Clinical

Non-Medical Prescribing Policy

Document Control Summary

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<td>Michelle Lycett-Smith, Non-Medical Prescribing Lead</td>
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| Associated Policy or Standard Operating Procedures | Medicines Code  
                   | Trust Formulary  
                   | Mental Health Act Policy  
                   | Prescription Security Policy  
                   | Hospitality and Gifts Procedure  
                   | Physical Health Policies  
                   | Unlicensed Medicines Policy  
                   | Supervision Policy  
                   | Learning and Development External Study Form  
                   | Maintaining Competence in Prescribing Portfolio  
                   | Clinical Management Plan Template  
                   | NMP Assessment Tool and Application Forms  
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1. Introduction

This policy sets out the framework for the management of non-medical prescribing throughout the Trust. It should be read in conjunction with other medicines related policies including the Medicines Code, Trust Formulary and Prescription Security Policy.

The policy has been produced to support the ongoing strategic development for non-medical prescribing within the Trust and will underpin and support the Trust’s commitment to:

- Developing appropriate workforce planning of non-medical prescribing to meet the needs of service users and the services they access
- Maintaining high standards of governance and risk management processes
- Implementing robust systems for selection of Trust employees to prepare and train as non-medical prescribers (NMPs)
- Developing robust, fair and consistent processes for selection and placement of competent NMPs to appropriate posts
- Ensuring systems and processes for assessing and supporting ongoing prescribing competence

This policy identifies the management responsibilities for workforce planning and the need to consider current services and how non-medical prescribing might enhance services and how trained and competent NMP posts will, in future, support service redesign and service development as the Trust implements “New Ways of Working”.

This policy gives NMPs, their managers and medical practitioners supervising NMPs guidance on (amongst others):

- Underpinning information
• Accessing training
• Local processes once qualified
• Accountability
• Record keeping
• Clinical audit
• Secure and safe handling of prescriptions

In developing and reviewing this policy and documentation, the Trust is committed to ensuring that the care of the individual service user remains paramount.

The responsibility for the review of this policy lies with the Trust’s Medicines Optimisation Committee and subsequent approval lies with the Policy and Procedures Committee. The Trust’s Non-Medical Prescribing Lead, in conjunction with the Deputy Director of Nursing, Director of Pharmacy and Medicines Optimisation and members of the NMP Forum will support the review of this policy.

2. Purpose

This policy seeks to ensure that within the Trust the implementation and development of non-medical prescribing by nurses, pharmacists and allied health professionals is supported through a clear set of principles and arrangements:

• To ensure service improvement and increased access to medication for service users
• To ensure the selection of appropriate healthcare professionals to undertake non-medical prescribing training
• Support and guide managers and healthcare professionals through the process of implementing non-medical prescribing within their team
• To ensure robust clinical governance arrangements to support the development and implementation of non-medical prescribing

3. Scope

The contents of this policy and associated procedures will apply to:

• All managers considering implementing non-medical prescribing in their service
• All NMPs employed in a substantive post by the Trust, who carry out the duties of either an Independent or Supplementary NMP, where the Trust supports their prescribing role and the NMP is listed as active on the Trust’s NMP register.

The NMP’s Job Description must reflect this status specifically setting out non-medical prescribing and the area of practice to which it applies. An annual Approval to Practice Form will authorise the NMP to prescribe within the Trust. A copy of this Form shall be held by the individual NMP (within their Maintaining Competence in Prescribing Portfolio), their manager (with the personnel file) and the Trust’s Non-Medical Prescribing Lead.

Managers must be aware that NMPs who are already qualified when commencing employment within the Trust must undergo the same authorisation process as newly qualified NMPs. They will need to complete an annual Approval to Practice Form with the Trust’s Non-Medical Prescribing Lead before they undertake any prescribing activity.
4. Key Principles
There are a number of key principles that should underpin safe and effective non-medical prescribing. These will result in:

- Improved care of service users
- Best use of time for service users, medical colleagues, nurses, pharmacists, allied health and social care professionals
- A clarification of professional responsibilities – with safety being paramount

Other principles include:

- Consent should be obtained where possible
- Child protection issues and the safety of other vulnerable individuals should be considered when undertaking any NMP activity (see Safeguarding Policy).

To support this, evidence will be required to ensure that the NMP meets the legal, educational and occupational criteria to enable them to commence preparation to become a NMP and then continue post-qualification.

NMP competency must be maintained by means of continuing professional development (CPD) and this is supported through:

- NMP Maintaining Competence in Prescribing Portfolios
- Attendance at a minimum of two Trust-provided Non-Medical Prescribing Fora each year
- Formal and/or informal peer support groups e.g. action learning sets
- Medical supervision
- Completion of an annual Approval to Practice Form
- Submission of Monthly Prescribing Audit Forms

5. Workforce Planning
Based upon service need, all relevant managers will be responsible for reviewing their workforce plan to include NMP posts currently required within their designated services.

Any changes within the rolling year must be identified; where service redesign and development identifies further opportunity to introduce a NMP role. There will also be a requirement to include the service redesign or development within local delivery plans.

All relevant managers will be required to include NMP post requirements within their annual budget setting process and should identify associated costs according to their agreed workforce planning strategy. This is particularly relevant due to NMP training now being funded through “Learning Beyond Registration”.

In order to consider non-medical prescribing within services it is advisable for managers to consider how a NMP can support service developments and enhance care. The NMP Service Assessment Tool should be completed by the relevant manager to support them with this process. This should include:

- How will a NMP be used within the service?
- What support is in place for both clinical and managerial supervision?
- What provision of dedicated time for the NMP is there to develop and integrate non-medical prescribing within their clinical role and service?
Who will be the Designated Medical Practitioner (DMP)?
What are the benefits to service users and the wider team?
What are the associated risks?

Non-medical prescribing must offer maximum benefit to service users and the NHS in terms of quicker and more efficient access to medicines.

Non-medical prescribing must demonstrate best use of the professional’s skills and knowledge. In order to ensure sustainability consideration needs to be given to how cover will be arranged when the NMP is absent (annual leave or sickness etc.). Long term planning for additional staff to train as a NMP should also be given careful consideration.

There are currently no plans for providing additional remuneration to NMPs actively prescribing within the Trust nor is there any funding for backfill to cover training. NMPs should ensure their Job Description is up-to-date and covers their prescribing practice.

6. Clinical Governance and Risk Assessment

It will be the responsibility of the relevant manager to ensure that the parameters of a NMP’s practice is documented and contained within their individual Job Description (Appendix 1).

It will be the responsibility of the relevant manager to ensure the performance of staff who undertake NMP duties is robust and ongoing, and that systems and processes are in place to remedy shortfalls in the area of prescribing, and the clinician’s wider clinical role.

It will be the responsibility of the relevant manager to ensure that PDPs and annual appraisal processes (Personal Development Conversations) include a review of individual training needs for the NMP to maintain their NMP competence. This should involve a review of their Maintaining Competence in Prescribing Portfolio.

