

Primary Care Directorate

Newham Transitional Practice

Non-Medical Prescribing SOP

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1. Non-Medical Prescribing In the NHS – Background and Definitions

- Non-medical prescribing is the prescribing of medicines, appliances and dressings by Registered Nurses, Midwives, Health Visitors, Pharmacists, and Allied Health Professionals (AHP) (Physiotherapists, Podiatrists, Paramedics, Dietitians, and Radiographers) who have successfully qualified as prescribers in their field of practice/expertise.
- In order to prescribe, the individual's professional registration must show annotation of such qualification and the individual must demonstrate up-to-date clinical competence in their intended field of prescribing.

Non-medical prescribing includes:

- Independent Prescribing.
- Supplementary Prescribing
- Community Nurse Prescribing
- Independent Prescribers may prescribe any drug for any clinical condition within their level of competence and/or any locally agreed formulary. There are restrictions around controlled and unlicensed drugs.
- Supplementary Prescribers may only prescribe in accordance with a clinical management plan (CMP). This means that they can prescribe all medicines within the BNF for a specific disease area, according to an agreed documented plan made in partnership with the patient, Doctor or Dentist. They may prescribe unlicensed drugs and CDs provided this is in accordance with the agreed CMP.
- Community Nurse Prescribers can only prescribe from Nurse Prescribers' Formulary (NPF) for Community Practitioners. The NPF can be accessed via e-BNF

2. Benefits of Non-Medical Prescribing

The purpose of extending prescribing responsibilities to non-medical professionals is to:

- Improve patient care without compromising safety.
- Make it easier for patients to get the medicines they need because of increased availability of prescribing roles.
- Increase patient choice in accessing medicines through more contacts with a range of professionals able to prescribe at a time and place more able to suit the patient.
- Make better use of the skills of health care professionals.
- Contribute to the introduction of more flexible team working across East London NHS Foundation Trust (ELFT).
- Improve communication between all prescribers.
- Practitioner independence, which reduces patient waiting times and increases the convenience and speed with which patients receive their medicines
- Reduced waiting times for patients

3. Related Trust Documents

This document can be cross-referenced to all policies that are related to medicine and medicine administration, such as:

- The overarching Medication Policy
- Administration of medicine in home settings policy
- Controlled drugs policy
- FP10 Policy
- Transcribing policy
- PGD Policy

This list is not exhaustive. The policy relates to all policies that ensures safe prescribing of medicines by non-medical professional.

4. Aim of this Document

This intention of this document is:

- govern the practice of non-medical prescribing within the practice
- ensure changes make tangible improvements to patient care
- ensure prescribing practice is compatible with the service development plans of the Trust and is an appropriate extension of a practitioner's role
- ensure that new prescribers are appropriately qualified for the role, work within agreed national and local policies and are identified within the practice and the Trust and are kept up to date on prescribing matters
- ensure that non-medical prescribers are supported in their role and continued professional development

5. Scope of this Document

- This document applies to all healthcare professionals working with patients in Newham Transitional Practice, including Nurses, Midwives and Allied Health Professionals, pharmacists working through PCNs, Trust employed or independent contractors registered with ELFT as non-medical prescribers. Job descriptions must specify the Independent/Supplementary/Community Nurse Prescriber role accordingly
- This document provides information and guidance for all non-medical prescribers, although some sections are specific to the type of prescriber (Community Nurse Prescriber, Supplementary Prescriber, Independent Prescriber)
- [This document does not include Patient Group Directions \(PGDs\). A PGD is a written instruction for the supply and administration of named medicines to a group of patients in a specific, identified clinical situation. There is separate guidance for PGDs and this can be found on the Trust intranet.](#)

6. Requirement for Prescribers

Nurses, Pharmacists and Allied Health Professionals wishing to undertake prescribing must meet the following criteria:

