NON-MEDICAL PRESCRIBERS (NMP) POLICY

POLICY

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	X		
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Sponsor (Position)	Chief Nurse and Chief Pharmacist		
Author (Position & Name)	Assistant Chief Pharmacist – Mark Clymer		
Lead Division/ Directorate	Diagnostic and Outpatients		
Lead Specialty/ Service/ Department	Medicines Management (Pharmacy)		
Position of Person able to provide Further Guidance/Information	Non-Medical Prescribing Lead – Assistant Chief Pharmacist		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT- Pharmacist (available form Pharmacy Administration Team)	Dec 2020
2. Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT – Nurses, Midwifes and AHP's (available form Pharmacy Administration Team)	Dec 2020
3. Appendix Specimen signature form (Available from Pharmacy Administration Team)	Dec 2020
Template control	June 2020

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1.0 INTRODUCTION

As defined by the Human Medicines Regulation (2012), Non-medical Prescribing (NMP) relates to the prescribing by professional groups (other than doctors or dentists), who have undertaken and successfully completed an accredited non-medical prescribing training programme and who are subsequently registered with their professional body **and** with the Trust they are prescribing within.

The development of non-medical prescribing within health services has enabled specially trained healthcare professionals to enhance their roles and effectively use their skills and competencies. This has been shown to:

- Improve patient care without compromising patient safety,
- Make it easier and quicker for patients to get the medicines they need,
- Increase patient choice in accessing medicines,
- Make better use of the skills of health professionals,
- Contribute to the introduction of more flexible team working across health services. (RCN, 2014) (DOH, 2020).

The aim of this policy is to ensure that Non-Medical Prescribing is undertaken within a clinical governance framework and to define best practice in relation to Non-Medical Prescribing practice; maintaining safety and ensuring patients receive quality care.

2.0 POLICY STATEMENT

This Policy **MUST** be used in conjunction with the Medicines Policy and the Competency Framework for all Prescribers (RCP, 2016) and any other applicable local guidelines and procedures.

Exclusion: This policy does not apply to the practice of Community Practitioner Nurse Prescribers who work via a limited formulary and have not undertaken an accredited prescribing programme Nurse Prescribers' Formulary | BNF content published by NICE.

The purpose of this policy is to define:

- The roles and responsibilities of all non-medical prescribers.
- The mandatory process for the registration of all non-medical prescribing qualifications at Sherwood Forest Hospital Foundation Trust (SFHFT); to support safe, effective and appropriate prescribing by non-medical prescribers.
- The process for the selection of new non-medical prescribers.
- Monitoring and governance process.

3.0 DEFINITIONS/ ABBREVIATIONS

Accredited Prescribing Programme	A post-registration prescribing programme that is approved and recognised by the appropriate regulatory body.
Clinical Management Plan (CMP)	The CMP is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, an agreed CMP must be in place relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber.
Designated Medical Prescriber/ Designated Pharmacist Prescriber (DMP/ DPP)	A Designated Medical Prescriber (DMP) / Designated Prescribing Practitioner (DPP) supports, directs and teaches the trainee NMP throughout their period of learning in practice and is responsible for assessing whether the learning outcomes have been met and whether the trainee NMP has acquired the competencies set out in the accredited prescribing programme.
Independent Prescribing (IP)	Described by the Department of Health (DH,2006) as "prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing"
Non-Medical Prescriber (NMP)	A range of non-medical healthcare professionals, other than doctors or dentists, who can prescribe medicines for patients as either Independent or Supplementary Prescribers. They have undertaken and successfully completed an accredited Non-medical prescribing training programme and are registered with their regulatory body.
Supplementary Prescribing (SP)	A voluntary partnership between a doctor or dentist and a supplementary prescriber, to prescribe within an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement.

4.0 ROLES AND RESPONSIBILITIES

4.1 Sponsors

4.1.1 The Chief Pharmacist and Chief Nurse are the sponsors of this policy and have overall responsibility for the content and implementation of the content within Sherwood Forest Hospital Trust.

4.2 Non-Medical Prescriber Lead

4.2.1 The NMP Lead is responsible for ensuring a robust system is in place for the communication, coordination, clinical governance and support of NMPs.

4.2.2 Will ensure that the Pharmacy Administration team keep an up to date NMP database in accordance with section 4.3 and 4.7 of this policy.

4.2.3 Will ensure the review and reporting of the NMP database every six months at the Medicines Optimisation Committee (MOC) and the Nursing, Midwifery and AHP Board (via the Trust's Corporate Head of Nursing) to ensure Trust compliance and appropriate escalation.

4.2.4 Where a NMP is not compliant the lead will facilitate the appropriate escalation:

- Pharmacists – process directly managed by the NMP Lead.
- Nurses, midwives and other AHPs – process to be managed by Nursing, Midwifery and AHP Board (see 4.3.2).

4.2.5 Will ensure that Supplementary Prescribers within the Trust are working within clearly defined CMPs.

4.3 Medicines Optimisation Committee and the Nursing, Midwifery and AHP Board

4.3.1 Have overall responsibility to ensure that NMPs working within the Trust adhere to this policy.

4.3.2 Will ensure that the NMP database is reviewed every six months to assure that all NMPs are displaying a 'Green' status. A green status indicates that the prescriber has:

- Recorded their non-medical prescribing qualification with their regulatory body,
- Completed the 'Intention to Independently Prescribe within SFHFT' form (Appendix C/ Appendix D) ,
- Completed their 'Specimen Signature Form' (Appendix E),
- Completed their annual self-declaration form (Appendix H),
- That Supplementary Prescribers have an in date, clearly defined CMP in place in accordance with section 6.6 of this policy.

