

# Procedures for Non-Medical Prescribing (including a Toolkit of required documents)

**Version: 3**

<b>Summary:</b>	The procedure for Non-Medical Prescribing (NMP), when read in conjunction with the Non-Medical Prescribing Policy should provide information about all aspects of Non-medical prescribing from workforce planning through training and practice.	
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# Version Control

## Change Record

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April 2015	Gina Winter-Bates	1		New procedure to replace SH CP 162
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# Procedures for Non-Medical Prescribing

## 1. Introduction and Key principles

Non-Medical Prescribing was introduced in 1997 and refers to prescribing undertaken by specially trained registered health care professionals working within their clinical competence. There are a number of key principles that underpin the introduction of Non-Medical Prescribing (NMP) into the workforce. Training and developing NMPs has been shown to result in:

- More timely and appropriate access to medications for patients
- Clear distinction of professional responsibilities
- Extension of the scope of practice of nurses, pharmacists and allied health professionals which is supported by training, supervision and CPD
- Efficient and cost effective medication supply across the whole health economy

These procedures apply to all areas of practice within Southern Health NHS Foundation Trust (SHFT). This procedural guideline should be read in conjunction with the Non-Medical Prescribing policy and Medicines Control Administration and Prescribing Policy (MCAPP) (SHCP 1). It provides details of the process of how Non-Medical Prescribing will be managed within the organisation from workforce planning, application, training and monitoring of prescribing practice.

These procedures apply to all professions who are employed by Southern Health NHS Foundation Trust and who are eligible and permitted to act as Non-Medical Prescribers (NMPs) in law

These procedures will detail guidelines for both independent and supplementary prescribers. NMPs and managers using the Non-Medical Prescribing Policy and Procedures for Non-Medical Prescribing should also refer to the codes of practice published by the NMC, RCN and HCPC.

All staff should refer to the flowchart in Appendix A that outlines the processes involved in training and Appendix F which outlines the processes involved in managing and employing an NMP.

These procedures are informed by and compliant with National documents that include:

- **Standards of Proficiency for nurse and midwife prescribers (NMC, 2005)**  
<http://www.nmc.org.uk>
- **Nurse Prescribing in the UK (RCN, 2012).** <http://www.rcn.org.uk>
- **Pharmacist independent prescribing programme (GPhC)**  
[https://www.pharmacyregulation.org/sites/default/files/pharmacist\\_independent\\_prescribing\\_-\\_learning\\_outcomes\\_and\\_indicative\\_content.pdf](https://www.pharmacyregulation.org/sites/default/files/pharmacist_independent_prescribing_-_learning_outcomes_and_indicative_content.pdf)
- **Medicines Matters (DH, 2006).** <http://www.nationalarchives.gov.uk/2013010705354>
- **Guidance Document For Non-Medical Prescribers Employed in Community Organisations** ( Health Education England 2018)

## Section 2

### **Guidance for Divisional Leads and Line Managers of Non-Medical Prescribers**

#### **2. Introduction**

The introduction of non-medical prescribing capacity within Southern Health NHS Foundation Trust is a key aspect of workforce planning... The role can improve patient access to medications, improve efficiency of working and is a valued extended role for many registered professionals. However, careful consideration is required in the planning, training and support of non-medical prescribers, much of which mandated in legislation. It is a Department of Health requirement that ***“All individuals selected for non-medical prescribing training must have the opportunity to prescribe in the post that they undertake on completion of training”*** and that their post ***“...is one in which there is a local need to prescribe”***.

**Managers are therefore required to support applications for non-medical prescribing course only from registered staff that are able to prescribe in their role once qualified.** This must be a key consideration in workforce planning if the resources, cost and support required is to be utilised to the maximum benefit of patients and the organisation.

#### **Divisional Responsibilities**

- 2.1 Divisional Directors, Associate Directors of Nursing and Professions and Service Managers should consider how non-medical prescribing can contribute to the workforce planning, business plans and annual TNA for their division in delivering efficient and cost effective care.
- 2.2 Divisions must appoint a Non-Medical Prescribing Lead, who should be a non-medical prescriber. This person will support the NMP Trust Lead in assuring quality and governance related to non-medical prescribing within the division. Local or service specific forums may also be considered by the Division such as those related to specific areas (MIU/Outpatients) or relate to role specific forums (Nurse practitioners/Clinical Nurse Specialist).

<b>Divisional Responsibility</b>
Each Division should appoint a non-medical professional who will act as lead on Non-medical prescribing oversight
Divisional NMP lead should oversee development of local NMP meetings which focus on Clinical supervision and practice
Divisions will include consideration of Non-medical prescribing opportunities in all workforce planning decisions and identify where gaps in NMP provision exist
Divisions will support LEaD in producing an annual training needs analysis for Non-Medical Prescribing training
Divisions must ensure that staff have the requisite training and experience before progressing applications for NMP training
Divisions are expected to monitor NMPs within their Division and ensure that <ul style="list-style-type: none"><li>• NMPs are on the Trust register prior to prescribing</li><li>• NMPs entry on the register has their correct contact details</li><li>• NMPs complete an annual e verification and submit this to update the register</li><li>• NMPs who are subject to conditions of practice, suspended or barred from non-medical prescribing are suspended on the active register until CPD evidence can be demonstrated and reinstatement can be achieved.</li></ul>

<ul style="list-style-type: none"> <li>NMP divisional lead will inform the NMP admin to remove individual from the register.</li> </ul>
<p>Divisions need to ensure that there is sufficient resource to support trainees and qualified NMPs. This should include</p> <ul style="list-style-type: none"> <li>Sufficient appropriately qualified Designated Medical Prescribers (DMP) to support the whole term of the trainee's NMP training.</li> <li>resources to ensure that newly qualified NMPs are carrying out a role where they can prescribe regularly especially within the first year after qualification</li> <li>suitably qualified mentors who can oversee and support the development plan of newly qualified NMPs to ensure that they transition towards independent prescribing</li> <li>resources to ensure the qualified NMPs can access appropriate clinical supervision and CPD in line with the requirements</li> </ul>

### Workforce Planning

2.3 Divisional senior management teams should assess the existing NMP provision within their workforce (both active and inactive) annually. An active NMP register is maintained in Southern Health which provides this information.

2.4 A divisional decision about the number of NMPs required should be made based on the annual training needs analysis with the following considerations.

This assessment should ascertain if:

- there are sufficient NMPs in the division
- there are sufficient NMPs working in each of the teams
- additional NMPs are required
- there are sufficient numbers and support from a Designated Medical Practitioners (DMP) to support training

2.5 Service managers will need to consider how existing and newly qualified NMPs will undertake Continuous Professional Development (CPD), prescribing specific supervision and receive ongoing support within their teams.

### Selection and Training

2.6 A checklist is available in Appendix B, which details the requirements of any staff undertaking the Non-Medical Prescribing Course. Service managers will identify suitable staff to undertake training as an NMP who **must** (*Please tick*);

Compulsory	Have undertaken a Physical Assessment and History	
	Taking course at level 6 or above	
	Have the ability to study at level 6 (1 <sup>st</sup> level degree) study	
	Have read and understood the MCAPP medicines policy (SHCP 1)	
	Have at least 3 years post registration experience	
	1 years' experience in the specialist area in which they practice	
	Be capable of undertaking 26 weeks taught training (parts 1 & 2) within 12 months	
	Be capable of undertaking 12 weeks of supervised clinical practice post course	
	Have completed medicines administration competence or training	
Have the support of and access to a Designated Medical		

	Practitioner who will supervise the training of the NMP and who will sign their final assessments on completion.	
	Have a current enhanced DBS check in place	
	Have line manager's agreement to undertake training	
	Be able to utilise Non-medical prescribing within their clinical role within 12 months of qualification	
	'Advanced Medicines Management & Psychopharmacology training' (*Mental Health Only)	

- 2.7 Service managers may wish to prepare a business case for Non-Medical prescribing training within their teams in order to assess resource availability and allocation.
- 2.8 Service managers should undertake a formal interview with a prospective candidate and complete the application documentation together.
- 2.9 Applications should be completed in the pack in Appendix (B-E) and include
- Service Manager's sponsorship
  - LEaD University application form
  - Designated Medical Prescriber agreement
  - Supporting statement from candidate
  - Equality and Diversity statement
  - Confirmation that compulsory criteria are met

This information should all be sent to LEaD in order to access a training place.

- 2.11 If a prospective candidate has previously undertaken a non-medical prescribing course which they have failed to complete, managers must obtain written information with:
- Details reasons why course was not completed
  - Supporting information from line manager, supervisor or HEI course
  - Course leader statement (at time of discontinued study) about why course was discontinued
  - Assurance about how course is to be completed if a future application accepted

These details should be included in any application made to LEaD for Non-Medical Prescribing courses.

