authorisation)**

  A nurse, midwife, optometrist, physiotherapist, podiatrist, therapeutic radiographer and
  pharmacist independent prescribers may prescribe medicines independently for
  use outside their licensed indication/UK marketing authorisation ("off license" or "off
  label" use) if considered clinically appropriate. Community Practitioner Nurse
  Prescribers may not prescribe off license medicines. Paramedic independent
  prescribers are not permitted to prescribe off license medicines.

- **Prescribing unlicensed medicines**

  Nurse and pharmacist independent prescribers (but not physiotherapist, podiatrist,
  therapeutic radiographer or optometrist independent prescribers) may legally prescribe
  unlicensed medicines. Community Practitioner nurse prescribers may not prescribe
  unlicensed medicines.

- **Mixing medicines**

  A nurse, pharmacist, podiatrist, therapeutic radiographer and physiotherapist
  independent prescribers (but not optometrist independent prescribers) may mix
  medicines themselves and direct others to mix medicines, in line with guidance by the
  Department of Health (2010).

- **Record keeping**

  Non-medical prescribers must maintain contemporaneous records, in line with Trust
  policy and the relevant regulatory governing body requirements. A record of the
  consultation and rationale for prescribing should include the date of prescription, name
  and signature of prescriber, name of patient, date of birth, dose and frequency of the
  medication and date for planned review. Where a Clinical Management Plan (CMP)
  exists, this must be easily identified within the patient’s records. Non-medical prescribing
decisions must be communicated back to the Lead medic / Consultant who holds overall responsibility for planning the care of the patient.

- **Supplementary non-medical prescribing**
  There is no restricted formulary or list of medicines for supplementary prescribing. Provided that medicines are allowed to be prescribed by a medical doctor, and that they are referred to in the individuals Clinical Management Plan (Appendix 9), supplementary prescribers are able to prescribe them (Department of Health, 2005). Before supplementary prescribing can take place, an agreed Clinical Management Plan must be available for a named patient, with details of the specific condition(s) to be managed by the supplementary prescriber. Following assessment and diagnosis by the independent prescriber, who must be a doctor or a dentist, the independent and supplementary prescribers should discuss the Clinical Management Plan prior to development of the document. The independent / supplementary prescriber must formally agree to the document, before supplementary prescribing begins. The patient should also be involved in discussions and decisions about their care.

- **Controlled drugs**
  Legislation introduced on 23rd April 2012, allows independent pharmacists and independent nurse prescribers only, to prescribe and give direction for the administration of Schedule 2, 3, 4 (1) and 5 controlled drugs.

  In June 2015, Podiatrist and Physiotherapy independent prescribers had their prescribing powers increased to include specific controlled drugs. However, they may not possess, stock or supply controlled drugs. Controlled drug prescriptions are only valid for 28 days from the date and signature of the prescriber. Non-medical prescribers working in secondary care inpatient settings should have authorisation to prescribe schedule 2 controlled drugs, as agreed in advance with the line manager, the Trust non-medical prescribing lead and the Chief Pharmacist. The Trust Controlled Drug Policy must be accessed for current organisational process and governance requirements.

- **‘Writing up’ / Authorisation of Blood components for transfusion (Advanced Practice)**
  An amendment of Section 130 of the 1968 Medicines Act by regulation 25 of the Blood Safety and Quality Regulations 2005 (S1 2005 No.50), resulted in blood components being excluded from the Medicines Act 1968, and subsequent Human Medicines
Regulations 2012. The effect of the amendment is to exclude blood components from the legal definition of medicinal products.

Currently, there is no legal barrier to an Advanced Nurse or Advanced Midwife Practitioner to ‘write up’ the authorisation for blood component transfusion (ie: red cells, platelets and fresh frozen plasma), provided it is within their scope of specialist practice, detailed in their job description, specified in a local Standard Operating Procedure / governance framework, and has the approval of relevant Trust Committee(s), and the Advanced Nurse Practitioner has successfully completed additional training and competencies. Currently, training is delivered by the NHSBT Transfusion Service.

The legal view of the RCN, NMC and guidance from the MHRA, makes it clear that the term ‘prescription’ legally relates to medicinal products as listed in the British National Formulary (BNF) Therefore, the terminology of ‘written instruction’ and not prescribing is used. Practitioners’ must be able to demonstrate advanced patient assessment, diagnosis, clinical reasoning skills and legal requirements of valid consent and record keeping. Advanced Practitioners’ (non-medical prescribers), and the line manager should contact the Trust non-medical prescribing lead, the senior nurse for Clinical Skills, and their Directorate governance link to discuss development support for extended practice.