4.3.3 Where NMPs (Nurses, Midwifes or AHP's) are not displaying a 'Green' status, the Nursing, Midwifery and AHP Board will instigate the appropriate line of communication

via Heads of Nursing/ Line Managers to guarantee that the prescriber meets the requirements to gain a 'Green' status.

4.3.4 Where NMPs who are pharmacists are not displaying a 'Green' status, this will be managed by the NMP Lead and escalated to the Medicines Optimisation Committee where appropriate.

4.4 Line Manager

4.4.1 Will ensure that the responsibility of non-medical prescribing is clearly identified in the individual's job description.

4.4.2 Are responsible for ensuring that the NMP has completed an accredited prescribing course (see section 6.2) and are subsequently registered as a prescriber with their regulatory body (e.g. NMC, GPhC, HCPC) **BEFORE** they are able to register their prescribing qualification with SFHFT in accordance with the flowchart in Appendix B of this policy.

4.4.3 Will ensure that the NMP completes all elements covered in Appendix B; Process for Registering a Non-Medical Prescribing Qualification **BEFORE** the individual is able to start prescribing practice within SFHFT.

4.4.4 During appraisals the line manager will ensure the individual has completed their Non-Medical Prescribers Annual Declaration Form (Appendix H) (this form should be submitted by all non-medical prescribers in the month of October each year to support compliance monitoring) and discuss any challenges/ training and development needs.

4.4.5 If a NMP identifies any challenges, additional training and development needs, that they have not prescribed within the last two years or have not maintained a continuing professional development portfolio, it is expected that the line manager and NMP discuss, explore and create appropriate action plans to address concerns in a timely manner. The line manager should sign the Annual Declaration Form (Appendix H) to indicate that this discussion has taken place.

4.4.6 The Line Manager and NMP will escalate any concerns to the appropriate service manager/ Matron/ Divisional Head of Nursing if there is potential to affect the delivery of clinical service or if extra support is required.

4.4.7 Line Managers will contact the Oracle Learning Module (OLM) Team to input the NMP qualification onto the practitioner's Electronic Staff Record (ESR).

4.4.8 Are responsible for informing the SFHFT NMP Lead and the Pharmacy Administration Team if a staff member has left the Trust or is no longer able to prescribe to ensure their removal from the Trust NMP database.

4.4.9 See section 6.4 of this policy for further information and Line Manager responsibilities when selecting staff to complete a NMP accredited course.

4.5 Non-Medical Prescribers (NMPs)

4.5.1 **BEFORE** practicing as a NMP, the individual **MUST** ensure their prescribing qualification is registered with their regulatory body and that they have completed **all** elements covered in Appendix B of this policy.

4.5.2 Are responsible for ensuring they have appropriate indemnity insurance reflecting their role as a NMP as indicated by their regulatory body.

4.5.3 Will work in line with the Medicines Policy and the Competency Framework for all Prescribers (RCP, 2016) and any other local procedures and guidelines.

4.5.4 Should only prescribe within their scope of practice which has been defined on the 'Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT' form (Appendix C/ Appendix D). The individual prescriber is responsible for ensuring this remains up-to-date. If a prescriber's scope of practice changes, the prescriber must complete a new 'Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT' form and obtain the relevant signatures before undertaking new prescribing practice.

4.5.5 Have responsibility for accepting accountability and clinical responsibility for their prescribing practice, working at all times within their clinical competence and with reference to their regulatory bodies standards.

4.5.6 Must maintain a portfolio of their continuing professional development and identify individual training needs.

4.5.7 Is responsible for submitting the Non-Medical Prescribers Annual Declaration Form (Appendix H) annually within the month of October to the OLM Team and informing the Pharmacy Administration Team of this completion so that the NMP database can be updated.

4.5.8 Must adhere to prescribing products within the Nottinghamshire Joint Formulary that have been approved for use by the Area Prescribing Committee (https://www.nottinghamshireformulary.nhs.uk/Default.asp).

4.5.9 It is the responsibility of the individual NMP to ensure they remain up to date with best practice in the clinical and therapeutics management of conditions within their scope of practice.

4.5.10 Must regularly check medicine management updates including drug safety updates on the intranet, Trust bulletins and iCare2 so that they are aware of any potential changes to practice. Where possible they should attend the Trust's NMP Forum as a minimum annually (see section 4.6).

4.5.11 Must only issue a prescription for a patient whom they have assessed for care.

4.5.12 If the NMP uses FP10 prescriptions, they must only utilise prescription pads that have been issued personally to them or specifically used in the clinical area that the NMP works. FP10 prescription pads are issued by the Pharmacy Administration Team as per the FP10 Prescription Pad Policy.

4.5.13 Must inform the Pharmacy Administration Team of any changes required to the Non-Medical prescribers NMP database including name changes.

4.5.14 Supplementary Prescribers must only prescribe in accordance with a clearly define CMP (see section 6.7 for further information).

4.5.15 During training, NMPs must have a designated Medical Prescriber/ Designated Prescribing Practitioner. See section 6.5 and 6.4.5 for further information.

4.6 Non-Medical Prescribers (NMP) Forum

4.6.1 Will provide a multi-professional platform for the delivery of continuing professional development for all NMPs registered within the Trust. The forum will meet quarterly and will include, but not limited to:

- medicines updates,
- MHRA alerts,
- learning from incidents and sharing best practice,
- updates,
- training and the further support

The NMP forum will be run alongside the Advanced Clinical Practitioner (ACP) Forum and led by the SFHT Lead ACP. The NMP forum dates and agendas will be communicated to all NMPs by the Lead ACP. Attendance will require NMPs to liaise with their line manager and clinical leads/section heads to confirm availability.