- 2.12 **Taught element of the NMP training:** The trainee NMP will undertake face to face taught training in a Higher Education Institute (Part 1 and 2). This usually involves release for 1-2 days of training for 26 weeks which will need to be completed within a year.
- 2.13 **Supervised practice:** Once the taught elements are completed the trainee NMP will require a structured practical 12 week programme when they will undertake supervised practice. Line managers should assist in the facilitation of this practice by
- providing release from normal duties
  - overseeing the development of the programme of supervised practice
  - ensuring that the trainee has a DMP in place who is willing and able to provide the required supervision and sign off
  - ensuring that the trainee NMP completes the supervised practice and has completed competences

### **Newly Qualified NMPs**

- 2.14 Staff and managers should refer to the information in **Appendices F & K** which details actions required for supporting the practice of qualified NMPs

- 2.15 Once qualified the new NMP will receive confirmation from their HEI that they have successfully completed the required training. They must provide this as evidence to their regulatory body (NMC/HCPC/GPhC) and have alterations made to their registration.
- 2.16 Evidence of this change to their professional register entry must be presented to their line manager before the NMP can be entered onto the Trust register, order a prescription pad or begin prescribing.
- 2.17 The Line manager must meet with the newly qualified NMP (or existing NMP who is changing roles/practice area) and complete an NMP practice agreement (**Appendix H**)
- 2.18 The Line manager must then make a suitable amendment to the NMP's Job Description and person specification as detailed in (**Appendices I & J**).
- 2.19 The Line manager must then complete form (**Appendix I**) to confirm in writing that they have:
- confirmation of practice completed
  - informed HR
  - written to the Non-medical prescriber and agreed the future role and activity that the NMP will undertake with a formal NMP Practice agreement (**Appendix H**)
  - retained a copy and formal agreement in NMPs personnel file
- 2.20 The NMP must submit this information to the NMP administrator to be entered on to the register. The NMP administrator will inform meds management administrator and receive a prescription pad. Failure to register or practice **within a year of qualification** will result in the NMP being unable to practice in the extended role. They will need to undertake training at HEI to repeat the course.

### **Supporting Qualified NMPs**

- 2.21 Qualified NMPs must undertake regular CPD (at least 4 times per year) and prescribing specific supervision from a person who is legally qualified to prescribe medication. Frequency will depend on prescribing practice but should take place at least every 3 months. Line managers must ensure that NMPs are able to undertake CPD and supervision.
- 2.22 The Line manager must monitor that CPD, competence and supervision, and e-verification of compliance with NMP standards are discussed at the NMP's annual appraisal. A completed portfolio of evidence should be presented as evidence.
- 2.23 Regular SHFT conferences are arranged for NMPs and line managers must, where possible to support NMPs to attend.
- 2.24 A structured competence document is available on the LEaD website and every NMP should use this document to evidence their competence. This should be shared with their line manager regularly.
- 2.25 Line managers should be aware of any areas of development or support that the NMP requires.
- 2.26 Line managers should review NMP's progress at regular one to one's and at annual PDR. PDR discussions must include:
- Evidence of competence completion
  - E-verification of compliance with NMP standards.
  - Evidence of CPD, prescribing supervision and prescribing portfolio

- Future training needs to maintain competence – which should form part of the Divisional annual Training Needs Analysis (TNA).

### **NMPs transferring from another area**

- 2.27 If an NMP transfers to a location within Southern Health NHS Foundation Trust they may continue to prescribe provided that their line manager has
- Ensured that the NMP is moving to a similar role or similar area of practice to that performed previously.
  - Completed NMP practice agreement (**Appendix H**)
  - Ensured that the NMP has submitted information of detail changes to the NMP administrator who will update the register.
- 2.28 The NMP will need to destroy any old prescription pads in accordance with the “Disposal of Prescription pads” standard operating procedure.
- 2.29 Once the SHFT NMP register has been updated, the NMP may apply for new prescription pads related to their area of practice
- 2.30 The Line manager must agree the scope and limitations of the NMP’s practice and ensure that they evidence the actions in sections 2.14 – 2.20

### **Transferring an NMP from another organisation or changing practice**

- 2.31 If a qualified non-medical prescriber is employed from another organisation or changes speciality service managers must gain assurance of their competence to practice in an extended role. They must see evidence that the NMP:
- has trained in accordance with SHFT policy
  - has undertaken recent prescribing and is competent
  - is registered with their professional body to be a non-medical prescriber (NMC/HCPC)
- 2.35 Prior to commencing prescribing practice within SHFT the line manager must ensure that the NMP has:
- undertaken a period of supervised practice with a DMP and an experienced prescriber.
  - completed a competency document which is signed off by a prescriber in the same area of practice as the NMP
  - completed an audit form detailing their contact details, practice, supervision and CPD
  - Additionally the line manager should have completed the NMP practice agreement (**Appendix H**)
- 2.37 Once on the SHFT NMP register the non-medical prescriber will be able to order a prescription pad and begin practicing.
- 2.38 NMPs who have not practiced and are considered inactive on the register are not able to order prescription pads and should not be authorised to prescribe. Manager should detail this in the persons’ personnel file.

### **Divisional NMP Leads and Forums**

- 2.39 Each division will need to nominate an NMP lead who will support the Trust NMP lead ensuring the delivery, monitoring of safe auditable practice. Divisions may choose to have other local leads who are either service specific or geographically co-location.

- 2.40 The divisional NMP lead should be a qualified prescriber or have direct responsibility for NMP's in their normal work **and** an understanding of the regulations and expectations related to NMP practice.
- 2.41 Divisional NMP leads will be responsible for ensuring Divisional representation at the Trust wide NMP group
- 2.42 Divisional NMP leads will work with the Trust wide NMP lead to develop local forums for NMP which must take place four times per year.
- 2.43 A local NMP forum should be in place in each division (as a minimum) which is led by a prescriber. More local forums that may be developed that are based on geographical region or service specific (e.g. Clinical Nurse Specialist or Nurse Practitioner). Line managers will need to support the formation of these groups and will need to release NMPs to attend these meetings in order to meet their CPD requirements
- 2.44 Standard Terms of Reference should be in place and these groups must meet at least four times per year.

#### **Further Guidance for managers**

- 2.45 Line managers can gain additional support and information from the NMC website and from the RCN about non-medical prescribing that offers generic information about the legalities of non-medical prescribing
- 2.46 Further information is available via the Trust NMP Lead or the NMP Pharmacy Lead.
- 2.47 Line managers are advised to familiarise themselves with the contents of Sections 3, 4 & 5 of this document (Guidance for Non-Medical Prescribers, Maintaining Competence and Active Non-Medical Prescriber Status and Additional Information for Non-Medical Prescribers and Managers) in order to fully support their practice and that of the NMP.

## Section 3

### Guidance for Non-Medical Prescribers

#### 3. Guidance for Staff Considering Undertaking NMP Training

- 3.1 Staff considering undertaking training must be registered health care professional from the list detailed in the introduction
- 3.2 Staff must have the following (**Appendix B**):

Compulsory	Have undertaken a Physical Assessment and History Taking course at level 6 or above	
	Have the ability to study at level 6 (1 <sup>st</sup> level degree) study	
	Have read and understood the MCAPP medicines policy (SHCP 1)	
	Have at least 3 years post registration experience	
	1 years' experience in the specialist area in which they practice	
	Be capable of undertaking 26 weeks taught training (parts 1 & 2) within 12 months	
	Be capable of undertaking 12 weeks of supervised clinical practice post course	
	Have completed medicines administration competence or training	
	Have the support of and access to a Designated Medical Practitioner who will supervise the training of the NMP and who will sign their final assessments on completion.	
	Have a current enhanced DBS check in place	
	Have line manager's agreement to undertake training	
	Be able to utilise Non-medical prescribing within their clinical role within 12 months of qualification	
	'Advanced Medicines Management & Psychopharmacology training (*Mental Health Only	
Optional	NMP has previously undertaken extended roles such as <ul style="list-style-type: none"> <li>• administration under PGD</li> <li>• additional pharmacology knowledge.</li> </ul>	

#### Applying for the course

- 3.3 Once a registered professional has confirmed their eligibility (section 3.2) they must meet with their line manager to discuss the feasibility of their undertaking NMP training.
- 3.4 During this meeting they should have access to and complete the application pack in Appendices B-E

- 3.5 The application form must be accompanied by a written confirmation from the Designated Medical Practitioner who will supervise the registered professional during the 12 weeks of supervised practice.
- 3.6 The application pack should also include the checklist completed by the candidate and submitted through LEaD

### **Trainee NMPs**

- 3.7 Trainee NMPs will be required to undertake an approved non-medical prescribing course within one calendar year
- 3.8 Completion of taught elements and 'pass' grades of both parts of the course are essential to progress to supervised Practice
- 3.9 Candidates should have an agreed supervision 'contract' in place with their DMP which details
- the length/ frequency of each supervised practice session (this should be at least weekly for 12 weeks)
  - Start date and completion date of supervised practice
  - details of what will be covered in supervised practice
  - sign off at completion
- 3.10 Once supervised practice is complete the competence document / contract should be signed by DMP and Student NMP. This will then be submitted to the HEI. On successful completion of both taught and practical elements of the course, the HEI will supply confirmation to the student of qualification to the student.
- 3.11 The student will need to await confirmation from their professional body that their entry on the professional register has been altered to reflect that they are now a Non-Medical Prescriber. Once this confirmation is received an NMP student is considered to be qualified and MUST begin practice within one year of this registration

### **Incomplete Training**

- 3.12 If the student NMP is unable to complete the course it is essential that they discuss this with their course leader immediately who may grant extensions or supervision of training [Please refer to the student handbook of the relevant HEI]
- 3.13 Students must also inform their line manager of their reasons for suspending or exiting training
- 3.14 The student MUST gather and retain any supporting evidence including details of meetings with course leader and line manager. If the student wishes in the future to recommence or re-apply for training as an NMP this information will be required. In the absence of this information it is unlikely that agreement to reapply will be given.