- **FP10 prescription pads (Aide-Memoir Appendix 8)**
  In line with the Trust authorisation process, where a non-medical prescriber is required to issue FP10 prescriptions in the course of their work, the line manager will forward the Notification of Practice form to the Trust non-medical prescribing lead, confirming service requirements and prescriber status. For SomPar non-medical prescribers, either the Trust non-medical prescribing lead, the Director of Care with responsibility for non-medical prescribing, and the Chief Pharmacist can authorise registration with the NHSBSA. The locality ordering clerk will be advised of the NHSBSA registration prior to ordering FP10 prescription pads.

  Prescribers’ using FP10 prescription pads should refer to the relevant FP10 Standard Operating Procedure and the FP10 Aide-memoir (Appendix 8) for information regarding prescription pad security. TST non-medical prescribers needing to use FP10 prescription pads, should order these from the Pharmacy department, and should familiarise themselves with relevant FP10 guidance. All prescribers’ using FP10 prescription pads are accountable for the security of pads in their possession, and for the immediate return of prescription pads to their line manager on leaving Trust employment,
or taking a break from prescribing. Line managers are responsible for completing the Leavers form (Appendix 3), or the Break from Prescribing form (Appendix 4), and returning this to the NMP administrator.

**Line managers have overall responsibility to ensure timely return of FP10 prescription pads to:**

- the Locality Ordering Clerk for disposal - (SomPar prescribers)
- the TST Pharmacy Department for prescribers working in the acute service.

**Non-NHS Employees**

A non-NHS employee cannot issue an FP10 prescription. This covers prescriptions dispensed on a NHS community pharmacy, unless the healthcare organisation they work for is commissioned to provide a NHS service, and has arrangements in place which allows the non-NHS service to use NHS community dispensing services. Agency Emergency Nurse Practitioners (ENP) will, by role definition, have a non-medical prescribing qualification and experience of prescribing. Community minor injury units across the county use regular agency ENP shifts to support service delivery. The responsibility for review of agency contracts, to include pre-employment checks, lies with the Temporary Staffing Service.

Curriculum Vitae review and approval of the clinical and prescribing skills for agency Emergency Nurse Practitioners, is undertaken by the Consultant nurse or the identified senior nurse. In particular, confirmation of the ENP’s competence to prescribe for children will be an essential requirement. Agency staff cannot use FP10 prescriptions and must record the assessment, diagnosis and prescribing in the relevant patient documentation.

**Simultaneous prescribing and administration of medicines**

Regarding clinical governance assurances of safe practice, (other than in exceptional circumstances), there should be separation of prescribing and administration roles. In exceptional circumstances, where a non-medical prescriber undertakes both prescribing and administration, a competent second checker should be involved in the checking process.

Contemporaneous record keeping should be maintained, recording the rationale, a record of the medication and dose prescription, the route of administration, date, time and name, signature of the prescriber and the name, signature and designation of the second checker. Clinical services needing to apply this approach must complete a full
risk assessment. This is especially important, when a non-medical prescriber
simultaneously prescribes and administers medication using a high risk medical device
pump or other equipment, with no second checker available. Non-medical prescribers
using high, medium or low risk medical devices must evidence yearly competencies, to
operate equipment listed in these risk categories.

• The Trust Register of Non-Medical Prescribers (monthly updates)
The register will be sent to line managers (and/or their nominated deputy or
administrator), on a monthly basis. The Line managers will have overall responsibility to
ensure that all details relating to their non-medical prescribers remain updated, and
returned to the non-medical prescribing administrator by the required date. The Trust
lead for non-medical prescribing will review the monthly returns, liaise with managers
regarding deficits, and provide a compliance report to the Non-Medical Prescribing
Group on alternate months’ and produce a yearly compliance report to the Director of
Care with responsibility for non-medical prescribing.

6. TRAINING AND COMPETENCY REQUIREMENTS

CONTINUING PROFESSIONAL DEVELOPMENT AND CLINICAL GOVERNANCE

NHS organisations are accountable for continuously improving the quality of service
delivery and promoting high standards of patient care. Clinical governance is a system
creating an environment which supports clinical excellence. Healthcare organisations must
ensure than non-medical prescribing is within the Trust clinical governance framework to
govern safe, competent and legal practice

6.1. Review of non-medical prescribing at the yearly appraisal conversation:
Any training needs and continuing professional development requirements should be
agreed as part of the yearly appraisal process, leading up to the three yearly re
authorisation to prescribe.

6.2. Governance Assurances: Yearly Appraisal (Appendix 6 pages 34-37)
The following prescribing evidence must be produced at each yearly appraisal. Line
managers will have responsibility for confirming that the following points have been
discussed as part of the appraisal conversation, and complete the Yearly Appraisal record
form. It is acknowledged that Pharmacist non-medical prescribers Continued Professional
Development, will align with the GPhC revalidation framework for pharmacists, published in
January 2018.
Non-medical prescribers working 30 hours or more per week must attend a minimum of two non-medical prescribing Continued Professional Development (CPD) opportunities each year, selected from the following CPD events (1-4):

1. Case study review sessions with peers. These sessions are held across the year, and provide the opportunity for peer group learning and clinical supervision to support continuing professional development
2. Specific topic CPD sessions (specialist-led), available across the year at the Exchange
3. NMP Forum meetings
4. Local clinical supervision sessions with colleagues,

and

- Complete the yearly Self-Assessment of Prescribing Audit form (Appendix 5), in discussion with a Consultant medic or GP colleague and the line manager
- Discussion of a reflective account of a non-medical prescribing case, at the yearly appraisal.