7. Suitability Criteria for Applications for Training

Those members of staff interested in applying for training as a NMP will also need to meet the following requirements and standards in order to be accepted for training:

- Have at least three years post-registration clinical experience or part-time equivalent
- Have the ability to study at degree level (Level 6)
- Must have a minimum of one year’s experience in the field in which they intend to prescribe
- Be within a substantive post
- Have access to a DMP who is willing to support with twelve days supervised practice and participate in the assessment of competence as required by the university. They must also be prepared to provide supervised practice post-qualification and be willing to support the applicant once qualified (e.g. ensuring regular clinical supervision)
- Must be willing to prescribe and able to prescribe in practice and must demonstrate how their subsequent prescribing will provide maximum benefit to service users
- Must have the ongoing support from their relevant managers
- Have expertise in the assessment of service users
- DBS must be up-to-date and appropriate to their area of practice.

Before making an application for NMP training, the applicant and/or their manager should make contact with the Trust’s Non-Medical Prescribing Lead in order to discuss the potential benefits that a NMP can offer service users.
Application forms should be completed and submitted to the Trust's Non-Medical Prescribing Lead, who will, where appropriate, approve the application. No application will be accepted by the local university without the approval of the Trust's Lead and the completion of a Learning and Development External Study Form.

The Department of Health require that “All individuals selected for NMP training must have the opportunity to prescribe in the post that they occupy on completion of training”, and in addition that “their post is one in which… there is a local need for them to prescribe”. It is vital that before any nurse, pharmacist or AHP is approved to undertake NMP training that managers are able to support them once qualified.

8. Selection and Placement of Trained and Competent Staff

The NMP’s Job Description should already include the capability for working as either a Supplementary or an Independent NMP.

Maintaining safe and effective prescribing competence can be achieved through a variety of media and will include:

- Providing anonymity to health and social care records
- Prescriptions audited by the Pharmacy and Medicines Optimisation Department
- Prescribing patterns regarding medicines and prescription numbers by submission of Monthly Prescribing Audit Forms
- Utilising a trained person’s prescribing skills and knowledge within the practice setting
- Having prescribed without error (i.e. 100% accuracy) for the last four months
- Attending at least two NMP Fora within the past year
- Having developed and utilised their Maintaining Competence in Prescribing Portfolio and can demonstrate within this that they have maintained and updated educational and clinical activities relevant to the NMP role
- Demonstrating through reflection competencies of collaborative working with service users and/or carers
- Demonstrating safe and effective prescribing practice
- Recognising own prescribing limitations and any appropriate action taken
- Demonstrating a working competency regarding assessment skills relevant to their area of practice
- Discussing diagnostic tests and procedures relevant to their own area of practice
- Demonstrating awareness of effective medicines optimisation regarding education, safe and effective prescribing and the avoidance and/or safe management of side effects

9. Eligibility to Access Non-Medical Prescribing Preparation and Training

Nurses, pharmacists and AHPs should initially discuss this with their relevant manager. Where it is identified that the clinician does not meet the required standards to access NMP training, consideration should be given to support the applicant in achieving this.

It is important to note that NMP training courses are generic and are not specific to mental health or secondary care.
The eligibility criteria for nurses, pharmacists and AHPs are detailed in the relevant university’s course details and website. Further information may also be available from the Learning and Development Department and Trust Non-Medical Prescribing Lead.

In addition to the Department of Health criteria, nurses, pharmacists and AHPs wishing to apply for training must:

- be able to attend and complete all elements of NMP training
- be willing and able to prescribe in practice
- be in a substantive post
- have a proven track record in relation to clinical safety and record keeping
- be able to provide evidence of post-registration study
- be able to evidence innovative practice
- be able to demonstrate team working or networking skills (nurses, pharmacists and AHPs who are used to networking may be more likely to seek advice if unsure)

10. Preparation and Training

It is important to recognise that NMP training is intensive in terms of time and commitment.

Nurses, pharmacists and AHPs admitted to the course must discuss with service managers what arrangements there will be to cover their academic study days and supervised practice hours while undertaking training.

Clinicians completing other training courses which include NMP training e.g. Pathway Degree Modules, MSc courses and Advanced Practitioner courses must still complete the Trust’s Application for NMP Training Form together with their manager. This is to ensure all NMP applicants are appropriately supported by the Trust and that managers have made the necessary service redesign arrangements and ensure other members of the team have had the opportunity to apply for any available NMP positions. It is additionally important that team members are not overburdened with covering the work of NMP students.

11. Designated Medical Practitioners

All non-medical prescribing students require the support of a medical supervisor. Each student will be required to have a designated medical practitioner (DMP) ideally from his or her own area of clinical practice who will act as a medical supervisor and assessor. The DMP will provide supervision, support and assist with shadowing opportunities for the equivalent time of 12 days during the course. This will ensure that the student is exposed to a broad range of learning opportunities.

The Trust’s Non-Medical Prescribing Lead can be contacted for further details about taking on the role of the DMP; the student’s university will also provide support and guidance.

The role of the DMP is crucial in supporting staff undertaking NMP training; it is therefore important that DMPs do not attempt to supervise more than one student at any one time.

12. Competence Assessment and Preparing to Prescribe

Once the NMP has successfully completed NMP training, the Trust’s Non-Medical Prescribing Lead must be informed.
An “Approval to Practice Form” must be completed which must be checked and signed by the Trust’s Non-Medical Prescribing Lead. Once completed, the NMP’s name will be changed from “Training” to “Qualified” (active) on the NMP register.

On average it takes a NMP approximately six months from qualifying to beginning to start prescribing. The NMP, their line manager and the Trust’s Non-Medical Prescribing Lead need to work together and there should be a clear vision of where non-medical prescribing will fit into the service.

NMPs will also be expected to undertake Medicines Optimisation training as part of their Trust mandatory training requirements. Where appropriate, the NMP should discuss with their line manager and DMP the benefits of attending a Level 6 course for Physical Health Assessments, if they have not already done so.

13. Maintaining the Non-Medical Prescribing Register
An up-to-date register of NMPs will be maintained by the Trust’s Non-Medical Prescribing Lead. The NMP register will contain:

1. Name of the NMP
2. Profession and role/specialty
3. Professional body’s registration number
4. Date of NMP qualification
5. Base and contact details
6. Eligibility to prescribe as an NMP – Independent, Supplementary or both

The NMP must notify the Trust’s Non-Medical Prescribing Lead of any change of details in any of the following:

1. Change of name
2. Change of base and work contact number
3. Change of professional body’s registration number

The service manager must inform the Trust’s Non-Medical Prescribing Lead of any of the following:

1. Termination of employment
2. Suspension from practice
3. Appointment/identification of staff eligible for NMP training
4. Appointment of qualified NMPs not currently on the Trust’s NMP register

The Pharmacy and Medicines Optimisation Department shall also be notified when new NMPs are added or removed from the NMP register and the NMP must ensure they have submitted a sample signature for reference.

14. Legal and Clinical Liability
The Trust will hold vicarious liability for NMPs where the following criteria are met:

- The NMP is currently registered for this qualification with their professional body i.e. the Nursing and Midwifery Council, General Pharmaceutical Council or Health and Care Professions Council.
• The NMP’s details must be recorded as active on the Trust’s NMP register by the Trust’s Non-Medical Prescribing Lead.
• The NMP must work within the legal framework of the NMP role and within Trust policies. The clinical areas of prescribing must be agreed. Should the NMP wish to expand on these areas, their manager should explore any further clinical training or experience that may be required and this must be undertaken before this new area can be included in their professional duties; a revised Approval to Practice Form should then be completed.