4.7 Pharmacy Administration Team

4.7.1 Is responsible for maintaining and updating the SFHFT NMP database.

4.7.2 When requested by a new prescriber, will send the 'Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT' form (Appendix B/ Appendix C) and the 'Specimen Signature' form (Appendix E) for completion.

4.7.3 Will ensure the presence of all the signatures on the 'Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT' form and are responsible for collecting the Chief Pharmacist and Chair of Drugs and Therapeutics Committee's signatures (NB: Nurses, Midwifes and AHPs must ensure they obtain their Divisional Head/ Corporate Head of Nursing signatures themselves).

4.7.4 Will ensure the above documents are filed in the designated folder within the Pharmacy Administration Team's Office (for Pharmacists this should be stored within their personal file).

4.7.5 Must ensure that the database captures the following information:

- Full name and email address,
- Role/ Department/ Site,
- Scope of practice
- Name of Line Manager and email address,
- Professional Registration Number,
- Date of NMP registration with regulatory body,
- Confirm professional registration,

- Date 'Specimen Signature' and 'Intention to independently Prescribe within Sherwood Forest Foundation NHS Trust' form fully completed,
- Dates of submitted Non-Medical Prescribers Annual Self-Declaration Forms,
- If the individual is an Independent Prescriber or a Supplementary Prescriber,
- Confirmation that the individual has submitted an example of the Clinical Management Plan (for Supplementary Prescribers only) and that the CMP this is within date (12 months).
- Status: fully active, missing documentation, suspended,
- A list of those who have been removed from the register because they have left the Trust. This record will be kept for six years in accordance with the Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016.

4.7.6 Will update the NMP database when informed of changes by a NMP, their line manager or the Trusts NMP Lead.

5.0 APPROVAL

This policy has been subject to final approval at the Medicines Optimisation Committee. The Nursing, Midwifery and AHP Board provided close consultation on this policy and are key stakeholders with the responsibility of monitoring NMP registration in relation to Nurses, Midwifes and AHPs.

6.0 DOCUMENT REQUIREMENTS:

6.1 Types of Non-Medical Prescribers (NMPs) Independent Prescriber (IP):

A practitioner who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions. They can make independent prescribing decisions to manage the clinical condition of the patient within their scope of practice only. For certain professional groups, the legislation may specify limitations to this prescribing, including Controlled Drugs, Off-Label and Unlicensed Medicines.

For further details of the range of prescribing permitted by each professional group refer to the guidance in: **A guide to Mechanisms for the Prescribing, Supply and Administration of Medicines (DOH, 2018)** and Appendix F of this policy.

Supplementary Prescriber (SP):
Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific CMP with the patient's agreement. Certain registered practitioners may become supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP (see section 6.7 for further information).

Community Practitioner Prescriber:
Refers to a registered nurse or midwife who has successfully completed a Nursing and Midwifery Council (NMC) approved community practitioner prescribing course (also known as a V100 or V150 course). They are qualified to prescribe only from the Nurse Prescribers Formulary (NFP) for Community Practitioners (NB: Community Practitioner Prescribers are not covered within this policy) (RCP, 2020) (NMC, 2018)

The below professional groups are eligible to train to become a NMP:

Professional Group	Regulatory Body	Independent Prescribing	Supplementary Prescribing
Nurse / Midwife	NMC	Yes	Yes
Pharmacist	GPhC	Yes	Yes
Optometrist	GOC	Yes	Yes
Physiotherapist	HCPC	Yes	Yes
Chiropodist/Podiatrist	HCPC	Yes	Yes
Dietitians	HCPC	**NO**	Yes
Radiographer - Diagnostic	HCPC	**NO**	Yes
Radiographer - Therapeutic	HCPC	Yes	Yes
Paramedics	HCPC	Yes	Yes

6.2 Accredited Prescribing Programmes

The below links define the accredited prescribing programmes approved by each regulatory body:

- NMC Accredited Programmes
- GPhC Accredited Programmes
- HCPC Accredited Programmes
- GOC Accredited Programmes

6.3 Process for Registering a Non-Medical Prescriber Qualification at SFHFT

6.3.1 Non-medical prescribing qualifications **MUST** be registered with the individuals regulatory body **AND** SFHFT **BEFORE** an individual is able to practice prescribing.

6.3.2 See Appendix B for a flow chart depicting the full process for registering a prescribing qualification at SFHFT.

6.3.3 This process applies to all NMPs including those who are current and new Trust members.

6.3.4 To check whether an individual has registered their qualification with their regulatory body, check the relevant register below:

- Nursing and Midwifery Council (NMC) Register
- General Pharmaceutical Council (GPhC) Register
- Allied Health Professional Council (HCPC) Register
- General Optical Council (GOC) Register

6.4 Selection of New Non-Medical Prescribers

6.4.1 In order to complete a non-medical prescriber's qualification the individual must be qualified as follows:

- Pharmacists – who are band 7 or above with at least two years of experience as a qualified pharmacist will be selected by the Clinical Pharmacy Services Manager to undertake a recognised pharmacist independent prescribing course (GPhC, 2018).
- Nurse, Midwife, ACP or AHP – must have been qualified for a minimum of three years, have spent the last 12 months working in the speciality in which they intend to prescribe and have identified and agreed with their line manager that the completion of a non-medical prescribers qualification will support the role and department (NMC, 2006) (RPS, 2016).