### **Qualified Non-Medical Prescribers (See Appendices F&G)**

- 3.15 Confirmation of registration will be required from NMPs regulatory body prior to commencing prescribing
- 3.16 Newly qualified NMPs should provide this confirmation to their line manager

- 3.17 The NMP and line manager should meet to agree the scope and limitations of future practice for the NMP. An NMP Practice agreement will need to be completed (**Appendix H**) which details:
- The limits / area of practice of the NMP in the future
  - How the NMP will receive supervision and undertake CPD
  - Expectations of how the role will support the work of the team
  - Whether the NMP will be a supplementary or independent prescriber
- 3.18 The NMP should then ensure that an amendment is made to their Job Description. A copy of this should be provided for the NMP and a copy placed in their personnel file (**Appendices I&J**)
- 3.19 The NMPs line manager should inform HR of this amendment
- 3.20 The NMP will then need to contact the NMP Administrator at [hp-tr.nmpsouthernhealth@nhs.net](mailto:hp-tr.nmpsouthernhealth@nhs.net)
- 3.21 The NMP administrator will then:
- Confirm that the NMP is on the SHFT Register
  - Provide information about how to receive a supply of prescriptions
  - Confirm the date that the NMP must complete their annual e verification.
  - Dates of NMP meetings and conferences
- 3.22 The NMP remains responsible for informing the NMP administrator of any changes to their; personal details, prescribing status, role, location, line manager and contract details.
- 3.23 NMPs who do not meet the standards for maintaining competence and Active NMP status will be logged as inactive on the NMP register and will not be authorised to engage in prescribing practice. The following points will serve as a guidance to reinstate as a NMP but this will be considered on an individual basis using the following evidence;
- worked with an active prescriber to develop an NMP practice agreement
  - completed their required CPD
  - undertaken the required supervision
  - completed the competency document and had this signed by an Independent Prescriber
- 3.24 Line managers must arrange an agreed period of practice with the NMP. They must also ensure that the NMP is supervised by a person legally authorised to prescribe who can verify their competence document.

### **NMPs transferring from another area**

- 3.25 If an NMP transfers to a location within SHFT they may continue to prescribe provided that they confirm with their line manager that:
- Are moving to a similar role or similar area of practice to that performed previously.
  - Have agreed and completed NMP practice agreement (**Appendix H**) with their line manager
  - Have submitted information about the change in role to the NMP administrator who will update the register.
- 3.26 The NMP will need to destroy any old prescription pads in accordance with the “Disposal of Prescription pads” standard operating procedure.
- 3.27 Once the SHFT NMP register has been updated, the NMP may apply for new prescription pads related to their geographical area.

- 3.28 The Line manager must agree the scope and limitations of the NMP's practice and ensure that they evidence the actions in sections 2.14 – 2.20

### **Transferring an NMP from another organisation or changing practice**

- 3.29 If a qualified non-medical prescriber is employed from another organisation or changes speciality they must provide evidence of their qualification and competence to practice in an extended role. This should confirm that the NMP:
- has trained in accordance with SHFT policy
  - has undertaken recent prescribing and is competent
  - is registered with their professional body to be a non-medical prescriber (NMC/HCPC)
- 3.30 Prior to commencing prescribing practice within SHFT the NMP will be required to:
- Undertake a period of supervised practice with a qualified and experienced prescriber (the length and nature of this will be detailed in the NMP practice agreement).
  - complete a competency document which is signed off by a prescriber in the same area of practice
  - completed of e verification
- 3.31 Once satisfied that the NMP is competent to prescribe in the area of practice line managers must complete the actions detailed in sections 2.14 – 2.20
- 3.32 Once on the SHFT NMP register the non-medical prescriber will be able to order a prescription pad and begin practicing.

### **Prescribing Practice**

#### **Legal and Clinical Liability**

- 3.33 The trust, like all NHS organisations, holds vicarious liability for non-medical prescribing practice providing the following criteria are met
- The NMP is registered for this qualification with their professional body
  - The NMP is on the 'active' register held within SHFT
  - The NMP must only practice within the agreed areas of practice (speciality) and at agreed level of prescribing (independent/supplementary)
  - The NMP must meet the conditions/standards in the procedural guideline related to CPD/supervision/competence and e verification.
  - They are prescribing for patients within SHFT who are under their direct care
  - Adhere to all NICE/DH national guidelines
- 3.34 Non-medical prescribers may additionally have insurance and liability cover with their professional body or organisations such as the Medical Defence Union. NMPs are free to seek advice about taking up additional insurance arrangements and this will be required if they are prescribing for patients outside of the normal NHS contract.
- 3.35 The NMP must have a clear plan as to whether they will be a Supplementary or Independent prescriber. Whilst legally the status of NMPs is not differentiated between Supplementary and Independent prescribers locally there needs to be an agreement about the scope of prescribing policy in order to comply with liability arrangements.

## Supplementary Prescribing

- 3.36 Supplementary prescribing should be considered as a transition state towards independent prescribing. A development plan should be in place to detail how independent prescribing status is to be agreed.**
- 3.37 Supplementary non-medical prescribing will follow a sequence involving;
- A diagnosis (by an Independent prescriber)
  - A Clinical Management Plan (**Appendix L**) with renewal dates developed with the patient (and the supplementary and independent prescriber) that is documented in the patients notes
  - Agreement by the patient that they will be managed by a non-medical prescriber. This consent should be documented in the patients notes
  - Information about the plan of care, including any prescribing, must be shared with the patients GP
  - Confirmation that the NMP has assessed the patient
  - Supplementary prescribers can only prescribe for patients under their direct care
  - Pharmacy prescribers may prescribe for all medical conditions and medicines.
- 3.38 There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that supplementary prescribing will be used for the management of chronic medical conditions and health needs
- 3.39 There is no specific formulary or list of medicines for supplementary prescribing. However SHFT supplementary prescribers must adhere to Trust policies on prescribing as detailed in the Trust's Medicines Control, Administration and Prescribing Policy (MCAPP) (SHCP1)
- 3.40 A supplementary prescriber should not agree to prescribe any medicine if they feel that their knowledge of the falls outside their area of competence.
- 3.41 Supplementary prescribers are able to prescribe the following providing that they act with SHFT policy and that medicines are prescribable by a doctor or dentist at NHS expense:
- All General Sales List (GSL) medicines and all Pharmacy (P) medicines
  - Appliances and devices that can be prescribed by GPs
  - Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
  - All Prescription Only Medicines including controlled drugs
  - Medicines for use outside their licensed indications (i.e. 'off label' prescribing), 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the BNF
  - Unlicensed drugs
- 3.42 Any drug (or class of drugs) prescribed by a supplementary prescriber must be listed in an agreed clinical management plan (CMP) and be approved by SHFT pharmacy department  
**The Clinical Management Plan (CMP) (Appendix L)**
- 3.43 An agreed CMP must be in place (written or electronic) before supplementary prescribing can take place. This should be included in the patient record.
- 3.44 The CMP MUST include:
- The name of the patient to who the plan relates
  - The illness or conditions which may be treated by the supplementary prescriber

- The date on which the plan is to take effect, and when it is to be reviewed by the doctor who is party to the plan (Review date no longer than one year and much shorter than this if the patient is being prescribed a drug which is for short term use only)
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan

***NB: the CMP may include a reference to published national or local guidelines. However, these must clearly identify the range of relevant medicinal products to be used in the treatment of the patient, and the CMP should draw attention to the relevant part of the guideline. The guidelines also need to be easily accessible.***

- Relevant warnings about known sensitivities of the patient to, or known the difficulties of the patient with, particular medicines or appliances
- The arrangements for notification of:-
  - a) Suspected or known reactions to and medicines which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan
  - b) Incidents occurring with the appliance which might lead, might have led or has led to the death or serious deterioration of state of health of the patient
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan

3.45 The supplementary prescriber may change the style and format of the CMP to suit local need. However the minimum content must fulfil the stated regulations

3.46 Following diagnosis by the independent prescriber, either the independent or supplementary prescriber may draft the CMP. However, both must formally agree to the CMP before supplementary prescribing can begin and be signed by both of them. The arrangement should be endorsed by the patient. Although not necessary, it would be recommended as good practice to also gain the patient's signature.

3.47 The independent prescriber and supplementary prescriber must share access to, consult and use the same common patient record. Shared electronic records are ideal, but existing paper records or patient-held records can also be used. The CMP may need to contain different levels of detail if the independent and supplementary prescriber work in different locations (e.g. a hospital-based independent prescriber and an outreach supplementary prescriber in the patients home).

3.48 The GP needs to be notified of the CMP. The independent prescriber (usually a consultant) will write a letter to the GP to explain the supplementary prescribing arrangement for each patient.

3.49 It is for the independent prescriber to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP. The independent prescriber will clearly need to take account of the experience and areas of expertise of the supplementary prescriber and the professional relationship between the independent and supplementary prescriber(s) when coming to this decision.

3.50 The CMP comes to an end:-

- At any time the discretion of the independent prescriber
- At the request of the supplementary prescriber or the patient

- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time)
  - Where there is a sole independent prescriber and he or she is replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor.
- 3.51 Supplementary prescribing may be considered an introductory period to independent prescribing in some circumstances but this is not mandatory.