- have a minimum of 3 years post registration (or part-time equivalent) experience, of which at least one year (or part-time equivalent) immediately preceding the application has been in the clinical area in which the applicant intends to prescribe on successful completion of the course
- be registered with the NMC, HCPC or GPhC
- current enhanced disclosure from the Disclosure Barring Service
- be of 'good character'
- Successful completion of a physical assessment course (the type and level of course must be relevant to their field and level of practice, and discussed and agreed with the NMP Lead/nominated deputy) and psychopharmacology course for mental health and substance use staff
- Evidence of study at degree level and ability to study to master's level
- Be willing, eligible and able to undertake the training programme
- Their subsequent prescribing practice will provide maximum benefits to patients in their local services
- Have sufficient opportunity to prescribe, engage in Continuous Professional Development and maintain competence and confidence after the training is complete
- They have the support of a GP/Consultant from their area of practice who is eligible and willing to act as the Designated Prescribing Practitioner

- Have the support of their manager, Clinical and Service Directors
- Their role is one in which supplementary prescribing is required and reflected in the job description
- Following successful completion of the non-medical prescribing course, the Nurse, Pharmacist or AHP must provide evidence of such to the Non-medical prescribing Lead/nominated deputy for entry to ELFT's register and registration with the NHSBSA for access to prescription pads. The Non-medical Prescriber (NMP) must familiarise themselves with and adhere to this policy
- All newly qualified NMPs must be formally assessed on a minimum of 6 prescribing activities/prescriptions relevant to their area of practice and completed within a 3 month period. This will be done under the supervision of an experienced medical or non-medical prescriber in the sphere of practice who will provide assurance to the Non-medical prescribing Lead/nominated deputy that the individual is safe and competent to prescribe unsupervised by completion of the Trust Assessment Form (appendix 7). The completed assessment form will be held on record by the NMP's line manager or any other relevant person in the directorate e.g Lead Pharmacist and a copy sent to the NMP Lead/nominated deputy to be held on record
- All NMPs must ensure that they keep up-to-date with information and legislation in relation to their practice and engage in continuing professional development (CPD) to maximise their effectiveness as prescribers. NMPs must register with the NICE website to receive regular newsletters and updates in relation to prescribing and medicines. Managers are responsible for ensuring the NMP has engaged in CPD and registered with NICE and it is recommended this is regularly discussed at supervision and at appraisal
- [NMPs must annually complete the Royal Pharmaceutical Society's Competency Framework for all Prescribers](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20Competency%20Framework.pdf?ver=AIHRKuior3ef_fNnaMd3iA%3d%3d) as part of Appraisals (https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20Competency%20Framework.pdf?ver=AIHRKuior3ef_fNnaMd3iA%3d%3d). NICE and professional regulatory bodies approve this framework. It is recommended that the framework be, as a minimum, completed and discussed as part of the NMP's professional revalidation/registration processes.

7. Clinical Management Plan (CMP)

- The medical prescriber (Doctor) must conduct an initial clinical assessment of patient and provide a diagnosis
- Both medical prescriber (Doctor) and supplementary prescriber must have access to the patient records
- The medical prescriber (Doctor) will provide advice and support to supplementary prescriber as required
- In partnership with the supplementary prescriber and the patient, a clinical management plan will be drawn up (appendix 3). This is a patient specific document, which is agreed by both the Doctor and the supplementary prescriber with the patient before supplementary prescribing begins. The plan must be completed and signed by all parties. The patient's date of birth must be recorded. For those under 18 years of age a parent or guardian must sign the CMP.
- The patient must be reviewed on a regular basis (minimum yearly) and the frequency of this specified and recorded in the clinical management plan.
- The medical prescriber (Doctor) must clearly outline the limits of the delegated responsibility. The CMP must specify the range of medicines and circumstances and parameters within which the supplementary prescriber can vary dosage frequency and formulation of medicines identified. In describing the limits of prescribing by the supplementary prescriber the CMP may include reference to recognised and reputable guidelines or protocols for a specific condition.
- The CMP must contain the date the supplementary prescriber arrangements commenced and date for review, this should not exceed one year.

- The CMP must specify the circumstances in which the supplementary prescriber should refer to the medical prescriber (Doctor) for advice.
- The CMP must contain relevant warnings about known sensitivities to medicines and include arrangements for notifying adverse drug reactions.
- The medical prescriber (Doctor) will resume full responsibility for patient prescribing at the supplementary prescriber's request when required.
- The medical prescriber (Doctor) can at any time request that he/she take back full responsibility for prescribing at any time.
- The CMP once completed, must be sent to the patient's GP.
- A CMP must fulfil legal requirements.