6.4.2 Line managers must ensure that prescribing is appropriate for the individual's role and part of their job description.

6.4.3 Before supporting an employee to undertake an approved non-medical prescribing qualification, the manager must ensure that that the individual is competent to undertake this role development.

6.4.4 The line manager must prioritise requests for an approved non-medical prescribing courses in line with the needs of the department and the Trust.

6.4.5 Appendix A should be completed and submitted to the individual practitioners line manager for approval. If SFHFT are funding the NMP qualification agreement should also be sought from the relevant budget holder and education and training leads.

6.4.6 Line managers will support the employee in identifying a suitable individual to act as a Designated Medical Practitioner/ Designated Prescribing Practitioner (DPP; for pharmacists). See also section 6.5 for further guidance.

6.4.7 It is a requirement of the course that the non-medical prescriber is given time out of their working hours to fulfil the academic and clinical requirements of the non-medical prescribing course. They will also be expected to complete some of the work in their own time. The non-medical prescriber will need to complete a Trust learning contract in order to access funding support. Please contact the Training, Education & Development team for further information in regards to funding support.

6.5 Selection of a Designated Medical Practitioner/ Designated Prescribing Practitioner

6.5.1 The NMPs period of learning in practice is to be directed by a Designated Medical Prescriber (DMP) / Designated Prescribing Practitioner (DPP) who will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired the competencies set out in the accredited programme.

6.5.2 The NMP should have no less 90 hours of learning in practice alongside qualified prescribers and this can include medical and non-medical prescribers. The time

expected to be specifically spent with the DMP/ DPP is determined by the higher education institution supervising the non-medical prescriber's course.

6.5.3 The DMP must be a registered medical practitioner who:

- Has normally had at least three years recent clinical experience for a group of patient/ clients in the relevant field of practice
- Is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer
- Has the support of the employing organisation to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice
- Has some experience or training in teaching and/ or supervising practice
- Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services), arrangements can be agreed for another doctor to take on the role of the DMP, provide the above criteria are met and the learning practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.

6.6 Independent Prescriber

6.6.1 Independent Prescribers can prescribe on any of the approved SFHFT documentation including on FP10 prescriptions (see point 4.5.12) and must prescribe in accordance to the Trust Medicines Policy. On writing a prescription they must document their full name followed by their role (ie. pharmacist, Nurse, ACP) and Independent Prescriber (IP). E.g. Mickey Mouse Pharmacist IP/ Mickey Mouse Nurse IP.

6.6.2 The Independent Prescriber must only prescribe within their scope of practice and competence; if prescribing is required outside of this then an appropriate prescriber who can prescribe within that area should be contacted to complete a prescription.

6.6.3 On writing a prescription the Independent Prescriber must document the reason for the prescription in the patient's medical notes or on the eTTO. If the Independent Prescriber has discussed with a doctor before prescribing a medication, a summary of this discussion must be documented in the medical notes.

6.6.4 Independent Prescribers may:

- Continue a patient's usual medicines as confirmed by the medicine history process if assessed to be appropriate.
- Initiate new medicines after assessment of the patient. This assessment can be completed by members of the wider MDT e.g. on consultant ward rounds or by the Independent Prescriber when working independently e.g. in outpatient clinics.
- Discontinue medicines no longer clinically indicated/appropriate.
- Continue medicines that require review/chart re-write.
- Amend or correct existing prescriptions (e.g. in relation to timing, frequency, dose etc.).
- Prescribe medicines on the request of another practitioner e.g. a doctor on a ward round, a nurse requesting a prescription for symptom control. The

Independent Prescriber takes responsibility for confirming appropriate patient assessment has been completed before prescribing.

In addition:

- Independent Prescribers must be satisfied that in all of the cases above the prescription is clinically appropriate for the patient at that time.
- All prescribing must be appropriately documented and communicated.
- If the Independent Prescriber is correcting a prescribing error, feedback will be provided to the original prescriber wherever possible.
- Independent Prescribers must always work within their scope of practice/ competence.
- Independent Prescribers should prescribe according to national or local guidelines, or within accepted best clinical practice and utilise their clinical judgement when assessing the risk versus benefit of treatment decisions.
- A decision to stop or not prescribe a medicine is still considered a prescribing decision and will be covered by the scope of practice and competence of the person making that decision. Appropriate documentation in the patient's medical notes must be completed.
- See Appendix F for information on the prescribing of Controlled Drugs, unlicensed and off-label medications.
- Pharmacist independent prescribers should work as part of a multidisciplinary team, and not in isolation. This does not mean that other staff need to be present at the time of prescribing, but means that prescribing decisions should be made with access to the relevant information about the patient. Prescribing decisions should be fed back to the MDT via appropriate means for example via medical notes or MDT meetings.
- If the Pharmacist independent prescriber is working in the dispensary and is required to make a change to a prescription written by a doctor, e.g. a TTO, it would usually be appropriate for that pharmacist to contact the original prescriber and take a verbal order to change the prescription rather than change it themselves.

6.7 Supplementary Prescribers and Clinical Management Plans

6.7.1 Supplementary Prescribing is most useful in the following situations:

- When working within a team where a doctor (or dentist) is readily accessible.
- For long-term conditions.
- For some situations involving Controlled Drugs and unlicensed medicines (see Appendix F).