*\*A range of resources related to Supplementary prescribing practice is included in Appendix L*

### **Independent Prescribing**

- 3.52 Once authorised to prescribe independently, the NMP will not be restricted to a specific formulary of drugs but will be able to prescribe from any section of the BNF, provided they are working within their own competence. They will be restricted to the drugs which can be prescribed within SHFT as determined by the Medicines Management Committee / Pharmacy department, SHFT.
- 3.53 SHFT independent non-medical prescribers must adhere to Trust policies on prescribing as detailed in the Trust's Medicines Control, Administration and Prescribing Policy (MCAPP) (SHCP1)
- 3.54 Provided independent NMPs adhere to SHFT guidance and medicines are can be prescribed by a doctor or dentist at NHS expense, independent NMPs are able to prescribe:
- All General Sales List (GSL) medicines and all Pharmacy (P) medicines
  - Appliances and devices that can be prescribed by GPs
  - Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
  - All Prescription Only Medicines including controlled drugs
  - A licensed medicine for an unlicensed indication is allowable, provided nurse or pharmacist prescribers take full responsibility for their actions. In addition they must comply with the SHFT unlicensed medicines policy (MCAPP).
  - Unlicensed medicines on the same basis as doctor prescribers.
  - All within local (DPC/APC formulary listing to which SHFT is party)

## Section 4

### **Maintaining Competence and Active Non-Medical Prescriber Status**

#### **4. Maintaining Competence and Active NMP Status**

- 4.1 To maintain competence and retain 'Active' NMP status all Non-Medical Prescribers must meet the following standards;
- 4.2 Participated in prescribing activity. Prescribing is defined as;
- Prescription by FP10
  - And/or where the NMP makes a prescribing decision is made but the designated medical practitioner generates the prescription
  - And/or where the clinical setting e.g. inpatient setting requires a Direction to Administer
  - And/or where the non-medical prescriber makes the clinical decision not to prescribe and And/or this is evidenced in the clinical record (de-prescribing)
- 4.3 Completed four episodes of Continuing Professional Development (CPD) related to non-medical prescribing within the previous 12 months. CPD may be undertaken by:
- Attendance at face to face training provided within SHFT
  - Attendance at face to face training or conference outside of SHFT
  - E-Learning
  - Independent learning
  - Attendance at annual conference within SHFT (advised)
  - Attendance at local/divisional NMP forums
  - Attendance at NMP Trust wide Group
- 4.4 Received face to face prescribing specific supervision from an independent prescriber on at least four occasions in the previous 12 months. The independent prescriber must be either the Designated Medical Prescriber who supervised the NMP training, a consultant working within the same speciality area, a G.P in the same geographical area or an experienced independent NMP in the same area of practice.
- 4.5 Completed the competency framework for prescribers (**Appendix M**) on an annual basis.
- 4.6 NMPs must maintain a portfolio which details their supervision, CPD and competence documents. This will be subject to an annual random selection audit by the NMP Lead.
- 4.7 Reflection in aspects of CPD should be included in a portfolio.
- 4.8 The NMP portfolio should also detail prescribing practice, case studies and include reflections on NMP practice.
- 4.9 Details of prescribing supervision must be available at one to ones with their line manager and at annual appraisal. After April 2016 nurses will also require this information for revalidation purposes with the NMC.
- 4.10 NMP's must complete an electronic verification via the LEaD system to declare their compliance with NMP standards, set out above, on an annual basis.
- 4.11 All newly qualified NMP's must verify that they are working towards meeting the standards to maintain competence.

## Section 5

### **Additional Information for Non-Medical Prescribers and Managers**

#### **5. Non-Medical Prescriber (NMP) Register**

- 5.1 A complete register of all NMPs is held Trust wide and maintained by the NMP administrator within SHFT. The keeping of this register and its regular updates is a legal requirement in order for NMPs to retain liability cover by the trust.
- 5.2 It is the NMP's responsibility to ensure that the details on the register are accurate and up to date.
- 5.3 Managers are responsible for telling the NMP administrator if staff change role, leave or have had their practice suspended.
- 5.4 NMPs and Managers must also inform the NMP administrator if the NMP is reported to their professional body, face limitations of practice or suspension has taken place.
- 5.5 The register is updated regularly through an interface with NMC/HCPC/GPhC and HR information
- 5.6 Further update is supported by the completion of annual e verification.
- 5.7 All NMPs must complete this audit at least annually or whenever there are changes to their name, details, practice role or contact details.

#### **Monitoring Performance**

- 5.8 Monitoring performance should take place via regular one to one meetings and annual appraisal. Additional sources of assurance include a signed competence document, NMP portfolio and annual audit and e verification.
- 5.9 It is recommended that all NMPs undertake a patient satisfaction survey every 12 months related to their NMP practice. The audit should include whether patients have received appropriate information about their care plan, their prescription and if they are satisfied with the non-medical prescriber care
- 5.10 After April 2016 nurses will require supporting evidence of good evidence of good practice from colleagues, managers and patients to support revalidation with the NMC. This should include evidence related to their prescribing practice.
- 5.11 NMPs must adhere to their professional codes of conduct related to prescribing medications
- 5.12 NMPs must adhere to all national NICE guidelines, legislations related to prescribing
- 5.13 NMP should adhere to the policies of SHFT and act within the limits of their confirmation of practice and with the patient's 'safety and wellbeing paramount'
- 5.14 Performance concerns related to an NMP may include the following;
  - Completion and sign off of the NMP competence document
  - Concerns raised through incident reports or prescribing practice

- Completion of CPD/supervision or issues raised through these
- Prescribing frequency or activity
- Concerns raised by NMP about their own practice
- Legality and compliance with policies or national guidance
- Acting outside of the scope of the NMP Practice Agreement

5.15 Line managers must be proactive in dealing with performance that may impact on patient safety, staff safety and wellbeing or organisational reputation. Line managers should refer to current policies (Managing performance, capability procedure, SHCP 23) in order to ensure that actions are compliant and safe.

5.16 Further advice about prescribing practice should be sought from the NMP Trust Lead and Pharmacy Lead

5.17 Actions to be undertaken should incidents or safety concerns be raised may include;

- Suspending the NMP from prescribing until further information about performance is available
- Mandating an agreed period of supervised practice if appropriate
- Withdrawing their access to prescribing pads
- Informing the NMP lead or administrator that the NMP is currently suspended from prescribing
- Undertaking investigation if incident reports, allegations or concerns have been raised
- Recording actions and conversations in personnel file
- In certain circumstances informing the appropriate professional body
- An agreed action plan with review if the NMP returns to prescribing
- Notification to the prescribers professional body (if required)

#### Sources of Concerns

- Direct observation
- Patient and public feedback
- Audit results
- Staff feedback
- Pharmacy feedback
- Scrutiny of patient records
- NMC/HCPC notification
- Other feedback or data

### **Consent and Capacity of patients**

5.18 The principles of the overall SHFT Consent Policy apply to non-medical prescribing. The following are particular practice considerations that need to be considered by the independent prescriber.

5.19 It is essential that the patient is treated as a partner in their care and is involved at all stages in decision making, including whether part of their care is delivered via a NMP, by means of informed consent.

5.20 The NMP must work on the presumption that every adult patient has the capacity to make decisions about their care which would include the treatment prescribing undertaken by an NMP. Decisions about patient mental capacity must be undertaken by NMPs and recorded in accordance with the Mental Capacity Act Policy and Guidance (SHCP 39).

5.21 If a patient is unable to give consent the NMP may still prescribe for the patient. The NMP must document the benefits of non-medical prescribing for that patient and proceed in the patient's best interest. Good practice indicates a balance sheet approach where the

benefits and disadvantages of any specific treatment are recorded showing that the benefits outweigh the disadvantages.

### **British National Formulary (BNF)**

- 5.22 The BNF is a key resource for prescribers. These are available throughout the Trust.
- 5.23 It is essential that NMPs have access to either the BNF or the Nurse Prescribers Formulary and these should be supplied by the Trust where no other means of access is available.
- 5.24 The SHFT non-medical prescribing administrator will gather information as to which NMPs require a BNF or NPF and will advise suppliers quantities and names of NMPs annually so copies can be sent to them.
- 5.25 The BNF can also be accessed free online at <http://www.bnf.org> The BNF is also available as an app for smartphone users. Staff wishing to utilise these resources should contact the Southern Health Library service in order to access an NHS Athens Password.

### **The Dispensing Pharmacist**

- 5.26 It is a legal requirement for pharmacists to confirm the legality of any prescription before they can dispense it. This includes the authority of the person signing the prescription as well as confirming that the signature is genuine. To further prevent fraud the pharmacist cannot confirm a prescription is genuine by telephoning the telephone number printed on the prescription form in case that too is a forgery. Therefore pharmacists are required to identify unknown names and signatures by alternative means.
- 5.27 SHFT Chief Pharmacist Office will keep a register, including signatures, of NMPs and community pharmacists will be able to contact the Chief Pharmacist (or deputy) to help identify unknown NMPs and Signatures.

### **The Community Pharmacist**

- 5.28 Community pharmacists may not dispense prescriptions written by NMPs if they do not recognise the signature. NMPs may contact the community pharmacist who will be dispensing the prescription if the NMP is concerned that there may be problems. The Community pharmacist can then receive confirmation of the prescriber's eligibility from the Chief Pharmacist's office.
- 5.29 SHFT prescribers must ensure their name is printed next to the signature to ensure the dispensing community pharmacist is able to verify the authenticity of the prescription and to contact the prescriber should there be any query on the prescription.

### **Working with the Pharmaceutical Industry**

- 5.30 Whilst pharmaceutical company representatives provide a useful and informative service to health professionals it is essential that the choice of medicinal product is based on clinical and cost effectiveness. The decision to prescribe must not be influenced by the receipt of gratuities, gifts or inducements. It is an offence to solicit or accept a prohibited gift or inducement. SHFT employees are explicitly barred from receiving such inducements and should report such practices to the Chief Pharmacists office and the Medical Director. Professional ethical codes give guidance to professionals. Further guidance available in the "Business Conduct for Staff – Interests, Gifts and Hospitality, Sponsorship and Bribery Act Policy" (SH NCP 55).

- 5.31 Exceptions to this may include:
- Inexpensive gifts and benefits, e.g. pens.
  - Company hospitality at a professional meeting; this should be reasonable in level and subordinate to the main purpose of the meeting.
  - Samples provided by company representatives must not be accepted by employees working within this Trust.
  - Further guidance is provided in:
    - SHFTs MCAPP Policy
    - The SHFT's "Standing Financial Instructions" – Standards of Business Conduct. These require any SHFT employee to declare business interests, hospitality and commercial sponsorship received to the value of more than £25. Gifts of less than £25 apparent value need not be declared.
- 5.32 Line managers should be informed of attendance at any event where there is sponsorship by a pharmaceutical company. This can then be logged in supervision notes and/or at team clinical governance meetings.