All NMPs have responsibility for accepting professional accountability and clinical responsibility for their prescribing practice; working at all times within their clinical competence and with reference to their regulatory body’s professional standards.

The Trust does not require NMPs working within the contracts of their employment to make separate indemnity arrangements, however they can make further arrangements for this should they wish. This can be achieved by means of membership of a professional organisation and/or trade union.

Prescribers should also follow the National Prescribing Centre’s seven principles of prescribing (1999, subsumed by NICE), which are:

1. Examine the holistic needs of the service user and always consider whether a prescription is actually necessary
2. Consider the appropriate strategy for safe and effective prescribing
3. Consider the choice of product
4. Negotiate a ‘contract’ and achieve concordance with the service user
5. Review the service user on a regular basis
6. Ensure record keeping is both accurate and up-to-date
7. Reflect on your prescribing practice

15. Supplementary Non-Medical Prescribing

Supplementary non-medical prescribing involves the NMP working within a Clinical Management Plan (CMP) which has been agreed in partnership with the medical prescriber and service user. It enables doses to be changed (within the limits set) by the NMP without need to refer back to the medical prescriber. This means that urgent dose adjustments can take place in a timely manner and prevent the service user’s health worsening whilst awaiting another appointment.

There is no specific formulary or list of medicines for supplementary non-medical prescribing. Provided Supplementary NMPs adhere to national and local policies and guidance, and the medicines are permitted to be prescribed by a doctor or dentist at NHS expense, Supplementary NMPs are able to prescribe:

• All General Sales List (GSL) medicines and all Pharmacy (P) medicines
• Appliances and devices which may be prescribed by GPs
• Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
• All Prescription Only Medicines (POMs) including some 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 provided the drug (or class of drugs) has been scrutinised by the Trust’s Medicines Optimisation Committee; refer to the specific policy on unlicensed medicines

Provided that they are set out within the agreed CMP and the NMP is familiar with, and competent to prescribe, the specific item.

Medical prescribers and NMPs are also expected to work within the constraints of the Trust’s Formulary. Supplementary NMPs are required to submit Monthly Prescribing Audit Forms to the Trust’s Non-Medical Prescribing Lead.

16. The Clinical Management Plan

Before supplementary non-medical prescribing can occur, it is a legal requirement for an agreed CMP to be in place relating to a named service user. It may be handwritten or in an electronic format but must be held within the service user’s case notes on RiO. The CMP shall detail the service user’s specific condition(s) to be managed by the Supplementary NMP.

Approved templates are available within the Trust on RiO; however the CMP shall include:

• Name of the service user to whom the plan relates
• Specific conditions which may be treated by the Supplementary NMP
• Date on which the plan is to take effect, and when it is to be reviewed by the medical prescriber who is party to the plan. The review date must be no longer than six months and much shorter than this if the service user is being prescribed a drug which is for short term use only or where medicines are being titrated, reduced or discontinued
• Reference to the class or description of medicines 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 specific length of time the treatment may be prescribed or administered under the plan
• As good practice the CMP should include a reference to published national or local guidelines. The guidelines also need to be easily accessible
• Relevant warnings about known sensitivities the service user may have, or known difficulties that the service user may experience e.g. swallowing difficulties
• The arrangements for notification of suspected or known reactions to a medicine which may be prescribed or administered under the plan
• The circumstances in which the Supplementary NMP should refer to, or seek the advice of, the medical prescriber who is party to the plan

The CMP must be formally agreed by the medical prescriber and the NMP before supplementary non-medical prescribing can begin and be signed by both of them. The service user should also be offered the opportunity to sign the CMP although this is not a legal requirement; they must however be in agreement with the CMP.

The GP will need to be notified that a CMP is currently in use for their service user; this shall be in writing from the medical prescriber (usually a consultant); a template letter is available.

It is for the medical prescriber to determine the extent of the responsibility he or she wishes to give to the Supplementary NMP under the CMP. The medical prescriber will clearly need
to take account of the experience and areas of expertise of the Supplementary NMP and the professional relationship between them when coming to this decision. The Supplementary NMP remains accountable for identifying any areas of practice where they require further training and must not work outside of their own professional competency.

The CMP may come to an end:

- at any time at the discretion of the medical prescriber
- at any time at the request of the Supplementary NMP or service user
- at the time specified for the review of the service user unless it is renewed by both prescribers at that time
- where the medical prescriber is replaced or absent for a long period of time. In these circumstances the CMP must be reviewed and agreed by their covering medical prescriber for it to remain operational.

A Supplementary NMP should not agree to prescribe any medicine if they feel that their knowledge of that medicine and/or the condition for which they are prescribing falls outside their area of competence.

17. Independent Non-Medical Prescribing

Independent NMPs will need the support of their service manager, medical prescriber and Trust’s Non-Medical Prescribing Lead before they practice in this role. Once authorised to prescribe independently, NMPs must only prescribe within their scope of practice and competence. They will be restricted to the medicines which are stated within their agreed personal formulary. This will only contain medicines which are included within the relevant service section of the Trust’s Formulary, as determined by the Medicines Optimisation Committee.

Independent NMPs will be supported through the use of a limited personal formulary. This will be developed with the support and guidance of the medical prescriber/clinical lead in collaboration with the Independent NMP and Trust’s Non-Medical Prescribing Lead.

The NMP will be asked to provide evidence of their competence and will be required to submit Monthly Prescribing Audit Forms to the Trust’s Non-Medical Prescribing Lead.

Provided Independent NMPs adhere to national and local policies and guidance, and the medicines are permitted to be prescribed by a doctor or dentist at NHS expense, Independent NMPs are able to have on their personal formularies and as such prescribe:

- All General Sales List (GSL) medicines and all Pharmacy (P) medicines
- Appliances and devices which may be prescribed by GPs
- Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
- All Prescription Only Medicines (POMs) including some controlled drugs
- There are a number of clinical services provided by the Trust where off-label prescribing is required as part of routine practice (see the specific policy detailing this). In such services, and where clinical need dictates the use of off-label prescribing, the Independent NMP will be authorised by the Trust to do so. However, the approved personal formulary for the individual and service section of the Trust’s Formulary that identifies those medicines will be scrutinised and authorised by the Medicines Optimisation Committee prior to any prescribing being undertaken.
• Independent NMPs should not routinely prescribe unlicensed medicines. Where such prescribing is necessary, NMPs must arrange to prescribe these items as a Supplementary NMP within a CMP unless agreement and approval has been reached through the Medicines Optimisation Committee.

18. Consent
Obtaining consent (that is full, free and reasonably informed) from services users is just as important for NMPs as it is for medical prescribers and the same process followed as per Trust policy. Service users should also be informed about the role of an NMP when first engaging in prescribing for them.

Supplementary non-medical prescribing involves a voluntary partnership between the medical prescriber, Supplementary NMP and the service user. Once consent is obtained the CMP must be signed by both the medical prescriber and Supplementary NMP. It is good practice to offer the service user the opportunity to sign the CMP but this is not a legal requirement.

19. Non-Medical Prescribing under the Mental Health and Mental Capacity Acts
The Mental Health Act and Mental Capacity Act do not prevent NMPs from prescribing for service users who may be being treated under them.