6.7.2 Before supplementary prescribing can take place, the supplementary prescriber must ensure that an agreed, valid, CMP is in place for each individual patient. The CMP must be signed by a Medical Independent Prescriber (e.g. Doctor or Dentist), the Supplementary Prescriber and the patient for the CMP to be valid.

6.7.3 See Appendix G for the CMP form template.

6.7.4 When supplementary prescribing is chosen as a means to manage the patient's condition then the principles of supplementary prescribing must be explained in advance to the patient/guardian and the patient's agreement sought. Without such agreement, supplementary prescribing must not proceed.

6.7.5 Supplementary Prescribers must ensure that a current copy of the CMP is filed in the patient's medical notes (written or electronic) and that a copy is held by the Pharmacy Administration Team.

6.7.6 CMPs must be updated and reviewed every 12 months.

6.7.7 Supplementary prescribing must always be undertaken in accordance with the patient's individual CMP. A supplementary prescriber must not prescribe outside of the agreed CMP.

6.7.8 Supplementary prescribers may prescribe any medicine (including Controlled Drugs) as long as these are stipulated in the CMP which has been agreed by a Medical Independent Prescriber.

6.7.9 There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it is normally expected to be used for the management of chronic medical conditions and health needs. Supplementary Prescribing is not suitable for emergency, acute or urgent prescribing situations because an agreed CMP must be in place before prescribing can begin.

6.7.10 Referral back to the Independent Prescriber (e.g. Doctor) must be made if:

- The patient's circumstances fall outside of the CMP
- The CMP comes to an end.
- At the time specified in the CMP for the review of the patient
- At any time at the discretion of the Medical Independent Prescriber.
- At the request of the supplementary prescriber or the patient

6.8 Ordering and supply of medication

6.8.1 It is good practice that all prescriptions written by a non-medical prescriber are screened by a pharmacist or medicines management technician.

6.8.2 A non-medical prescribing pharmacist may screen and order an item prescribed by themselves where the item prescribed is judged to be a critical medicine and a delay in ordering could result in harm to the patient. In non-urgent situations non-medical prescribing pharmacists can screen their own prescriptions after an adequate break from the clinical area; ideally 24 hours.

6.8.3 Administration of medicines by independent prescribers will differ dependent on the training and competence of the healthcare professional. If delegating the administering of medicines to another person, the non-medical prescriber must make sure that person has the necessary and appropriate training and skills to administer the medicine(s) safely as stated in the medicines policy.

6.8.3.1 Independent prescribing pharmacists will not administer medicines they have prescribed unless this is an emergency or life-saving situation and that they

have the necessary and appropriate training and skills to administer the medicine safely.

6.8.3.2 Other non-medical prescribers may administer medicines they have prescribed. It is expected the non-medical prescriber will have processes and checks in place to minimise the risk to the patient associated with prescribing and subsequent administration by the same healthcare professional. It is also expected that medicines administration is recognised within the non-medical prescribers job role and that they have the necessary and appropriate training and skills to administer the medicine safely.

6.8.4 See Appendix F for a Summary for the Prescribing of Controlled Drugs, Unlicensed and Off-Label Medications by Non-Medical Prescribers.

6.9 Monitoring/Governance

6.9.1 NMP Lead

- Will review Datix incidents involving non-medical prescribers. This will completed via a quarterly review of the Datix system rather than leading the investigation of individual Datix incidents
  - will escalate significant incidents to the Medicine Safety Group
- Will plan and implement an audit programme to review non-medical prescribers practice
- Will submit NMP database information to the Nursing, Midwifery and AHP board and to the Medicines Optimisation Committee bi-annually

6.9.2 Pharmacy Administration Team

- Will support the NMP Lead in collating a NMP database report for submission to Nursing, Midwifery and AHP board and to the Medicines Optimisation Committee bi-annually

6.9.3 Medicines Safety Group

- Will support the NMP Lead when required in reviewing significant Datix incidents involving non-medical prescribers
- Will make recommendations to improve prescribing practices for all non-medical prescribers
- Will support the NMP Lead in auditing NMP prescribing practice to ensure clinical practice is safe and effective

6.9.4 Medicines Optimisation Committee

Will review the NMP database bi-annually to assure that all Pharmacist independent prescribers are displaying a ‘Green’ status.

6.9.5 Nursing, Midwifery and AHP Board

Are responsible for ensuring that the NMP database is reviewed at the Nursing, Midwifery and AHP Board bi-annually to assure that all Nurses, Midwifes and Allied Health Professionals (AHP’s) are displaying a ‘Green’ status.

6.9.6 Non- Medical Prescribers Forum

Will provide a platform for the continuing support and education of NMP’s.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Datix incidents involving NMPs will be reviewed and patterns of practice and significant incidents will be highlighted to the medicines safety group	NMP Lead	Quarterly review	Quarterly	Medicines Safety Group
Prescribing activity will be monitored through a regular audit programme	NMP Lead	Audit	Annual	Medicines Safety Group
NMP status within SFHFT NMP database (see 4.3.2)	NMP Lead is responsible for submitting NMP Database bi-annually to MOC and NMAHPB.	Bi-annually review of NMP Status within NMP Database.	Bi-annually	Medicines Optimisation Committee (MOC). Nursing, Midwifery and AHPB (NMAHPB).