### **Security and Safe Handling of Prescriptions**

#### **FP10 Prescription Forms (FP10HNC and FP10PN) Refer to policy SH CP 230**

#### 5.33 Supply

The supply of FP10 forms is strictly controlled. Supplies must be ordered via the Trust's Chief Pharmacist's office which orders a supply with the contracted NHS secure printer. Forms are issued only when a requisition has been received from an authorised signatory.

#### 5.34 Security

The number of FP10 forms held by a prescriber or ward/unit must be kept to a working minimum to minimise the risk of theft or potential assault on staff. Treat prescription forms like blank cheques and store them in a locked cupboard in a secure room or on your person during home visits. Patients, temporary staff and visitors must not be left alone with prescription forms.

- a) Immediately on receipt of FP10 forms, the receipt must be signed and returned to the appropriate authorised manager, or Chief Pharmacist office as appropriate
- b) A log must be held by the authorised signatory of all prescription forms received and issued. The following information is required:

On receipt:

As a matter of good practice, prescribers should keep a record of the serial numbers of prescription forms issued to them. The first and last serial numbers of pads should be recorded in a bound book.

On Supply:

It is also good practice to record the number of the first remaining FP10 form in an in-use pad at the end of the working day. If prescribing is less frequent, then record the number of the first remaining prescription form in an in-use pad at the end of the day when prescribing has occurred. This will help to identify any prescriptions lost or stolen since the last episode of prescribing.

On Return:

FP10s which are no longer required should be returned to the Chief Pharmacist's office for destruction. The individual serial numbers of the FP10s returned should be recorded by the staff who are returning them

- c) It is the responsibility of the prescriber to return unused prescription forms before leaving the Trust.
- d) All forms must be kept locked in the custody of the authorised signatory or their deputy.
- e) Missing, lost or stolen forms must be immediately reported together with form serial numbers to the Chief Pharmacist, local security management specialist (see **Appendix U**), and locality manager. An incident report must be completed. The prescriber or nurse in charge of the ward should contact the local police and an incident reference number obtained and given to the locality manager.
- f) The Locality Manager will inform PPSA Contracts Department, Coitbury House, telephone number 01962 876625, who will inform the local community pharmacies.
- g) The prescriber must inform all prescribers in the team of the need to write in red on their pads for the next 2 months.
- h) Should the prescriptions be recovered the police and Chief Pharmacist should be informed.

5.35 Disposal of all prescription pads must be in accordance with the Standard Operating Procedure (SOP) for the management of FP10 prescription forms within Southern Health NHS Foundation Trust (SP CH 230)

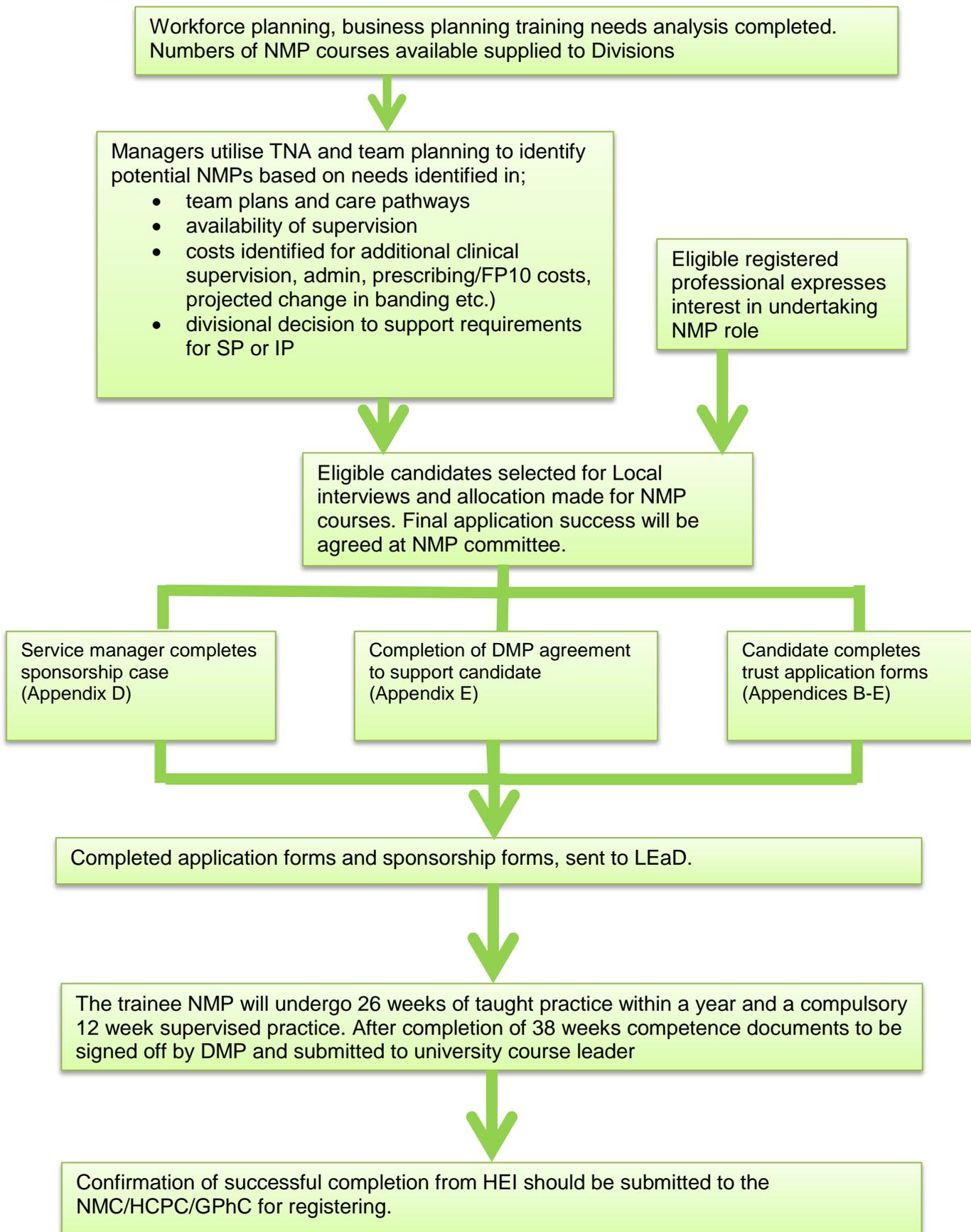
### **Adverse Reaction Reporting and Incident Reporting**

- 5.36 All severe adverse drug reactions and all adverse drug reactions for 'black triangle' drugs need to be reported via the MHRA/CHM Yellow Card Scheme. This can be done either electronically at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) or using forms found at the back of the BNF. If a patient reports a severe or unexpected reaction to a prescribed medicine it should be reported immediately to the patients GP and/or independent prescriber. The NMP must document any adverse reactions and action taken in the patients notes. This incident reporting should be scrutinised via the Committee for the safety of medicines (CSM)
- 5.37 Where appropriate the patient specific CMP should be updated to list the suspected/observed allergy/adverse drug reaction and details documented.
- 5.38 NMPs must also follow the Trust's policy for incident reporting. NMPs are encouraged to complete incident forms for any incident or near-miss. SHFT has a no-blame culture and encourages learning from incidents. In addition, any necessary changes to this "Non-medical Prescribing Policy" must also be suggested at the earliest opportunity using the Comments/Feedback form supplied with this policy

## **Section 6**

### **Appendices: A toolkit of required resources for Non-Medical Prescribing**

## APPENDIX A. Flow Chart of the Trainees Non-Medical Prescribers Post



**APPENDIX B. Checklist for NMP training candidate to be included in application pack**

**Name:**

**Role:**

**NMC/HCPC No.**

		Tick
Compulsory	Have undertaken a Physical Assessment and History Taking course at level 6 or above	
	Have the ability to study at level 6 (1 <sup>st</sup> level degree) study	
	Have read and understood the MCAPP medicines policy (SHCP 1)	
	Have at least 3 years post registration experience	
	1 years' experience in the specialist area in which they practice	
	Be capable of undertaking 26 weeks taught training (parts 1 & 2) within 12 months	
	Be capable of undertaking 12 weeks of supervised clinical practice post course	
	Have completed medicines administration competence or training	
	Have the support of and access to a Designated Medical Practitioner who will supervise the training of the NMP and who will sign their final assessments on completion.	
	Have a current enhanced DBS check in place	
	Have line manager's agreement to undertake training	
	Be able to utilise Non-medical prescribing within their clinical role within 12 months of qualification	
	'Advanced Medicine Management & Psychopharmacology Training' (*Mental Health only)	
Optional	NMP has previously undertaken extended roles such as <ul style="list-style-type: none"> <li>• administration under PGD</li> <li>• additional pharmacology knowledge.</li> </ul>	

**Appendix B contd.**

**Supporting statement**

*Please detail why you wish to become a non-medical prescriber. You should include details of:*

- 1) Your area of practice,*
  - 2) Your level and years of experience*
  - 3) How non-medical prescribing will support your practice and benefit patients*
  - 4) Whether you have your manager's support.*
- (Use continuation sheets if required)*

Line Manager's Name:.....

Line Managers Signature:.....

Date: .....