However, NMPs should note that prescribing under the MHA is subject to some controls and safeguards particularly around Section 58 Consent to Treatment. NMPs should liaise closely with the Responsible Clinician around prescribing and ensure they are familiar with the requirements of the Acts; refer to the associated Trust policies.

20. Record Keeping and Communication
All details of the assessment, prescription and rationale for prescribing, changing or discontinuing medication must be entered into the RiO case records; the current CMP must be clearly identifiable within the record.

It is common courtesy to inform the GP whenever a service user is seen in an outpatient clinic or community setting. The GP must be aware of any changes made to medicines and this information should be given within 48 hours (or immediately if deemed necessary).

It is important that there is agreement within the team about what information should be sent to the GP and the frequency and nature of correspondence, particularly if a Supplementary NMP is involved.

In the community setting, routine prescribing and dose adjustments should be referred to the GP to carry out rather than be prescribed by the specialist clinician on their FP10 prescriptions. This reduces the risk of duplication or omission of medication and enables treatment to be managed together within primary care.

Not all medication is suitable for immediate GP prescribing and it is expected that specialist teams will initiate and monitor the effects of medication prior to asking the GP to take forward. Often there will be an Essential Shared Care Agreement between the Trust and local Clinical Commissioning Groups to facilitate this and set out responsibilities. If the GP refuses to take over prescribing of a medication that is subject to a local ESCA, the
prescribing will have to remain within the community team; inform the Pharmacy and Medicines Optimisation Department of these instances.

There are a few treatments which may not be transferred to a GP and the prescribing must remain within the community team; a typical example of this is clozapine.

21. British National Formulary (BNF) and Drug Tariff

Paper copies of the BNF (and BNF-C) are allocated to the Trust by NICE on an annual basis only and are distributed by the Pharmacy and Medicines Optimisation Department based on the information provided from the Medical Staffing Department and Trust’s Non-Medical Prescribing Lead. NICE decide how many to allocate the Trust and it may not always be enough for every prescriber to have one personally. The electronic BNF is updated more frequently than the paper version and is encouraged to be accessed. It can be accessed, without charge or password, via https://www.medicinescomplete.com/mc/bnf/current/ from an NHS internet connection or via a smartphone app. NMPs should only base their prescribing decisions on the most up-to-date sources; old BNFs may be donated to certain charities or to student colleagues for reference only.

The Drug Tariff details the payments community pharmacists will receive for dispensing prescriptions and as such is the cost that clinical teams will incur from their prescribing practice. It does not provide clinical information but will be used when monitoring prescribing activity of teams. It is published online every month and can be accessed from the NHS Business Services Authority via http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx.

22. Adverse Reaction Reporting and Incident Reporting

All severe adverse drug reactions and all adverse drug reactions for ‘black triangle’ drugs need to be reported via the MHRA/CHM Yellow Care Scheme. This can be done electronically at www.yellowcard.gov.uk. If a service user reports a severe or unexpected reaction to a prescribed medicine it should be reported immediately to their GP and/or medical prescriber. The NMP must document any adverse reactions and action taken in the individual’s case notes.

NMPs must also follow the Trust’s policy for incident reporting. NMPs are responsible for completing incident forms for any incident or near-miss that involves prescribing and medicines optimisation. The Trust has a no-blame culture and encourages learning from incidents; NMPs are therefore encouraged to raise these occurrences as part of their supervision sessions and also as part of their CPD.

23. Prescription Forms

For each NMP an individual decision will need to be made in conjunction with the clinical lead for the team and the Trust’s Non-Medical Prescribing Lead or Director of Pharmacy and Medicines Optimisation (or nominated deputy), as to which type of prescriptions the NMP will use:

- The Trust’s Medicines Treatment and Record Sheet (or other Trust approved medicines card) for in-patient prescribing
- FP10 forms for prescribing in the community
- FP10MDA forms for prescribing in substance misuse services
• The Trust’s outpatient clozapine prescription form for supply of clozapine to service users in the community (which may be dispensed at a contracted Lloyds Pharmacy)
• Other specific forms as individually agreed by the Medicines Optimisation Committee

In all instances NMPs shall follow the Trust’s Prescription Form and Security Policy and comply with the prescription writing standards set out in the Medicines Code and associated policies and procedures.

The transcribing of prescriptions by NMPs, although not illegal, is not considered good practice and should not fall outside of the individual’s locally agreed formulary. Prescribing for service users for whom an NMP does not have prescribing responsibility is also not regarded as good practice. A prescriber is responsible for any prescription to which they put their signature.

A Supplementary NMP may transcribe a prescription for a service user for whom there is a valid CMP in place which covers each medication transcribed.

The NMP would be expected to fully understand all the medication prescribed for the service user. This means that if the service user had an adverse reaction to any of these treatments then the NMP would have to justify why they had prescribed something for which they had not assessed the service user.

In certain circumstances clinical pharmacists employed by the Trust are allowed to amend in-patient medicines cards and hospital outpatient prescriptions to clarify details or correct minor errors made by the prescriber; this does not apply to FP10 prescriptions. They must sign against their amendment and it must still be in line with the original prescriber’s intent. More significant errors and omissions must be cancelled and rewritten by the prescriber (or prescribing colleague if not available).

NMPs:

• Must never prescribe for themselves, their relatives, friends or colleagues
• Can only issue prescriptions for medicines included on a service user’s CMP if acting in the role of a Supplementary NMP
• Must not write prescriptions for service users for whom they are not currently acting as Care Co-ordinator or are otherwise directly involved in their care.

24. Secondary Care Prescribing

NMPs working in community teams will be issued with a personal FP10 prescription pad (unless writing instalment prescriptions for substance misuse services) for carrying out their prescribing. This will have their name pre-printed at the bottom of the prescription. Medical Prescribers and NMPs may not use each other’s FP10 prescription pads.

Specific prescription forms are available for instalment prescribing in substance misuse and the prescriber’s details will be printed along with the dosing instructions.

Within inpatient services, NMPs may write their prescriptions on the Medicines Treatment and Record Sheet (or other Trust approved medicines card). They should only prescribe medicines within their area of competency and as such should not rewrite medicines cards which contain any medicines not included in their locally agreed formulary. In order to
minimise risks of omission, partially re-written medicines cards awaiting a medical prescriber to complete additional prescribing is not permitted in any situation. NMPs working within inpatient services may, if a nurse or pharmacist involved in the care of a patient, request leave medication on the medicines card in the usual numerical manner. However, NMPs should not write up discharge prescriptions on the back of the medicines card where some of the medicines are not included in their locally agreed formulary. Again, since the discharge prescription is intended to be a complete record of all the medication prescribed at discharge, partially completed discharge prescriptions are not acceptable.

For clarity, NMPs may only write on the medicines card those medicines or products which specifically appear on their locally agreed formulary or are stated within the service user’s CMP. Nutritional products are classed as medicines in this context.

NMPs should follow all the standards and requirements regarding prescribing on inpatient medicines cards that are set out in the Medicines Code.