8. Independent Prescribing

- Non-medical Independent Prescribing is prescribing by a practitioner (e.g. Nurse, Pharmacist, Physiotherapist or Podiatrist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required.
- They will have successfully completed a recognised independent prescribing course and have independent prescriber annotated as a qualification on the professional register.
- The patient must agree to be in an independent prescribing arrangement and the independent prescriber must work in partnership with the patient and Doctor in charge of the patient's overall care.
- Independent prescribing is only one element of the clinical management of the patient. Patient history, drug history, allergies, clinical assessment, interpretation of that assessment, a decision on safe and appropriate therapy and a process for on-going monitoring are necessary. The independent prescriber is responsible for ensuring that all these elements are in place. Where possible the prescriber must access the full clinical record.
- A non-medical independent prescriber can only order a medicine for a patient whom he/she has assessed for care. In the event of a request to intervene for a patient under the caseload of another prescriber, the independent prescriber must undertake his or her own assessment as far as possible.
- The non-medical independent prescriber may only prescribe according to his/her scope of practice, competence and experience.
- [The Royal Pharmaceutical Society have published *A Competency Framework for All Prescribers* \(2021\) which has been endorsed by NICE and adopted by professional bodies and regulators](#)

Available at:

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20Competency%20Framework.pdf?ver=AIHRKuior3ef_fNnaMd3iA%3d%3d

- Non-medical prescribers must ensure they meet these competencies by completing the framework and addressing any development need identified. The framework must be completed/reviewed yearly and discussed with the line manager at [yearly](#) appraisal and form part of professional re-registration/revalidation processes.

9. Restrictions in Relation to Non-Medical Independent Prescribing

- The non-medical independent prescriber may only prescribe within their sphere of expertise and competence, within the Trust / Local Joint ICB Formulary
- **Off-label / off-licence medicines** – Non-medical independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK

marketing authorisation (so called 'off-licence' or 'off-label'). They must, however accept professional, clinical and legal responsibility for that prescribing, and should only prescribe 'off-label' where it is accepted clinical practice. The prescriber should explain the situation to the patient/guardian or carer, where possible, but where a patient is unable to agree to such treatment, the prescriber should act in accordance with best practice in the given situation. The prescriber must comprehensively document their reasons for prescribing such a medicine and their discussion with the patient.

- **Unlicensed medicines** – Non-medical independent prescribers can prescribe unlicensed medicines within their competence and field of expertise, where it is accepted clinical practice and has been agreed by the Medicines Committee (see [Unlicensed Medicines Policy](#)). Again, the prescriber remains accountable and liable for off-label prescribing, and should comprehensively document their reasons for prescribing. The patient or patient's guardian should be informed and consent obtained for the treatment.
- **Controlled Drugs (CDs)** – Pharmacist and Nurse Independent Prescribers may prescribe, administer and give directions for the administration of Schedule 2, 3, 4 and 5 Controlled Drugs. They may not prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.
- Physiotherapists are limited as follows in respect of Controlled Drugs: registered and qualified physiotherapist independent prescribers may independently prescribe temazepam (oral), lorazepam (oral), diazepam (oral), dihydrocodeine (oral), morphine (oral and injectable), fentanyl (transdermal) and oxycodone (oral). Registered and qualified chiropodist independent prescribers may independently prescribe temazepam (oral), lorazepam (oral), diazepam (oral), and dihydrocodeine (oral). Both professions are authorised to administer the specific drugs they are authorised to prescribe, but are not authorised to possess, stock or supply these drugs. Both professions are also authorised to prescribe independently on the conditions that they prescribe the relevant drugs within their competence, by the specified routes and only for the treatment of organic disease in patients, but not for the purposes of treating addiction.
- Prescribers must ensure that they are familiar with the various drug schedules, details of which can be found in the British National Formulary.
- All the legal requirements for a CD prescription must be met. Computer generated prescriptions may be used for CDs, providing the software is in place and an audit trail of prescribing practice is evident.
- The quantity of any CD prescribed must not exceed 28 days' supply per prescription (excluding schedule 5 drugs). CD prescriptions in secondary care for Attention Deficit / Hyperkinetic Disorder (ADHD) must not exceed 3 months.
- All NMPs are required to familiarise themselves with, and adhere to, the Trust's Controlled Drug Policy. Please see the Trust intranet for the policy.