**APPENDIX C. LEaD Application Form**

<b>SOUTHERN HEALTH NHS FOUNDATION TRUST</b> <b>Leadership Education and Development</b> <b>Training Application Form</b> ALL sections must be completed please				
Title of Workshop/Course:		Date of Workshop/Course:		
Venue:		Time of Workshop/Course		
Name:				
Job Title:				
Organisation:				
Work Address in full please:	..... .....			
Telephone No:		Fax No:		E-mail:
<b>COST OF EVENT:</b>				
Ethnic Origin: <i>(please tick as appropriate)</i>				
<b>WHITE</b>	<b>BLACK/BLACK BRITISH</b>	<b>MIXED</b>	<b>ASIAN/ASIAN BRITISH</b>	
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	
Irish <input type="checkbox"/>	African <input type="checkbox"/>	White/Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	
Any Other <input type="checkbox"/>	Any Other <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
<b>OTHER GROUPS:</b> Chinese <input type="checkbox"/> Any Other <input type="checkbox"/>			<b>NOT STATED</b> <input type="checkbox"/>	
Special Needs:-	Impaired : Y/N	Disabled:	Y/N	
Name and address of the person to be invoiced for payment::				
.....				
I confirm that the above details are correct to the best of my knowledge and that I have discussed this development need with my line manager/service lead consultant, taking into account the benefits to the service/organisation.				
Signature of Applicant:.....Date:.....				
<b>TO BE COMPLETED BY LINE MANAGER:</b>				
I agree to release the above member of staff to attend on the specified date(s). I understand that a cancellation fee will be levied for any delegate who fails to attend any training event without prior notification to the appropriate department. I agree to meet the cancellation costs of any training event not subsequently undertaken.				
Signature of Manager:.....Name:.....				
Job Title:.....e-mail address .....Date:.....				
Please return this form to: Wendy West, Clinical Training Administrator, Leadership Education and Development, Tom Rudd Unit, Moorgreen Hospital, Botley Road, West End SO30 3JB				
<b>FOR OFFICE USE ONLY:</b>				
Approval for attendance on internal course: <input type="checkbox"/> place allocated <input type="checkbox"/> regret course is full				
Signed:.....Date:.....				
Your name has been transferred to the following date:.....Please confirm that the alternative date is acceptable				
<b>CONFIRMATION OF RECEIPT</b>				

**APPENDIX D. Managers Sponsorship to independent and supplementary prescribing course (Nursing/Pharmacy/AHPs)**

Candidates Name:
Date Employment Commenced:

Registration as Nurse/ Pharmacist / AHP (Please select)

Please give your assessment of the key objectives:

	YES	NO
Resources have been identified to fully fund all aspects of the new or improved service development arising from the applicant becoming a non-medical prescriber		
The need for the post holder to be a non-medical prescriber is reflected in the job description and person specification and the post will facilitate the opportunity to prescribe		
Confirm candidate can be released and will attend 26 study days plus undertake 12 days learning practice		
Confirm eligibility to study at degree level		
Candidate has been qualified for a minimum of 3 years with 1 years' experience in the field in which they intend to prescribe		
Candidate has identified a designated medical practitioner who has agreed to supervise 12 days in practice and carry out assessment and has the time to commit to this role		
Candidate has identified number of scenarios where a clinical management plan could be appropriate. And/or Candidate has identified a range of medicines and conditions suitable for prescribing in their area of practice		
Candidate has identified a preferred course venue and obtained application details		
Arrangements can be made to cover study leave		

Managers Signature: \_\_\_\_\_

Managers Name: \_\_\_\_\_

Post Title: \_\_\_\_\_ Date: \_\_\_\_\_

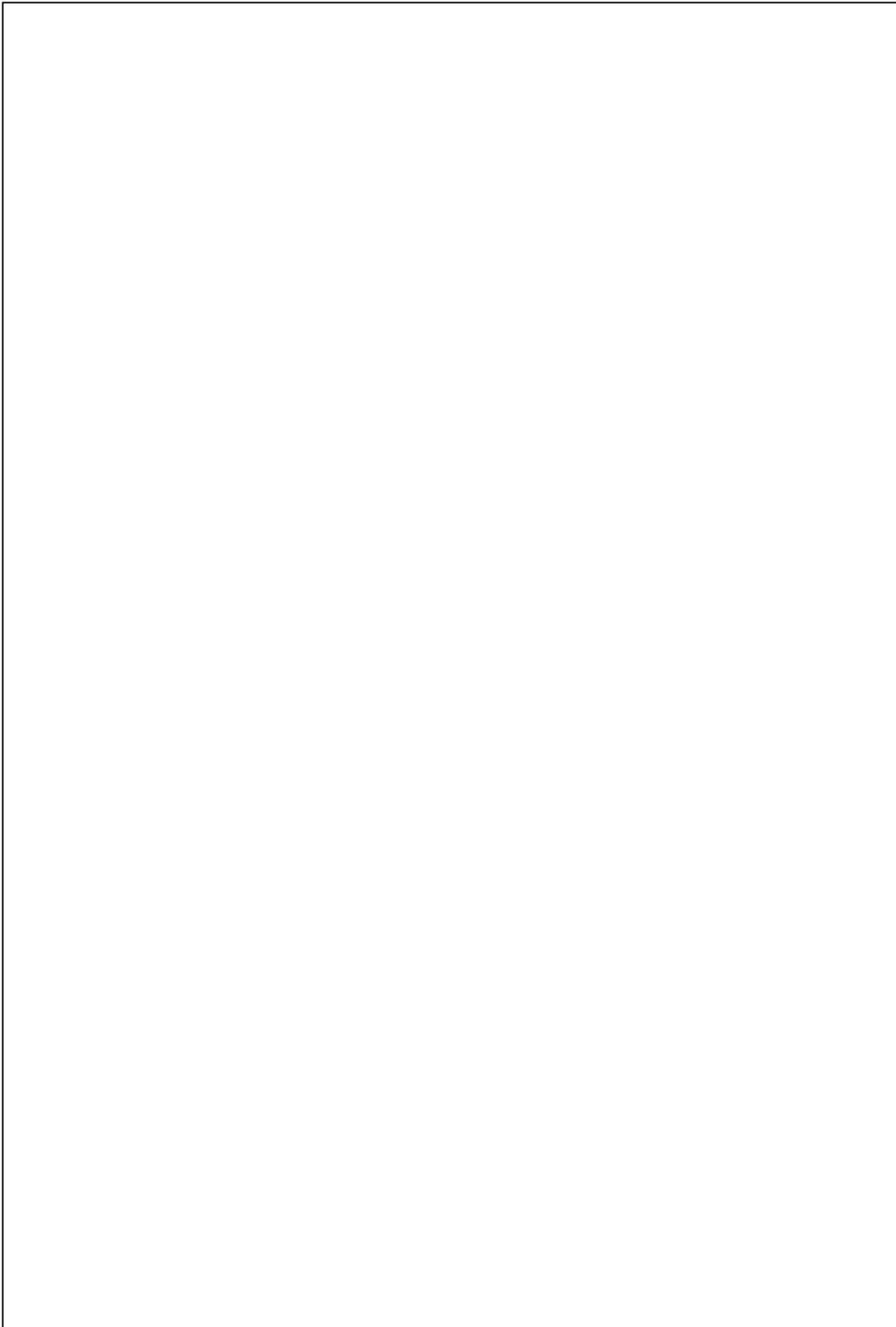
**Appendix D cont. Further Supporting information**

Why do you feel she/he is suitable for secondment to Independent prescribing training? (*Manager to complete*)

**APPENDIX E. DMP confirmation of Support**

<b>DMP Confirmation</b>	
Name of Candidate	
Professional Group	
Area of Practice	
NMC/HCPC Reg No.	
<b><u>DMP Details</u></b>	
Name	
GMC Registration No.	
Area of Practice	
Role	
<b><u>Details of Current Practice and Level of Experience</u></b>	
<b><u>Statement of Support for Trainee NMP</u></b>	
<p><i>(Include details of value of the non-medical role in your area of practice, how this may benefit patients, what practical support/supervision the DMP will offer the trainee NMP)</i></p>	
<p>I ..... confirm that I support the application of ..... to undertake NMP training. I am / am not willing to act in the role of Designated Medical Practitioner. I am / am not able to offer 12 weeks of supervised practice. I am / am not willing to sign off the NMPs competency document.</p>	
<p>Signature..... Date.....</p>	

**Appendix E cont. Further Supporting information**



## APPENDIX F. Flowchart for Qualified Non-Medical Prescribers

### Newly Qualified NMPs

Confirmation received from HEI and NMC/HCPC/GPhC of registration as NMP



Meet with Line manager and provide evidence of registration

### Requirements for NMPs changing roles or moving from other organisation

Period of Supervised practice agreed which should include:

- Identification of independent prescriber to supervise practice
- Identify length of supervised practice
- Evidence of HEI qualification, registration as NMP on professional register
- Evidence of previous prescribing practice
- Complete competence document prior to commencing prescribing

### Newly Qualified NMPs, NMPs changing location/role

#### Line Manager:

- Completes NMP Practice agreement (Appendix H)
- Change to JD/Person Spec (Appendix I&J) agreed
- Details sent to HR
- Clinical Supervision, CPD, Portfolio agreed and discussed
- Written confirmation provided for NMP and copy to personnel file

#### NMP

- Send confirmation to NMP administrator
- Complete Annual e verification.
- Access and commences Competence document (Appendix L)
- Begin Portfolio
- Appendix K check List

- Annual Development plan agreed and Learning needs identified
- E verification
- Annual Appraisal
- CPD 4 times per year
- Clinical Supervision at least every 3 months
- NMP practice agreement reviewed