Each NMP employed by the Trust should have a cost centre code assigned to them which will be linked to their prescribing history. This will allow closer monitoring of their prescribing activity by the Pharmacy and Medicines Optimisation Department through such systems as ePACT (from FP10 data) and the Trust’s pharmacy computer system (Ascribe). It will also provide a system for checking that Supplementary NMPs are only prescribing within their agreed CMPs and Independent NMPs are only prescribing within their competence and locally approved formularies.

25. Clinical Trials
Prescribing of Investigational Medicinal Products for clinical trials within the Trust is controlled by the Principal Investigator for each individual study. A NMP is permitted to prescribe for clinical trials that have been approved by the Research and Innovation Department for use within the Trust provided:

- They have received suitable training in the protocol and operation of the study
- They have up-to-date accreditation with Good Clinical Practice and the R&I Department has a record of this
- The Principal Investigator has signed the NMP off on the study’s Delegation Log with authority to prescribe

26. Dispensing of NMP Prescriptions
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. The pharmacist may need to contact the prescriber to confirm any ambiguous details.

Community pharmacists may contact the Pharmacy and Medicines Optimisation Department to help identify unknown NMPs and signatures; alternatively they may choose to contact the prescriber’s team base.
All Trust prescribers must ensure their name is printed next to their signature to ensure the pharmacist is able to verify the authenticity of the prescription and is able to contact the prescriber should there be any query on the prescription.

It is not the responsibility of the community pharmacist or hospital pharmacist to determine whether a medicine prescribed is included in any service user’s CMP. Pharmacists will always query unusual prescribing with any prescriber and it is expected that Trust prescribers handle these enquiries openly and respectfully.

Prescribers issuing FP10 forms, including NMPs, are not permitted to direct a service user to a particular community pharmacy and would breach NHS regulations if they did so.

27. Safe and Secure Handling of Prescriptions

It is the responsibility of the service and the NMP to ensure the safe and secure handling of in-patient, outpatient and FP10 prescription forms is maintained at all times. Prescriptions remain the property of the Trust; NMPs should familiarise themselves with the requirements set out in the Trust’s Prescription Security Policy.

When a NMP is ceasing to undertake their prescribing role, terminating their employment by the Trust, commences maternity leave or anticipated long-term sickness absence, their prescription pad must be returned to the Director of Pharmacy and Medicines Optimisation. This must be carried out in person or by a trusted colleague and not via the internal post or Royal Mail (or other courier/postal service).

28. Continuing Professional Development (CPD) and Clinical Supervision

There are no specific standards for NMP’s CPD. Regulatory bodies require healthcare professionals to be responsible for maintaining/improving the standard of their practice by undertaking CPD appropriate to their professional roles. Therefore NMPs should ensure that as part of their annual CPD requirements they focus some attention on prescribing practice.

Reflecting on own/others’ prescribing practice can be used as evidence of reflective practice and for agreeing Personal Development Plans with their manager.

All healthcare professionals have a responsibility to keep themselves abreast of clinical and professional developments. NMPs will be expected to keep up-to-date with best practice in the management of conditions, and the use of relevant treatments and appliances, for which they may prescribe.

NMPs are expected to keep a Maintaining Competence in Prescribing Portfolio, including a review of prescribing-related incidents featuring any subsequent learning; some critical incidents may be recorded in a separate log in agreement with the clinical supervisor.

Where service capacity exists, to maintain high standards of prescribing practice, an annual Trust conference will be held to update all NMPs and share good practice on the principles of prescribing and medicines optimisation. NMPs will also:

- Access ongoing education offered
- Be self-directed in meeting learning and development needs
• Attend the mandatory three-yearly medicines management training provided by the Trust’s Pharmacy and Medicines Optimisation Department
• Attend at least two of the Trust-wide NMP Fora each year
• Ensure that their prescribing is in accordance with current best practice in the management of conditions that are being treated
• Use the Maintaining Competence in Prescribing Portfolio as a working tool to reflect on prescribing practice.
• Access regular managerial and clinical supervision which must include the prescribing role
• With their manager, undertake an annual Personal Development Conversation which includes the prescribing role and identifies any additional training that may be required

Supplementary NMPs are required to review CMPs with the medical prescriber at least once every six months. It is expected that the NMP will meet with a medical prescriber much more frequently – at least monthly – for clinical supervision.

If a NMP has:

• not prescribed for over six months (this may be due to a changing role, limited opportunity within the team or the need for additional support)
• failed to attend the NMP forum at least twice in one year (except in special circumstances agreed with the Non-Medical Prescribing Lead) or
• not effectively demonstrated that they have been actively using their prescribing skills and knowledge

then prescribing may temporarily cease to be part of their professional duties, following discussion with the Trust’s Non-Medical Prescribing Lead and their service manager. Prescribing roles will only be re-instated once assurances are received that regular prescribing practice will be undertaken and engagement with the Trust’s processes. These assurances may be subject to future review under the Performance Management policy if they fail to be met.

On returning to practice following a break in prescribing of over one year (or less, if felt needed by the individual NMP) support will be facilitated by the Trust’s Non-Medical Prescribing Lead alongside another professional who is currently prescribing in a similar service.

The team’s medical prescriber and NMP must identify clinical supervision arrangements. It is important to recognise that NMPs may require more intense and more frequent clinical supervision than other medical prescribers; Supplementary NMPs may have greater needs than Independent NMPs. The decision rests with the individuals involved and should be based on self-reflection and reduction of risks. All NMP supervision must be in accordance with the Trust’s Supervision Policy.

29. Lines of Accountability and Responsibility

Managers need to be aware that all NMPs must be registered – in the same way that all healthcare professionals are registered – with their professional body. Nurses, pharmacists and AHPs who are practising as NMPs will have an annotation of this role alongside their name on their respective professional register.
Confirmation of a professional’s registered status can be obtained by contacting the appropriate regulatory body either by telephone or by accessing their website.

If a manager decides to appoint a NMP who is already qualified and registered as an NMP, it is important that the manager realises that all NMPs employed by this Trust must be approved by the Trust’s Non-Medical Prescribing Lead before they are permitted to prescribe for service users.

Service managers for NMPs will:

- Ensure that regular managerial supervision sessions as well as appropriate and adequate clinical supervision is undertaken
- Be contacted on an annual basis by the Non-Medical Prescribing Lead for confirmation that approval to prescribe is ongoing
- Be responsible for ensuring the competency of any NMPs who are employed to work as NMP (including any NMP who is already qualified when taken on by the Trust)
- Ensure the NMP has undertaken adequate and appropriate CPD
- Ensure that the role of non-medical prescribing and an overview of CPD requirements and activity is included in the NMP’s annual Personal Development Conversation; additional training needs being considered if necessary
- Ensure the NMP is supported in their role; e.g. assessing for additional administrative support within the team as the NMP’s role will result in increased administrative requirements such as writing/sending letters to GPs, increased entries in service user records and subsequent scanning/filing of correspondence from external professionals
- Ensure the workload of the NMP is regularly reviewed at managerial supervision and that if additional duties are taken on, other duties are handed over to another member of staff

30. Clinical Audit

The Trust’s Clinical Audit Department is available to support NMPs with audit programmes. For example, audits may be carried out to ensure prescribing is in line with CMPs and the competence of the individual NMP.