8.0 TRAINING AND IMPLEMENTATION

No formal training will be provided as part of the role out of this policy. The content of this policy will be communicated via the communication team, SFHFT Intranet and will be disseminated to NMP's and their line managers for awareness.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix I.
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix J.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Department of Health (DOH) (2020). **Prescribing by Non Medical Health Care Professionals.** Available at: https://www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing [Accessed June 2020]

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Related SFHFT Documents:

- Medicines Policy
- Policy for the Procurement and use of Unlicensed Medicines and Licensed Medicines used outside their Marketing Authorisation
- FP10 Prescription Pads Policy

11.0 KEYWORDS

PIP, Pharmacy, Nurse Prescriber, Independent Prescriber, Medication Administration, Advance Clinical Prescribers, ACP, Supplementary Prescriber

12.0 APPENDICES

Appendix A	Authorisation to Commence a Non-Medical Prescribing Course
Appendix B	Process for Registering a Non-Medical Prescribing Qualification
Appendix C	Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT- Pharmacist - Representational Copy
Appendix D	Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT – Nurses, Midwifes and AHP's – Representational Copy
Appendix E	Specimen signature form – Representational Copy
Appendix F	Summary for the Prescribing of Controlled Drugs, Unlicensed and Off-Label Medications by Non-Medical Prescribers
Appendix G	Clinical Management Plan (CMP) for Supplementary Non-Medical Prescribers
Appendix H	Non-Medical Prescribers Annual Self-Declaration Form
Appendix I	Equality Impact Assessment
Appendix J	Environment Impact Assessment

Appendix A

Authorisation to Commence a Non-Medical Prescribing Course

Applicant Name:	Job Role:
Directorate:	3yrs post Qualification (2yrs if Pharmacist): (please circle) Yes No
Rational for wanting to undertaking a Non-Medical Prescribing Course/ Benefits to Service:	
Agreed Practice Assessor/ Supervisor: Name: Job Role: Signature:	

Line Manager
Line managers must ensure that Non-Medical Prescribing is part of the individuals job description (amending job descriptions where needed). Line Mangers Name: Job Role: Signature of Approval:
Nurses, Midwifes and AHPs (only) must obtain authorisation from the Corporate Head of Nursing's to commence a Non-Medical Prescribing Course: Corporate Head of Nursing's Name: Signature of Approval:

Appendix B

Process for Registering a Non-Medical Prescribing Qualification

Completion of a recognised non-medical prescriber's course through a higher education

↓

Non-medical prescriber ensures that the qualification is registered with their regulatory body (e.g. NMC/ HCPC/ GPhC)

↓

NMP and line manager meet to confirm:

- *That the individual has been qualified for a minimum of 3yrs (2yrs for pharmacists),*
- *That non-medical prescribing is appropriate and in line with the individuals job description,*
- *That they have completed a recognised non-medical prescribers course and should physically check the qualification is registered within the individuals professional regulatory body,*
- *Manager contacts OLM Team to add qualification to ESR,* Line manager locally approves that the individual can proceed to register their non-medical prescribing qualification with SFHFT

↓

Non-medical prescriber contacts the Pharmacy Administration Team to commence the process of registering the non-medical prescribing qualification with SFHFT (**Unable to commence prescribing until fully registered**)

↓

Pharmacy Administration Team issues: 1) Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT and 2) Specimen Signature form, for the practitioner to complete.

↓

Practitioner returns the completed forms to the Pharmacy Administration Team who retain a copy (NB: only Chief Pharmacist and DTC signatures will be captured by the Pharmacy Administration Team).

↓

Pharmacy Administration Team submits the completed Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT form to the Chief Pharmacist and Chair of the DTC for authorisation.

↓

Once the Intention to prescribe with SFHFT and specimen signature form is fully signed and approved the Pharmacy Administration Team will:

- Update the NMP database in accordance with page 4 of this policy,
- Inform the NMP that they can now commence prescribing practice,
- Issue the NMP their individual FP10 forms if required.

↓

Annually; Non-medical prescriber must submit the NMP Annual Declaration Form (Appendix H) to the OLM.

Appendix C

Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT - Pharmacist

Pharmacist Name:	
GPhC number:	
Job title:	
Manager's Name:	
For the use of the Pharmacy Administration Team:	
Authorisation to prescribe	
Prescribing qualification verified	Yes / No
Prescribing annotation on GPhC register verified	Yes / No
Job description updated	Yes / No
Signature: …… Print name…… (Pharmacy admin)	

Scope of practice

The aim of this scope of practice is to improve medicines management for all patients within Sherwood Forest Hospitals (including both inpatients and outpatients). Pharmacist independent prescribing will facilitate continuation of medicines, prevent unintentional omissions, improve medicines optimisation and aid the timely and appropriate administration of medicines. The scope of practice/ prescribing activities will apply in all clinical areas in Sherwood Forest Hospitals, including medical, surgical, Womens and Childrens and admission wards as well as the Emergency Department, ambulatory and out-patients and will include:

1. Prescribing any medicine within the BNF and unlicensed medicines, in line with the Trust Medicines Policy and national and local guidelines.
2. Reconciliation of medicines in line with the patient's medicine history.
3. Alterations to medicines in terms of dose, frequency or form in line with changes in renal or hepatic function, weight, availability, swallowing ability, etc.
4. Amending medicines to adhere to the Trust formulary.
5. Optimisation of medicine doses where the intention of the prescriber is clear but medicines have been incorrectly prescribed e.g. IV antibiotics prescribed at oral doses.
6. Dosing of warfarin (initiation, continuation and discharge dosing).
7. Reconciliation of discharge prescriptions (TTOs) against the prescription.
8. Prescribing medicines that have been suggested by a doctor or specialist nurse and have been documented in the medical notes and are judged to be appropriate by the PIP.

9. Completing the legal requirements for Controlled Drug (CD) copies for TTOs as long as the PIP is clear of what the length of supply intended by the prescriber of the TTO.