10. Selection Process for Non-Medical Prescribing Qualification

- The need for non-medical prescribing services must be clearly demonstrated in terms of patient or service-user benefit, with minimum risk. Careful consideration must be given to the type of non-medical prescriber required.
- Prior to applying for non-medical prescribing, the individual and their manager must satisfy themselves that the individual and service meet the criteria in the 'Guidance for Assessing Suitability for Non-medical Prescribing' (appendix 5) and the eligibility criteria for the relevant type of prescriber. Additionally, the Manager must ensure that the service is able to support the amount of study leave, supervised practice and assessment period required without compromising service delivery.

- The candidate must also have the support of a suitable Designated Prescribing Practitioner, experienced in the field of practice in which the prescriber is seeking the qualification.
- The amount of study required is substantial. The independent/supplementary prescribing course currently requires a minimum of 38 days - 26 taught days plus 12 days supervised practice. This is **exclusive** of any of the preparatory courses. Should the candidate not already be in possession of recognised physical assessment and psychopharmacology courses, these must be obtained prior to any application for a prescribing course is considered. .
- Preparation for non-medical prescribing represents a significant financial and service investment. Careful consideration must be given to the need for non-medical prescribing and the candidate's suitability.
- The individual **MUST** be willing to undertake, and/or have successfully completed, a relevant physical assessment course. Additionally, those intending to prescribe medicines for mental health illness must have successfully completed a psychopharmacology course in order to learn about the pharmacokinetics and pharmacodynamics of such medicines. Candidates who have not/cannot provide evidence of completion of the above courses will be required to undertake them (the type and level of course must be relevant to their field and level of practice, and discussed and agreed with the NMP Lead/nominated deputy before being considered for independent prescribing).
- The individual must be at a minimum of Band 6 in clinical practice
- If deemed suitable, the individual wishing to become a prescriber must discuss this with the Non-Medical Prescribing Lead/nominated deputy. Their eligibility to meet the minimum criteria of the particular prescribing qualification they wish to obtain will be assessed along with the criteria set out in Appendix 5 'Guidance for assessing suitability for non-medical prescribing'.
- The individual will be asked to complete and return the relevant application form to the Non-medical Prescribing Lead/nominated deputy, who will then seek funding to support the tuition fees, and process the application. Only programmes approved by the NMC, HCPC or GPhC will be supported.
- If funding is not available, the individual and their Manager will be advised accordingly. The Non-medical Prescribing Lead will be advised so that the impact and risk to service delivery can be assessed and escalated as appropriate.

11. Line Manager Responsibilities

- Ensure that non-medical prescribing is necessary and beneficial to patient care and does not pose unnecessary risk
- Ensure that only staff who meet the eligibility criteria are supported to undertake training for NMP
- Ensure that the staff member has completed the necessary training/courses in order to prescribe and provide evidence of such to the Non-medical Prescribing Lead
- Ensure that the NMP is supervised and assessed in a minimum of 6 prescribing activities following completion of the qualification and deemed competent before being permitted to act independently
- Ensure that the NMP engages in CPD relevant to their prescribing practice and maintains evidence of such in their portfolio
- Ensure that the NMP has read and adheres to this document and related national guidance and legislation
- Ensure the NMP's job description includes their role, responsibilities and scope of practice in relation to Non-medical Prescribing

- Undertake regular appraisal of prescribing activity to ensure adherence to local and National guidance
- Support CPD and clinical supervision, ensuring this forms part of the NMP's personal development plan, including review of the NMP's competence against the standards in the Competency Framework for All Prescribers (Royal Pharmaceutical Society/NICE 2016) at yearly appraisal
- Ensure that prescription security measures are followed
- Notify the NMP Lead of NMPs leaving or joining the Trust, awaiting confirmation of entry to the Trust register from the NMP Lead before permitting the NMP to prescribe
- Accept that if they have not prescribed for a period of 3 months the reasons for this will be investigated and may result in a period of supervised practice or suspension from NMP or removal from the register
- Should not dispense medication for a prescription they have written. Prescribing and dispensing should remain separate activities. If this is not possible, then a second checker should be present for dispensing
- Inform the Non-medical Prescribing Lead of any changes in their circumstances, including any change in personal and contact details
- Must never write a prescription for themselves, friends or family members. They are entitled to prescribe only for patients directly under their care in their normal working practice.
- Ensure they have access to e-BNF