## **APPENDIX G. Post Qualification**

1. NMC/HCPC/GPhC have confirmed register has been altered to reflect additional qualification
2. Non-medical prescriber informs line manager who makes addendum to job description [Appendix 2d/2e] and informs HR of alterations
3. NMP sends information to NMP administrator at the generic email address [hp-tr.nmpsouthernhealth@nhs.net](mailto:hp-tr.nmpsouthernhealth@nhs.net) and provides evidence of:-
  - Registration
  - Job description change
  - Any local arrangement agreed about scope of practice
  - Whether independent or supplementary prescriber.
4. NMP administrator places NMP on active SHFT register
5. NMP administrator supplies
  - Details of how to access prescription pad
  - Audit form for annual audit and requirements
  - Information about competence document
6. NMP may prescribe within agreed scope of practice once prescription pad is received
7. NMP must undertake regular supervision with a more experienced prescriber or consultant in the same area of practice or a GP at least 4 times per year
8. NMP must undertake CPD at least 4 times per year
9. NMP must complete competence document annually to remain on the active NMP register

## APPENDIX H. NMP Practice Agreement

<b>Role:</b>	<b>Grade:</b>
<b>Date of Qualification:</b>	<b>Date of Agreement</b>
<b>Purpose of Plan:</b> <b>NQN/Change of Role/Change of team/Change of organisation/Annual Update</b> (delete as req'd)	
<b>Clinical supervisor identified Y/N</b>	<b>Name:</b>
<b>Role:</b>	<b>Frequency of Supervision</b>

<b>Details of Scope Of Practice</b>	<b>Limitations of Practice</b>
<p><i>What would you normally expect the NMP to do within their role at this point in their development?</i></p> <p><i>Area of practice</i>  <i>Type of patients</i>  <i>Level of supervision</i></p>	<p><i>What would you normally not expect the NMP to do within their role at this point in their development?</i></p> <p>If Supplementary prescriber this will need to include when not to prescribe            If Supplementary leading to Independent this will include a plan and timescale for when they will be independent</p>
<b>Independent</b>	<b>Y/N</b>
<b>Supplementary leading to Independent</b>	<b>Y/N</b>
<b>Supplementary only</b>	<b>Y/N</b>
<b>Additional Notes/Information</b>	
<b>Review Date</b> .....	
<b>Line Manager Name</b>	<b>Signed</b>
<b>NMP Signature</b>	<b>Date</b>

**APPENDIX H. NMP Practice Agreement**

<b>Role:</b>	<b>Grade:</b>
<b>Date of Qualification:</b>	<b>Date of Agreement</b>
<b>Purpose of Plan:</b> <b>NQN/Change of Role/Change of team/Change of organisation/Annual Update</b> (delete as req'd)	
<b>Clinical supervisor identified Y/N</b>	<b>Name:</b>
<b>Role:</b>	<b>Frequency of Supervision</b>

<b>Details of Scope Of Practice</b>	<b>Limitations of Practice</b>
<b>Independent</b>	<b>Y/N</b>
<b>Supplementary leading to Independent</b>	<b>Y/N</b>
<b>Supplementary only</b>	<b>Y/N</b>
<b>Additional Notes/Information</b>	
<b>Review Date.....</b>	
<b>Line Manager Name</b>	<b>Signed</b>
<b>NMP Signature</b>	<b>Date</b>

**APPENDIX I. Non-Medical Prescribing Addition to Job Description and Person Specification**

Once a candidate has completed the period of training and supervised practice required by their regulatory body (NMC/HCPC) the relevant manager will ensure that the job description and personal specification is updated as follows

Name:.....

Position:.....

is now authorised to undertake extended non-medical prescribing duties as detailed in this addition to their Job Description/Person Specification as a

**Supplementary Prescriber**

**Independent Prescriber  
(Delete as appropriate)**

**I have seen confirmation from their regulatory body (NMC/HCPC/GPhC) that they are suitably qualified. YES/NO**

**I confirm that I support this person to undertake duties associated with non-medical prescribing YES/NO**

**I confirm that they will be support to undertake the required CPD and Clinical Supervision YES/NO**

**They can commence these duties from ..... (DATE)**

**They may undertake these duties in their current place of work which is  
..... (Location)**

**This will be reviewed at least annually at PDR or if the location or role of the person changes. YES/NO**

**Authorising Manager Name:**

.....

**Signature:**

.....

**Date:**

.....

## **APPENDIX J. Job Description and Person Specification Addendum for Supplementary Prescribing**

*To work in partnership with an independent medical prescriber as a supplementary non-medical prescriber within the designated area of practice.*

**The following are inclusions in the job description under clinical duties:**

- Undertake a period of assessment working as a supplementary prescriber in practice in preparation to become an independent prescriber
- Preparation of clinical management plans with the patients' consent
- To prescribe any medicine, including controlled drugs which have been agreed with a doctor and which are listed in the clinical management plan.
- To write prescriptions in accordance with Trust policy, taking full responsibility within the terms of the clinical management plan for the patient as well as for the medicines prescribed
- Ensure that appropriate records are made in the patients case notes which identify you as the supplementary prescriber
- To ensure that contemporaneous records which are unambiguous and legible are maintained and kept in accordance with Trust policy and professional Codes of Conduct
- To ensure that the GP is notified when a patient is seen as an outpatient, following discharge from hospital or in the event that the prescription is changed.
- To take responsibility for ensuring that the non-medical prescribing is recorded on the Trust Patient Administration system (RIO) for outpatients.
- To communicate fully with those patients who are unable to communicate or give consent ensuring that the benefits of non-medical prescribing are documented fully, and to provide reassurance to both the patient and the carer that you are fulfilling the role of the doctor.
- Assist with the development of policies and inform development of the non-medical prescribing across the Trust.
- In accordance with the Trust policy, submit monthly records of drugs prescribed to the Trust's Education and Training department non-medical prescribing lead.
- To undertake auditing and monitoring of prescriptions in your own designated areas of practice.
- To be responsible for ensuring the security and safe handling of inpatient, out-patient and FP10 prescription forms and to report any loss or theft accordingly
- In the event of adverse drug reaction, to be accountable for ensuring that the GP/Consultant is advised accordingly and that the incident reporting process is followed to access regular clinical supervision from a doctor in the team
- To be accountable for ensuring that training, CPD and clinical supervision sustains supplementary prescribing status

## **APPENDIX J cont. Job Description and Person Specification Addendum for Independent Prescribing**

Following training (and a period of actively prescribing as a supplementary prescriber if required), to work as an independent non-medical prescriber, within the designated areas of Practice. Responsible and accountable for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing.

**The following are suggestions for inclusions in the job description under clinical duties:**

- To work as an independent non-medical prescriber within areas of work as required, taking responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of any prescription issued. Independent prescribers will be responsible for prescribing a range of drugs within their competence in accordance with Trust protocols and British National Formulary.
- To write prescriptions in accordance with Trust policy, taking full responsibility for the patient as well as for the medicines prescribed
- Ensure the appropriate records are made in the patient's case notes which identify you as the independent prescriber.
- To ensure that contemporaneous records which are unambiguous and legible are maintained and kept in accordance with Trust policy and professional codes of Conduct
- To ensure that the GP is notified when a patient is seen as an outpatient, following discharge from hospital or in the event that the prescription is changed.
- To take responsibility for ensuring that the non-medical prescribing is recorded on the Trust Patient Administration system (RIO) for outpatients.
- To communicate fully with those patients who are unable to communicate or give consent ensuring that the benefits of non-medical prescribing are documented fully, and to provide reassurance to both the patient and the carer that you are fulfilling the role of the doctor.
- Where it is recognised that a patient's needs are outside your clinical and professional experience, to take responsibility make referrals to a specialist doctor, the multidisciplinary team or other agency.
- Assist with the development of policies and inform development of non-medical prescribing across the Trust.
- Take the lead on policy, procedural development and patient information relating to non-medical prescribing in designated areas of practice.
- In accordance with Trust policy, submit monthly records of drugs prescribed to the Trust's Education and Training department non-medical prescribing lead.
- To undertake auditing and monitoring of prescribing in your own designated areas of practice.
- To be responsible for ensuring the security and safe handling of inpatient, out-patient and FP10 prescription forms and to report any loss or theft accordingly.
- In the event of adverse drug reaction, to be accountable for ensuring that the GP/Consultant is advised accordingly and that the incident reporting process is followed

## **APPENDIX J cont. Job Description and Person Specification Addendum for Independent Prescribing**

- To participate in patient satisfaction survey design and obtain feedback on patient views of non-medical prescribing
- Act as a mentor and guide for supplementary non-medical prescribers and to provide clinical supervision, ensuring that any shortfalls form part of the CPD
- To access regular clinical supervision from a doctor in the team
- To be accountable for ensuring that training, CPD and clinical supervision sustains independent prescribing status

### **Updating Person Specification**

The person specification for the post of NMP should include the following:-

- Have a certificate to demonstrate he/she has successfully completed a non-medical prescribing course at post graduate level. The course must be at least 6 months duration and have been validated by the RPSGB (Pharmacists) or/and the NMC (Nurses). E
- Hold current registration as an Independent and Supplementary non-medical prescriber with the RPSGB or the NMC. E
- Demonstrate track record of prescribing Practice E
- Detailed working knowledge of medication management and the compliance issues E
- In-depth understanding of the risks associated with NMP and the management side effects and errors E
- Well-developed analytical and judgement skills E