    - If the length of supply is not clear then this needs to be clarified with the TTO prescriber. If quantities of supply for a CD are decided by the PIP then appropriate rationale will be documented in P.1 's medical notes.

10. Re-writing inpatient prescription charts and TTOs. This can be done in an emergency but should not be a routine PIP task.

11. PIPs will not prescribe blood products unless they have undergone specific training to reflect competence in this area.

Potential Benefits

The ability to prescribe will mean that changes to medicines can be made at the point of identifying an omission or sub-optimal treatment. This will improve patient safety by reducing any unnecessary delays in administration of medicines and ensuring patients receive the correct medicine at the right dose in a timely manner.

Potential Risks

The traditional role of the pharmacist is to check prescriptions written by others. By undertaking prescribing activities themselves, this potentially removes a safety layer in the prescribing process. Prescriptions written on inpatient medicine charts will ideally be screened by a second pharmacist.

Responsibilities

For inpatient prescriptions, prescribing activities will only take place after a review of the patient's medical notes, taking into account all documented plans. If there is any uncertainty, discussion will take place with the medical team before prescribing. For outpatient prescriptions and TTOs, prescribing will take place if the doctor's intention is clear. However the initial prescriber will be contacted if there is any uncertainty. In all cases, prescribing will only be undertaken within the PIP's self-declared competence. Where necessary, the pharmacist will document prescribing decisions in the medical notes. For TTOs and outpatient prescriptions the prescribing decision will be documented on the electronic (e) TTO or outpatient prescription.

Clinical Skills

PIPs will not be expected to take blood samples from patients. However, knowledge of, and ability to interpret and request the following common investigations are essential for safe prescribing:

- U&Es, LFTs, FBC, coagulation and INRs
- Therapeutic drug monitoring, e.g. gentamicin, vancomycin

PIPs will not routinely undertake any physical examinations or perform patient observations or clinical examinations. However, knowledge of, and ability to interpret the following observations/examinations is essential for safe prescribing:

- NEWS2 (Blood pressure, pulse, respiratory rate, oxygen saturations, temperature, recognising acute confusion),
- Blood sugars
- Lying/standing blood pressure

Any specialist areas of prescribing practice

In addition to the criteria above, PIPs can also have extended clinical roles. This may require additional knowledge and skills in a particular specialty which can include clinical examination skills e.g. running outpatient clinics

Each PIP should complete this section as needed to demonstrate their own specialist area of prescribing practice and the knowledge and skills they will be utilising

Clinical Governance

All prescriptions written by a PIP will be ordered by a second pharmacist or medicines management technician. A PIP may order an item prescribed by themselves where the item prescribed is judged to be a critical medicine and a delay in ordering could result in harm to the patient. PIPs can screen their own prescriptions after a break from the clinical area ideally 24 hours. PIPs will not administer medicines they have prescribed.

Pharmacist independent prescribing will be subject to the Trust's Datix reporting system, where an error or potential error has occurred. PIPs may receive feedback from other healthcare professionals (e.g. doctors, pharmacists and nurses). Any reports or feedback will be used as a prompt for reflective practice.

Pharmacist independent prescribing will be audited as part of the Trust's audits. Awareness of clinical governance issues will be maintained by attendance at, or feedback from, appropriate clinical governance meetings.

Continued Professional Development

PIPs must keep up-to-date with changes in practice. This will be achieved through continuing professional development and receiving feedback from clinical governance meetings. PIPs will recognise gaps in competence and alongside their line manager will identify opportunities for further training when necessary to attain and maintain competence.

Scope of practice agreed by (sign and print name):

…… (Pharmacist Independent Prescriber)

…… (Chief Pharmacist)

…… (Trust Medical Director)

…… (Chair of Drugs and Therapeutics Committee)

If the PIP is to prescribe within a specialist area of practice and for their own patient cohort the following signature must also be obtained.

…… (Head of Specialty/Clinical Governance Lead Specialty)

Appendix D

Authorisation to Prescribe and Scope of Prescribing Practice within SFHFT – Nurse, ACP, Midwife and AHP

Full Name:	
Area of work/ specialty:	
Please circle:	*Supplementary Prescriber* *Independent Prescriber*
Regulatory Body Number/ PIN:	
Job title:	

Scope of Practice:

Clinical specialty to be prescribed for or category of medicines to be prescribed e.g. palliative care, antibiotics	Supporting information of ability to Prescribe in this Area (e.g. clinical experience, further CDP, qualification)

Line Manager of Non-Medical Prescriber:

Prescribing qualification verified	Yes / No
Prescribing annotation on regulatory body register verified	Yes / No
Part of Job description/ job description updated	Yes / No
Discussion of scope of practice with NMP	Yes/ No

Comments:

Signature: …… Print name…….. Date:……

Signatures of authorisation

Chief Pharmacist:

Name:……

Signature:……

Date:……..

Chair of Drugs & Therapeutics Committee:

Name:……

Signature:……..…..

Date:……..……..

Divisional Nursing/Midwifery/ AHP Director:

Name:……..……

Signature:……..

Date:……..……..

Non-Medical Prescriber:

Name:……..……

Signature:……..……..

Date:……..

Corporate Head of Nursing:

Name:……..……

Signature:……..……..

Date:……..……..

Pharmacy Admin

All signature obtained:	Yes/ No
Received Specimen Signature Form:	Yes/ No
Added to Non-Medical Prescribers Database: (only when yes answered to all the above)	Yes/ No

Signature: …… Print name…….. Date:……

Appendix E

Specimen signature form

Non-Medical Prescriber's
Specimen Signature

Non-Medical Prescribers Name (print clearly): ……

Date Registered: ……..