The Director of Pharmacy and Medicines Optimisation (supported by the department’s Development Manager and Non-Medical Prescribing Lead) will ensure prescribing by NMPs is monitored regularly (to the same degree as other prescribers) using prescribing data from FP10 prescriptions (ePACT) or from the Trust’s pharmacy computer system (Ascribe).

NMPs will be required to keep a log of their prescribing on Monthly Prescribing Audit Forms. NMPs will be asked to submit this information to the Trust’s Non-Medical Prescribing Lead by no later than the end of the following month to that which the log relates. Failure to produce this information, on request, may result in the Trust removing authority for the NMP to continue to prescribe. A template log is available within this policy’s associated documents. This information will then be used for audit purposes and as evidence of competence. NMPs should ensure this information is shown to their manager at monthly supervision meetings and that managers ensure the workload remains manageable for the NMP.
31. Evidence Based Practice
The Trust must ensure that all NMPs are included in dissemination of information about national guidelines (e.g. NICE guidelines), local guidelines, local agreements and formularies. They may be circulated electronically to NMPs via their teams or external networks or may be distributed to all NMPs by the Trust’s Non-Medical Prescribing Lead. Individual NMPs should check that they are included in the NMP distribution list and also consider forwarding other relevant bulletins they receive directly to their colleagues. Each NMP has a responsibility to ensure they are up-to-date on national developments in healthcare. NMPs should ensure that any CMPs they work to refer to evidence based practice.

32. Monitoring of Clinical Care
NMPs should aim to complete a patient satisfaction survey within 12 months of qualifying and repeat this annually. This survey should include assessing whether individual service users have received appropriate information about their prescribed medication. The Pharmacy and Medicines Optimisation Department can direct NMPs to sources of useful advice and signpost to resources containing up-to-date information leaflets. The Choice and Medication website (to which the Trust has signed up) should be the initial source of patient information – www.choiceandmedication.org/south-staffs.

Prescribers should consider all aspects of a service user’s care and this includes the appropriate physical health monitoring for any treatments prescribed. Refer to the Physical Health Policy for further details.

33. Poor Performance
The Trust has policies and procedures in place for managing poor performance. These policies and procedures will also apply to NMPs and their prescribing.

It is incumbent on NMPs to practice within the law, to a high professional standard and to ensure they strive to continuously improve the quality of care they offer to service users. Poor professional performance needs to be identified and rectified at an early stage.

34. Working with the Pharmaceutical Industry
It is recognised that pharmaceutical company representatives provide a useful and informative service to health professionals. However, it is important that the choice of medicinal product is based on clinical and cost effectiveness. Trust guidelines on the acceptance of hospitality and gifts, including declaration forms, are set out in the associated procedure and Medicines Code. Professional ethical codes may also give guidance to professionals. Employees should declare any interests held with the pharmaceutical industry before considering using or recommending their products.

Samples of medicinal products may not be accepted by employees working within this Trust and should never be used in the treatment of service users.

Attendance at any event where there is sponsorship by a pharmaceutical company should be logged in the NMP’s Maintaining Competency in Prescribing Portfolio.
35. Process for Monitoring Compliance and Effectiveness

The Trust’s Non-Medical Prescribing Lead will monitor activity through receipt of Monthly Prescribing Audit Forms, maintaining the NMP register and completion of annual Approval to Practice Forms.

The Pharmacy and Medicines Optimisation Department will monitor prescribing through developing of prescribing indicators and checking of compliance within locally agreed personal formularies.

The Trust’s Non-Medical Prescribing Lead will have close links to the universities providing NMP training.

36. References

Professional Standards from the Regulators: Nursing and Midwifery Council, General Pharmaceutical Council and Health and Care Professions Council

Standards and course requirements from the accredited universities

Guidelines from the Department of Health, Social Services and Public Safety: www.dhsspsni.gov.uk

Standards from the Department of Health
Appendix 1: Additions to Job Descriptions for NMPs

Person Specification:

<table>
<thead>
<tr>
<th>Professional</th>
<th>Essential</th>
<th>Desirable</th>
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<tr>
<td></td>
<td></td>
<td>Evidence of professional registration as a Non-Medical Prescriber or a willingness to undertake this role as part of ongoing service development work.</td>
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</table>

Job Description:

Main Duties and Responsibilities:

The post holder may be required to undertake additional formal training, leading to a qualification as a Supplementary or Independent Non-Medical Prescriber in order to contribute to service developments, in line with the service delivery plan, and to enhance service user centred care.

Once qualified the post holder will work as a NMP (either in a Supplementary or Independent role depending on local agreement) in accordance with their professional body’s standards, service needs and in line with Trust policies and procedures.

In order to carry out prescribing, the NMP will need to be entered onto the Trust’s NMP register by the Trust’s Non-Medical Prescribing Lead.
Appendix 2: Non-Medical Prescribing Application Process

Service Needs and Benefits

Non-medical prescribing is identified as supporting and enhancing care, service delivery and service developments

Selection Process

Any selection of potential NMPs will be based upon a local assessment of service and service user requirements

As part of the application process potential NMPs will require the support of their manager, medical supervisor and the Trust’s Non-Medical Prescribing Lead and this will be demonstrated by completing the Non-Medical Prescribing Service Assessment Tool

Any registered practitioner able and wishing to undertake NMP training must be able to demonstrate that there is the potential for them to utilise their skills and knowledge post-qualifying and this should be demonstrated on the Application for Non-Medical Prescribing Training Form

Where approval is agreed the applicant should complete the relevant university’s Application Form and the Trust’s External Training Application Form (available from Learning and Development)

University Application Process

The university will confirm successful receipt of a place directly with the applicant

Post-qualifying

Following successful completion of NMP training, the university will inform the Trust’s Non-Medical Prescribing Lead who will complete the Approval to Practice Form. This outlines the Trust’s agreement for staff undertaking non-medical prescribing for the year. Until this form has been completed prescribing must not take place. Once approval has been granted NMPs may only prescribe within their scope of practice within a limited formulary, dependent upon service need, and as authorised by their manager and the Trust’s Non-Medical Prescribing Lead. NMPs will be required to continue to develop their prescribing practice by use of the NMP Maintaining Competence in Prescribing Portfolio.

NMPs will be expected to complete an Approval to Practice Form every year which will then authorise prescribing practice to continue for each forthcoming year.

From the second year post-qualifying NMPs will be expected to complete pharmacology training (relevant to the specialty), to continue to develop their prescribing practice and compile their NMP Maintaining Competence in Prescribing Portfolio. Throughout a NMP’s prescribing practice they will be required to undertake clinical supervision, maintaining a written record and retaining it in their portfolio.
Appendix 3: Non-Medical Prescribing Service Assessment Tool

It is the benefit to service users and to organisational development that will help to identify which clinicians are in prime positions to undertake NMP training.

For these reasons the Trust's Non-Medical Prescribing Service Assessment Tool will help the organisation to plan training and professional development for individuals prior to, during and post qualifying.

Please complete all sections of the form and add comments as required. Where a section of the form is not applicable (N/A) please identify the rationale for this decision.