Non-medical prescribers working less than 30 hours per week may find it difficult to meet these requirements. If they are able to attend one CPD opportunity, they must also provide evidence of additional CPD relating to their prescribing practice (eg. clinical supervision and a reflective account of their prescribing) for their yearly appraisal. In addition, all non-medical prescribers must complete the mandatory Single Competency Framework for Prescribers (RPS 2016) once every three years, and evidence this for the three yearly reauthorisation to prescribe.

**Mandatory three yearly re authorisation (Appendix 7 pages 38-39)**

The non-medical prescriber and the line manager must complete the Trust non-medical prescribing reauthorisation form (Appendix 7 page 39) on a three yearly basis.

The following prescribing evidence must also be produced for review by the line manager: attendance at the mandatory Single Competency Framework CPD Event, in the previous three years, prior to reauthorisation, reflective accounts from previous appraisals, review of previous self-assessment audit forms, completion of the reauthorisation form (Appendix 7), and signed by the line manager to confirm the above evidence has been achieved. The reauthorisation form should be sent electronically to the non-medical prescribing administrator 2 weeks’ prior to the prescriber’s reauthorisation due date.

**Non-compliance with yearly appraisal and the Trust three yearly re authorisation process:**

It is acknowledged that a delay in the return of confirmation forms for the yearly appraisal and the three yearly authorisation, can be a result of annual leave, sick leave, or
unforeseen personal circumstances. When the confirmation form has not been received by the due date, a courtesy reminder will be sent to both the line manager and the prescriber, with a two week timeline for return of the relevant form.

If the return is delayed beyond this initial two week timeline, a second request will be escalated to the matron and/or the Associate Director of Care, requesting confirmation to be returned within the additional two week timeline. If confirmation has not been received a month from the initial request, escalation will be forwarded to the Director of Care with responsibility for non-medical prescribing.

Where a non-medical prescriber has not prescribed for over 12 months’ or:-

- is returning from a break in prescribing practice
- has not maintained Continuing Professional Development requirements
- has not consolidated non-medical prescribing practice within 1 year of qualifying –

They will notify their manager and the Trust non-medical prescribing lead. The line manager should complete the form (Appendix 4). The prescriber will temporarily cease to prescribe and will be recorded as ‘non-active’ on the local non-medical prescribing register tab. Any FP10 prescription forms that they hold must be disposed of, in line with the local FP10 standard operating procedure. They will not resume prescribing practice until the required support and training needs have been identified and successfully completed within an agreed timeline. The Trust non-medical prescribing lead, the line manager and the lead consultant medical prescriber will negotiate a supervision plan and identify an experienced prescriber, who is prescribing in the same clinical field, to provide supportive supervision and guidance. The Single Competency Framework for Prescribers (RPS, 2016) should be used to support development. The Consolidation of Prescribing Practice document should be used, including final competency sign-off. The document should be returned to the Trust lead for non-medical prescribing, and the Trust authorisation letter will be issued. The non-medical prescriber will be annotated on the Trust NMP register.
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<td>The Non-Medical Prescribing Group (NMPG)</td>
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<td>Non-compliance will be escalated by NMPG to the line manager requesting resolution within two weeks. If the initial request for resolution has not been achieved, a second escalation will be sent to the matron/ADN, with a further two week timeline. Non-compliance of points 1 and 2 will result in escalation to the Director of Care with responsibility for non-medical prescribing</td>
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REFERENCES

- Home Office Circular 009/2012 Nurse and pharmacist independent prescribing, 'mixing of medicines', possession authorities under patient group directions and personal exemption provisions for Schedule 4 Part II drugs
- NMC (2018) NMP Prescribing Guidance
- Alliance policy (2018) Clinical Supervision
- HCPC (2013) Standards of Prescribing
- NPC (March 2010) Non-medical prescribing by nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers A quick guide for commissioners
- General Pharmaceutical Council (2018). Revalidation Framework for pharmacists
- Society and College of Radiographers (2016). Practice Guidance for Radiographer Independent and /or Supplementary Prescribers
- The Medicinal Products Act (1992): Prescription by nurses [which amended the National Health Service Act 1977 (section41) and the Medicines Act 1968 (section 58)]
- Health & Social Care Act (2001) (section 63)
- The Medicines and Human Use (prescribing) (Miscellaneous Amendments) Order of May 2006
9 DOCUMENT CONTROL

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