A specimen signature is given below:

Summary for the Prescribing of Controlled Drugs, Unlicensed and Off-Label Medications by Non-Medical Prescribers

Type of Prescriber	Off Label Prescribing (prescribing outside the terms of manufacturers product licence	Unlicensed Medicines	Controlled Drugs
Independent Nurse Prescriber	YES (Subject to accepted good clinical practice)	YES (Subject to accepted good clinical practice)	YES – with exclusions (Not cocaine, dipipanone or diamorphine for treating addiction)
Independent Pharmacist Prescriber	YES (Subject to accepted good clinical practice)	YES (Subject to accepted good clinical practice)	YES – with exclusions (Not cocaine, dipipanone or diamorphine for treating addiction)
Independent Optometrist Prescriber	YES (Subject to accepted good clinical practice)	NO	NO
Independent Physiotherapist Prescriber	YES (Subject to accepted good clinical practice)	NO	YES – limited list Currently the following Controlled Drugs: for oral administration: diazepam, dihydrocodeine lorazepam, oxycodone and temazepam. Morphine for oral administration or injection. Fentanyl for transdermal administration
Independent Podiatry Prescriber	YES (Subject to accepted good clinical practice)	NO	YES – limited list Currently the following Controlled Drugs for oral administration ; diazepam, lorazepam, temazepam and dihydrocodeine,
Independent Therapeutic Radiographer Prescriber	YES (Subject to accepted good clinical practice)	NO	NO - Currently awaiting approval of restricted list
Independent Paramedic Prescriber	YES (Subject to accepted good clinical practice)	NO	NO- Currently awaiting approval of restricted list
Supplementary Prescribers (Must be in-line with CMP; see section 6.6)	YES (Subject to accepted good clinical practice)	YES (Subject to accepted good clinical practice)	YES – with exclusions (Not cocaine, dipipanone or diamorphine for treating addiction)

Appendix G

Clinical Management Plan (CMP) for Supplementary Non-Medical Prescribers

Patient Details	
Patient Name: NHS number/ID number: Date of birth: USE PATIENT LABEL Age:	Date CMP Commenced: **CMP Review Date**: (max. 12months)
Allergies	Current Medications:
Medical History:	
Condition to be Treated by this CMP:	Aim of Treatment:

CMP Details -Medicines that may be prescribed and reviewed by supplementary prescriber		
Preparation:	Indication:	Dose Schedule/ Range
Supporting Guideline/ Protocol/ Evidence:		
Indication for Referral Back to Independent Prescriber:		
Referral Indication/ situation:	Action Plan:	

Signatures for CMP Approval	
Independent Prescriber (IP) Details (Doctor or Dentist)	**Supplementary Prescriber (SP) Details**
Full Name: Job Role: Department: Regulatory Body Number/PIN: Signature: Date:	Full Name: Job Role: Department: Regulatory Body Number/PIN: Signature: Date:
Name of Patient/ Carer/ Parent: Signature: Date:	

Review and Monitoring		
Process for reporting adverse drug reactions:		
On-going CMP reviews (minimum of every 12 months)		
Date:	Discussion/ changes	Signature of IP&SP

Sherwood Forest Hospitals
NHS Foundation Trust

Appendix H

Non-Medical Prescribers Annual Declaration Form

Date:
Name of Non-Medical Prescriber:
Area of Work:
Professional Registration Number:
Date Qualified as a Prescriber:
Any Challenges Identified*:
Any Additional Training and Development Needs*:

Regularly Practicing Prescribing: Yes ☐ No ☐

(If not prescribed within 2yrs; review scope of practice/ competence with line manager)

Maintaining Continuing Professional Development (CPD) portfolio:
Yes ☐ No ☐

Attended a least one Non-Medical Prescribers Forum per year:
Yes ☐ No ☐

I confirm that I remain fit to practice, competent to prescribe, have discussed any training/ development needs with my line manager and have evidence of on-going professional development (CPD):

Signature of Non-Medical Prescriber:_____

***If any challenges, additional training and/or development needs have been identified or if No answered to either of the grey boxes above, you must discuss this with your line manager, who must sign this from before submission:

Line Managers Signature:_____ Date:_____

APPENDIX I – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Non-Medical Prescribers Policy			
New or existing service/policy/procedure: New			
Date of Assessment:14/10/2020			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	NA	NA
Gender	None	NA	NA
Age	None	NA	NA
Religion	None	NA	NA
Disability	A patient that lacks capacity will not be able to consent to care being delivered under a CMP (6.7.4)	Where appropriate staff should ensure the completion of a 'MCA 2 Stage Test' and 'Best Interest Checklist' to ensure the safeguarding of the patient.	None
Sexuality	None	NA	NA
Pregnancy and Maternity	None	NA	NA
Gender Reassignment	None	NA	NA

Marriage and Civil Partnership	None	NA	NA
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	NA	NA

What consultation with protected characteristic groups including patient groups have you carried out?

- Current NMPs, Lead ACP, Assistant Chief Pharmacist, Lead AHP's. No patient consultation was required for this policy.

What data or information did you use in support of this EqIA?

- See section 10

As far as you are aware are there any Human Rights issues being taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- None

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment:
Megan Williams

Signature: M.Williams

Date: 14/10/2020

APPENDIX J – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	NA
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	NA
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	NA
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	NA
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	NA
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	NA