12. Electronic Prescriptions System (EPS)

The Electronic Prescription Service (EPS) is a way of issuing prescriptions and electronic signing of prescriptions, which represents the prescriber's authorisation. Where this is in practice, it is important to bear in mind that:

- Prescriptions that are electronically sent to the NHS spine for access by the dispensing pharmacy must be authorised by the prescriber. Authorisation is represented by the prescriber's electronic signature.
- The signature must only be known to the prescriber and not be used by any other person than the authoriser who is also the prescriber.
- The practice area must have a robust protocol for the electronic issue of prescriptions including repeat dispensing, which meets clinical governance and risk management practices.
- The local non-medical prescribing lead will ensure that any anomalies noted during the monitoring of a Non-Medical Prescriber's electronic prescribing data are highlighted to the Non-Medical Prescriber and the Trust Non-Medical Prescribing Lead for shared learning.

13. New Staff, Bank/Agency/Temporary Staff, Return to Practice & Changing Prescribing Specialty

- Staff new to the Trust or returning to practice that hold a NMP qualification must meet with the NMP Lead/nominated deputy to discuss their previous prescribing activity, their intended activity, provide evidence of their qualifications (including physical assessment and psychopharmacology (where relevant)), professional registration number, completed self-assessment against the competences in the *Competency Framework for all Prescribers (2021)*. A template can be downloaded via <https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/supporting-tools#template> and a copy of their job description showing the need to prescribe in their role before authorisation to prescribe will be given.

- A NMP intending to change their scope of practice must meet with their line manager and the Non-medical Prescribing Lead/nominated deputy before doing so in order to discuss their suitability to prescribe in the new scope. The NMP must complete a new scope of practice document and provide evidence of a minimum of one year's (or part time equivalent) experience in the new field and written support from their Line Manager and Consultant about their suitability and need to act as a NMP in the new role/area. For Mental health practitioners, a case study is also required demonstrating psychopharmacological knowledge, which is assessed by NMP lead (mental health and substance use) and the Consultant.
- NMPs new to the Trust, NMPs returning to practice, NMPs who have not prescribed for six months or more and NMPs wishing to change their scope of practice/prescribing specialty must not prescribe until their capability has been discussed with the Non-medical prescribing Lead/
- Staff with a NMP qualification who work on a casual, temporary, Bank or Agency basis are not permitted to prescribe unless the Service Manager and Clinical Lead feel that this directive is compromising patient care.

14. Adverse Reaction Reporting – MHRA Yellow Card Scheme

- If a patient suffers a suspected adverse reaction to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P) or herbal medicine, it should be reported via the Yellow Card Scheme.
- Adverse drug reactions can be reported using Electronic Yellow Card Scheme. This is available on the MCA website <http://www.mhra.gov.uk/yellowcard>
- Any adverse event must be recorded in the patient record, local policy regarding Incidents must be followed up and the GP/responsible clinician made aware.

15. Incident Reporting

- All NMPs should report any episode whereby a patient has been caused harm or could have been caused harm (near miss) due to an adverse incident involving medicines. This should be reported using both local and national reporting systems.

16. Drug and appliance alerts

- Drug and appliance alerts are cascaded to Trust staff via Pharmacy and Clinical Governance Department. All NMPs must ensure that they read and take appropriate action in relation to these alerts.

17. Appendix 1 Scope of Practice



Scope of Practice -
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18. Appendix 2 Controlled Drugs non-medical independent prescribers may commonly prescribe

| Medicinal product | Indication | Route of administration |
|--------------------------------|--|--------------------------------|
| Buprenorphine | Palliative care | Transdermal |
| Chlordiazepoxide hydrochloride | Treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it | Oral |
| Codeine phosphate | Any medical condition | Oral |
| Diamorphine hydrochloride | Pain relief in respect of suspected myocardial infarction; for relief of acute or severe pain after trauma including in either case post-operative relief; palliative care | Oral or parenteral |
| Diazepam | Palliative care | Oral, parenteral or rectal |
| Dihydrocodeine tartrate | Any medical condition | Oral |
| Fentanyl | Palliative care | Transdermal |
| Lorazepam | Palliative care | Oral or parenteral |
| Midazolam | Palliative care | Parenteral |
| Morphine hydrochloride | Palliative care | Oral or rectal |
| Morphine sulphate | Pain relief in respect of suspected myocardial infarction; relief of acute or severe pain after trauma including in either case post-operative relief; palliative care | Oral, parenteral or rectal |
| Oxycodone hydrochloride | Palliative care | Oral or parenteral |