<table>
<thead>
<tr>
<th>APPLICANT’S DETAILS</th>
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<tbody>
<tr>
<td>Full Name (print):</td>
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<td>Profession:</td>
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<td>Job Title:</td>
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<td>Work Address:</td>
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<td>Email:</td>
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<tr>
<td>Name of Manager:</td>
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Please indicate by ✓ for each area that applies to the nominee:

<table>
<thead>
<tr>
<th>1. Maximum benefit to service users and the organisation:</th>
<th>✓</th>
<th>Additional Comments:</th>
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<tbody>
<tr>
<td>Non-medical prescribing will meet identified service needs Please explain how and why:</td>
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<tr>
<td>Non-medical prescribing will allow faster access to medicines for service users Please explain how:</td>
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<tr>
<td>How will it be demonstrated that non-medical prescribing has helped to enhance services and care provided? Please explain how:</td>
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</table>
Are there any risks identified to the service through non-medical prescribing?

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<tr>
<th>2. Value for Money:</th>
<th>✓</th>
<th>Additional Comments:</th>
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<tr>
<td>The service in which the NMP will work is part of a core service that is likely to continue (i.e. it is not a time limited service or pilot project)</td>
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<tr>
<td>The individual is likely to remain within a post that allows them to continue to practice as a NMP after qualifying</td>
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<tr>
<td>Please identify the main conditions that the NMP is likely to prescribe for:</td>
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<tr>
<td>Please list some of the likely medicines that the NMP may be likely to prescribe for these conditions: (NB a personal formulary will be developed and agreed prior to any prescribing)</td>
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3. Alternative Options:  ✓  Additional Comments:  

| Have Patient Group Directions (PGDs) been considered as an alternative to non-medical prescribing? | | |

4. Acceptance Criteria:  ✓  Additional Comments:  

| To be eligible for NHS funded training, each candidate must fulfil all of the following criteria: | | |
| Registered professional | | |
A minimum of three years’ post registration experience (pro-rata for part time staff) and has spent the previous year within the clinical area in which they intend to prescribe:

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Able to work at Study Level 6 (degree) and has additional qualifications to support this:

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Willing to undertake the training and has an understanding of non-medical prescribing within a team context:

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Arrangements are in place that will allow the candidate to access supervision from a medical supervisor (Designated Medical Practitioner) and this has been agreed and signed by the medical supervisor:

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5. Support systems: ✓ Additional comments:

There is agreement form the organisation to support the applicant:
- to attend and complete the course,
- to access medical supervision from their nominated medical supervisor,
- to access post qualifying support systems
- with continuing professional development (CPD) – identified within their annual appraisal and linked to service developments

NB: there are no monies linked to backfill whilst the applicant is undertaking training

The NMP will have access to other practical requirements to support their prescribing:
- Non-Medical Prescribing Fora,
- ongoing medical supervision

Signed by Service Manager: Date:
Signed by NMP Applicant: Date:
Signed by Medical Supervisor: Date:
Signed by Non-Medical Prescribing Lead: Date:
Appendix 4: Application for Non-Medical Prescribing Training Form

<table>
<thead>
<tr>
<th>APPLICANT'S DETAILS</th>
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<td><strong>Full Name (print):</strong></td>
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<td><strong>Profession:</strong></td>
<td><strong>Registration Number:</strong></td>
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<td><strong>Job Title:</strong></td>
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<td><strong>Work Address:</strong></td>
<td><strong>Work Phone Number:</strong></td>
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<td><strong>Email:</strong></td>
<td><strong>Directorate:</strong></td>
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<td><strong>Signed:</strong></td>
<td><strong>Date:</strong></td>
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Please indicate which area of practice best reflects the majority of your work, please (✓) most relevant boxes only

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Community</th>
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<tr>
<td>Adult Mental Health Services</td>
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<td>Older Adult Mental Health Services</td>
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<tr>
<td>Early Intervention Services</td>
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<td>Dementia/Memory Services</td>
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<td>Crisis Resolution/Home Treatment</td>
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<td>Forensic MH Services</td>
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<tr>
<td>Eating Disorder Services</td>
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<td>Perinatal Services</td>
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<tr>
<td>Learning Disability Services</td>
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<tr>
<td>Child and Adolescent MH Services</td>
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<tr>
<td>Community Paediatric Services</td>
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<tr>
<td>Community Children’s Nurses Team</td>
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<td>Community Specialist Support Team</td>
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<tr>
<td>Substance Misuse Services</td>
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<td>Ministry of Defence Services</td>
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<tr>
<td>Prison In-reach Services</td>
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<tr>
<td>Primary Care MH Services</td>
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<tr>
<td>Genito-Urinary Medicine</td>
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<tr>
<td>HIV Medicine</td>
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<td>Other (please specify)</td>
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<td>All parts MUST be completed</td>
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<tr>
<td><strong>Is the applicant:</strong></td>
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<tr>
<td>a) Registered Nurse</td>
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<tr>
<td>b) Pharmacist</td>
<td></td>
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<tr>
<td>c) Allied Health Professional</td>
<td></td>
</tr>
<tr>
<td>State:</td>
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<tr>
<td><strong>Does the applicant have evidence of the ability to study at Level 6?</strong></td>
<td>Yes/No</td>
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<tr>
<td><strong>Please (✓) the nominee’s level of academic attainment:</strong></td>
<td>Other:</td>
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<tr>
<td>□ MA/MSc □ Degree □ Diploma □ Certificate</td>
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<tr>
<td><strong>Does the applicant have a medical prescriber willing to provide twelve days of supervised practice?</strong></td>
<td>Yes/No</td>
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<tr>
<td>If Yes – Name:</td>
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<tr>
<td><strong>Does the applicant have at least three years’ post-registration experience (or part-time equivalent) with the previous year being in the area that they will prescribe?</strong></td>
<td>Yes/No</td>
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<tr>
<td><strong>Does the applicant have the support of their manager and/or service lead to implement prescribing on successful completion of the course?</strong></td>
<td>Yes/No</td>
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<td><strong>Does the service offer the potential for the applicant to work as (tick one):</strong></td>
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<tr>
<td>□ Supplementary Non-Medical Prescriber</td>
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<td>□ Independent Non-Medical Prescriber</td>
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<td>□ Both</td>
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<tr>
<td><strong>Will the applicant be prescribing regularly to provide maximum benefits to service users?</strong></td>
<td>Yes/No</td>
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</table>
### Designated Medical Practitioner

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<thead>
<tr>
<th>Name of Designated Medical Practitioner:</th>
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<tbody>
<tr>
<td>Work Address:</td>
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<td>Work Tel No:</td>
<td>Email:</td>
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</table>

I agree to provide twelve days (or equivalent) prescribing practice supervision

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<tr>
<th>Signed:</th>
<th>Date:</th>
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</thead>
</table>

Please identify which criteria for DMP applies:

The doctor must be a registered practitioner who:

i. has had at least three years recent clinical experience for a group of service users in the relevant field of practice

ii. is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-Graduate Training in General Practice

Or

iii. is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer

iv. has the support of the employing organisation or GP practice to act as the Designated Medical Practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice

v. has some experience in training or teaching and/or supervising in practice

### Agreement to Release NMP from Regular Practice Duties

Service Manager/Locality Manager agreement to release from practice for both 26 days taught theory and 12 days supervised practice.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Trust’s Non-Medical Prescribing Lead

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
## Appendix 5: NMP Approval to Practice Form

### PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Full Name (print):</th>
<th>DoB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession:</td>
<td>Registration Number:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Band:</td>
</tr>
<tr>
<td>Work Address:</td>
<td>Work Phone Number:</td>
</tr>
<tr>
<td>Email:</td>
<td>Directorate:</td>
</tr>
<tr>
<td>Signed:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Area of Clinical Practice

<table>
<thead>
<tr>
<th>Type of Non-Medical Prescribing being undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary: □</td>
</tr>
</tbody>
</table>

**Please ✓ the following boxes as appropriate:**

<table>
<thead>
<tr>
<th>There is a clear benefit to service user care for non-medical prescribing</th>
<th>My Job Description has been amended to include non-medical prescribing</th>
<th>I have attended a minimum of two Trust NMP Fora in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a nominated medical supervisor</td>
<td>I continue to utilise my prescribing skills and knowledge</td>
<td>I have evidence of prescribing CPD within my prescribing portfolio</td>
</tr>
</tbody>
</table>

### Approval to Practice Agreement:

<table>
<thead>
<tr>
<th>Name of Non-Medical Prescribing Lead:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Non-Medical Prescribing Lead:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
Appendix 6: NMP Maintaining Competence in Prescribing Portfolio

Introduction:

This Portfolio has been designed to provide a structured framework to support the continuing safe and effective prescribing practice of active NMPs.

The framework includes the development of a portfolio of evidence, supported by referenced material.

It is for individual NMPs to compile their portfolio in this suggested layout with this sheet as the cover.

Contents:

Section 1 – Non-Medical Prescribing Action Plan

Section 2 – Competency Framework

Section 3 – Collated Cross-referenced Evidence, Monthly Prescription Audit Forms

Section 4 – Approval to Practice Form and application documents

Section 5 – Supervision Agreement, Clinical and DMP Supervision Records

Section 6 – Reference Materials, other Useful Sources of Information
# NON-MEDICAL PRESCRIBING ACTION PLAN

<table>
<thead>
<tr>
<th>Name of Non-Medical Prescriber:</th>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Service/Line Manager:</td>
<td>Signed:</td>
<td>Date:</td>
</tr>
<tr>
<td>Name of Nominated Medical Supervisor:</td>
<td>Signed:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Target Completion Date:** (Annual)

## OBJECTIVE:

(To continue to practice and develop as an active NMP)

## MEASURES OF SUCCESS:

(Portfolio evidence, Monthly Prescribing Audit Forms, Approval to Practice Form)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>MILESTONES / OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>EST. TIME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Competency Framework

An Outline Framework to support active Non-Medical Prescribers

This is the section of your portfolio where you evidence the competences that you continue to develop in respect of your prescribing practice. You will be required to evidence your continuing prescribing practice based on your assessment of two service users. Evidence should be collected as part this portfolio and can be taken from any of the following documents which must maintain the anonymity of the service user:

Referral Documentation
Outcomes of Prescribing Decisions
Prescribing within a Team Context
Prescribing Decisions
Assessments Completed
Multi-Disciplinary Decision Making
Clinical History
Audit
Clinical Notes
Side Effect Identification and Discussion
Clinical Management Plans
Lists/Reference Documents

Please number each piece of evidence that you include as part of your portfolio and cross-reference within the evidence column below:

<table>
<thead>
<tr>
<th>REFLECTION</th>
<th>EVIDENCE (Cross-Reference Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NMP identifies the condition to be treated and takes a comprehensive/holistic medical assessment and appropriate physical/psychosocial examinations.</td>
<td></td>
</tr>
<tr>
<td>The NMP identifies the most appropriate pharmacological and/or non-pharmacological approaches to treat the condition, discussing treatment options with the service user and confirming the agreed treatment plan.</td>
<td></td>
</tr>
<tr>
<td>Based on the condition and age of the service user, the NMP is able to justify the decisions made.</td>
<td></td>
</tr>
<tr>
<td>Based on the condition identified, the NMP is able to objectively describe the potential for unwanted effects, including issues of concordance, support, safety, contra-indications and adverse drug reactions.</td>
<td></td>
</tr>
<tr>
<td>The NMP evidences the ability to make changes to the treatment plan in light of monitoring and changes in the service user’s condition.</td>
<td></td>
</tr>
<tr>
<td>The NMP completes a small-scale audit of prescribing for one of the conditions identified, references findings and disseminates to colleagues.</td>
<td></td>
</tr>
<tr>
<td>Please produce a list of the current support mechanisms available to you as a NMP and identify potential additional support.</td>
<td></td>
</tr>
</tbody>
</table>
# Agreement on NMP Supervision Arrangements

*(TO BE REVIEWED ANNUALLY)*

<table>
<thead>
<tr>
<th>Name of Non-Medical Prescriber:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
</tr>
<tr>
<td>Line Manager:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of NMP Supervision:</th>
<th>Type of NMP Supervision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration:</td>
<td>Venue:</td>
</tr>
<tr>
<td>Arrangements for preparing agenda:</td>
<td></td>
</tr>
</tbody>
</table>

Who will be involved? (Specify any third person)

Any other issues agreed:

Signed Non-Medical Prescriber:

Date:

**Signed Supervisor:**

Date:

Signed Third Person (if applicable):

Date:
## Appendix 7: Clinical Management Plan

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Medication Sensitivities / Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Number:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Prescriber(s):</th>
<th>Supplementary Non-Medical Prescriber(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition(s) to be treated:</th>
<th>Aim of treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicines that may be prescribed by Supplementary NMP:</th>
<th>Specific reasons for referral back to the doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Indication</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Guidelines or protocols supporting Clinical Management Plan:

**Frequency of review and monitoring by:**

NMP | Medical Prescriber and NMP

**Process for reporting Adverse Drug Reactions:**

<table>
<thead>
<tr>
<th>Agreed by Medical Prescriber(s):</th>
<th>Date:</th>
<th>Agreed by NMP(s):</th>
<th>Date:</th>
<th>Date agreed with service user / carer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Offer service user or carer the opportunity to sign (not required):

Date:
Sample Letter from Medical Prescriber notifying GP of Supplementary NMP Arrangements and Clinical Management Plan

Dear Dr .................

I am writing to notify you about a supplementary non-medical prescribing arrangement that I am hoping to initiate between myself and ...........................................(NMP), who has completed a recognised non-medical prescribing course and is registered as such with their professional body.

This arrangement will relate to .........................................(service user’s name and address)

As you are no doubt aware, supplementary non-medical prescribing enables me, as the medical prescriber, to delegate prescribing responsibility via an agreed Clinical Management Plan to the above NMP. The service user has agreed to this arrangement.

This will enable ...........................................(NMP), as the Supplementary Non-Medical Prescriber, to alter this service user’s medication (within the limits of the Clinical Management Plan) without reference to myself. They may do this by issuing a prescription or by requesting that you alter the service user’s prescription held at the surgery. The Clinical Management Plan is attached to this letter for your information. You will, of course, be notified of any prescription changes as soon as possible after this is done.

We hope this arrangement is acceptable to you and this will mean that we can provide a better quality and more responsive service to those who access it.

If you have any concerns about this, please do not hesitate to contact the team at the address stated.

Yours sincerely,

Dr ...........................................
(Medical Practitioner)