## **APPENDIX K. Checklist for Non-Medical Prescribers Southern Health NHS Foundation Trust**

*(Please tick each item as achieved; when complete send a copy to Line Manager)*

- Have you received notification of registration from the NMC/HCPC/GPhC
- Have you read the SHFT Medicines Administration Policy (MCAPP)
- Have you developed and agreed Clinical Management Plans (Supplementary Prescribers) or Patient Plans (Independent Prescribers) for your area of practise
- Have you agreed with your line/service manager how you're your prescribing clinics will be organised; how patients will be referred to you; how your annual leave/sickness will be covered; whether any additional admin support will be needed and how you will access additional admin support?
- How and when will you inform community pharmacies and GP practises of your intention to prescribe including the scope of medications you will be prescribing
- Are your team members and colleagues aware of your intention to prescribe
- Have you agree with your manager and consultant a period of preceptorship prior to starting prescribing
- Are governance arrangements in place to ensure monitoring of your prescribing? E.g. Audit prescribing log, access to ePACT? Registration with Head of Information to ensure recording of NMP activity on RIO
- Do you have a copy of a standard operating procedure covering your work as an NMP
- Do you attend regular clinical supervision? Have you agreed additional clinical supervision appropriate to your role as an NMP
- Do you have access to an experienced prescribing colleague (Dr or NMP) for support and guidance in NMP decision making
- Have you identified how you will meet your on-going NMP continuing professional development needs
- Have you registered with the National Electronic Library for medicines and are able to join a NM network – locally/nationally specific to your field of work
- Returned NMP form back to NMC
- Prescription pad form returned to [hp-tr.nmpsouthernhealth@nhs.net](mailto:hp-tr.nmpsouthernhealth@nhs.net)
- Has your job description been amended to incorporate Non-Medical Prescribing

Signature of NMP \_\_\_\_\_ Date Completed \_\_\_\_\_

Signature of Line Manager \_\_\_\_\_

## **APPENDIX L. Resources for Supplementary Prescribing**

### **SHARED PRESCRIBING PRINCIPLES FOR SUPPLEMENTARY PRESCRIBING WITH PRIMARY CARE**

#### **PRINCIPLES**

- The shared prescribing principles will adhere to the DH requirements for supplementary prescribing
- The partners in shared prescribing will be hospital consultants, general practitioners, nurses and pharmacists working together in the primary and secondary care settings to provide chronic disease management to individual patients.
- The key document to be used will be the Clinical Management Plan (CMP)

#### **TRANSFER CRITERIA**

- Patients who require the care of a consultant via a supplementary prescriber will have their CMP management plan formulated by that consultant and supplementary prescriber. The GP must agree to this arrangement and it must be discussed with the patient.
- GPs will only be asked to agree to this arrangement when the patient is stable and receiving most of their care for the chronic condition from the supplementary prescriber.

#### **CONSULTANT/INDEPENDENT PRESCRIBER RESPONSIBILITIES**

The consultant / independent prescriber will:

- Confirm diagnosis and initiate therapy.
- Continue to have on-going clinical management responsibility for the patient and for the patient's chronic condition, even when the GP has taken on repeat prescribing of this medication under shared prescribing arrangements.
- Continue to prescribe or retain independent prescribing responsibility with a NMP during any period where the patient's treatment needs are still met under the terms of the clinical management plan.
- Take overall responsibility for the review of the patient. The clinical management plan will state how often the patient will be reviewed and whether monitoring and review will be by a NMP or the independent prescriber.
- Inform the GP in writing of any change to the clinical management plan within one week following a consultation with the patient or immediately if felt necessary.

## **GP RESPONSIBILITIES**

The GP will:

- Refer patients for specialist advice and initiation of treatment as appropriate.
- Retain clinical responsibility for the general health prescribing of the patient.
- Issue repeat prescriptions under the shared prescribing agreement, in accordance with the terms of the clinical management plan.
- Report any problems or adverse effects of therapy to the consultant or NMP.
- Notify the consultant of any change in medication or any treatment prescribed which may affect the chronic condition.

## **SUPPLEMENTARY PRESCRIBER RESPONSIBILITIES**

The supplementary prescriber will:

- Draw up a CMP with the consultant/independent prescriber and the patient.
- Be responsible for writing to the GP to explain the supplementary prescribing arrangement (see Appendix C) providing a copy of the CMP together with these shared prescribing principles.
- Liaise with the consultant/independent prescriber and GP as appropriate in accordance with the CMP
- Adjust the prescribed medication according to the CMP. This may not need a new prescription to be issued, it may involve agreeing a change of dose with the patient who has a supply of the relevant medication. It is illegal to alter a labelled product, however, if the patient has capacity to understand, this change can be documented in the notes and if necessary with a written reminder for the patient.
- Request a change of prescription from the GP (see Appendix C) and based on clinical need advice on whether it is appropriate for the GP to resume repeat prescribing. Inform the GP of any changes or other necessary information within 48 hours.

# A single competency framework for all prescribers

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*This word version can be used as a template to record notes and actions. Please refer to the full PDF version for further information.*

**Date of publication May 2012**

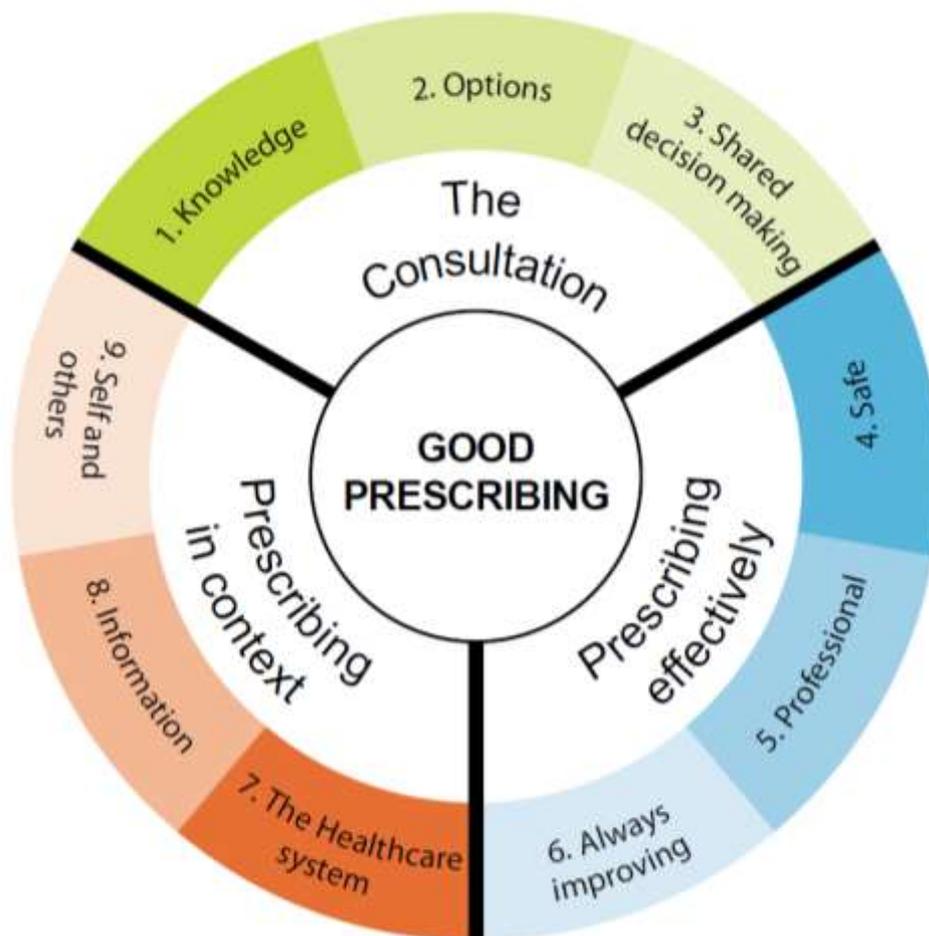
**Date of review May 2014**

**This single prescribing competency framework replaces all previous profession specific competency frameworks published by the National Prescribing Centre**

## Framework design

The competency framework (illustrated below) sets out what good prescribing looks like. There are three domains, each containing three dimensions of competency (nine in total).

Within each of the nine competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.



***Tips on using the competency framework to identify strengths and development areas***

1. Before reviewing the competency framework take some time to think about the following questions. This can be done alone or with relevant colleagues.

- In your view, what are the most important behaviours and skills that prescribers use, and need to maintain, to be good prescribers? Why?
- Reflect on a recent 'prescribing' encounter that you had with a patient that you felt did not go well, or resulted in an error - what happened? How might it have been prevented?
- Reflect on a recent 'prescribing' encounter that you had with a patient that you felt went well - what happened?

2. Approach the framework one competency at a time to keep it manageable. There may be overlap between the different sections.

3. All competencies will be relevant to all prescribers however some of the supporting statements may be more relevant to some prescribers than others. Spend some time thinking about how the statements apply to your individual prescribing context.

## PRESCRIBING COMPETENCY FRAMEWORK

### THE CONSULTATION (COMPETENCIES 1-6)

#### Competency 1: ASSESS THE PATIENT

Indicator	Notes
I.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.	
I.2 Undertakes an appropriate clinical assessment.	
I.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.	
I.4 Requests and interprets relevant investigations necessary to inform treatment options.	
I.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities	
I.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.	
I.7 Reviews adherence to and effectiveness of current medicines.	
I.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	

## Competency 2: CONSIDER THE OPTIONS

Indicator	Notes
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.	
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).	
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.	
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).	
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.	
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.	
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.	
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.	
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.	
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.	

### Competency 3: REACH A SHARED DECISION

Indicator	Notes
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.	
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.	
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.	
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	

#### Competency 4: PRESCRIBE

Indicator	Notes
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.	
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.	
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.	
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.	
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.	
4.7 Considers the potential for misuse of medicines.	
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).	
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.	
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.	
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	

## Competency 5: PROVIDE INFORMATION

Indicator	Notes
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.	
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).	
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.	
5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.	
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	

## Competency 6: MONITOR AND REVIEW

Indicator	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.	
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	

## PRESCRIBING GOVERNANCE

### Competency 7: PRESCRIBE SAFELY

Indicator	Notes
7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.	
7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.	
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.	

## Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.	
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	

### Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Notes
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.	
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	

### Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Notes
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.	
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.	
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	