19. Appendix 3 The Clinical Management Plan

| | | | | |
|--|------------|--|--|--------------------------------|
| Patient Name: Address: | | Clinical Team: RMO: Keyworker/Care Co-ordinator | | |
| Current Medication: Drug Sensitivities/Allergies | | Past Psychiatric History: Past Medical History: History of risk: | | |
| Independent Prescriber(s) (IP) Consultant Contact details (tel/e-mail/address) | | Supplementary Prescriber(s) (SP) Contact details (tel/e-mail/address) | | |
| Condition(s) to be treated: | | Aim of Treatment: | | |
| Medicines that may be prescribed by SP | | | | |
| Preparation | Indication | Dose Schedule | Specific Indications for referral back to (IP) | |
| Guides or protocols supporting CMP: | | | | |
| Frequency of Review and Monitoring by: | | | | |
| Independent Prescriber | | Independent Prescriber and Supplementary Prescriber | | |
| Process for reporting adverse drug reactions: | | | | |
| Discussed with Patient: Date : By Whom | | | | (signatures) |
| Agreed by IP(S) | Date | Agreed by (SP) | Date | Date agreed with patient/carer |

20. Appendix 4 The Designated Prescribing Practitioner (DPP) (formerly Designated Medical Practitioner (DMP))

Regulatory changes in 2019 mean that experienced non-medical prescribers of any

professional background can become responsible for a trainee prescriber's period of learning in practice. This role was formerly carried out by a Designated Medical Practitioner (DMP). The term Designated Prescribing Practitioner (DPP) has replaced DMP to encompass all professional backgrounds.

The Royal Pharmaceutical Society has issued a competency framework for role of the Designated Prescribing Practitioner (DPP) which takes into account the requirements of the different professional bodies (A Competency Framework for Designated Prescribing Practitioners 2019 <https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>)

The curricula for preparing nurses, pharmacists and allied health professionals to become non-medical Independent prescribers (NMIP) includes no less than 12 days of learning in practice. This period of learning in practice is to be directed by a DPP (nurses will require 2 experienced prescribers to take the roles of Practice Assessor and Practice Supervisor in order to meet the NMC Standard for supervision and assessment) who will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. Normally these outcomes and competencies will be identified by the University running the individual courses.

Other prescribing clinicians can provide valuable opportunities for learning and time spent with them will count towards the 12 days of learning in practice. The DPP (Practice Assessor for nurses) remains responsible for assessing whether all learning outcomes have been met.

Before taking on the role of DPP, the Doctor/experienced NMIP and the Trust should consider the competencies needed to effectively undertake the role

The DPP must be a registered practitioner who:

- Is an active prescriber in a patient-facing role with at least three years recent clinical and prescribing responsibility for a group of patients/clients in the trainee's area of clinical practice
- Is a specialist registrar, clinical assistant, a consultant or a non-medical independent prescriber within a NHS Trust or other NHS employer
- Has the support of the employing organisation or GP practice to act as the DPP who will provide supervision, support and opportunities to develop competence in prescribing practice
- Has 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 or community pharmacy) arrangements can be agreed for another DPP to take on the role provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role

HCPC & Royal Pharmaceutical Society position:

Pharmacist, physiotherapist, podiatrist, chiropract and paramedic applicants must have a named experienced prescriber in the same field of practice to act DPP. The terms 'practice assessor' and 'designated prescribing practitioner' can be used interchangeably for those supporting Pharmacy and AHP clinicians.

The DPP will typically act as both practice supervisor and practice assessor. Assigning another experienced prescriber to act as a practice supervisor however is possible. The student must complete 12 days (defined as 90 hours) of practice under the supervision and assessment of the DPP.

NMC:

A requirement of nurses and midwives when applying for the independent and supplementary prescribing course (V300) is that the student prescriber has agreement from an experienced medical or non-medical prescriber to take the role of practice **supervisor**. They must also have an agreement from a medical or non-medical prescriber to take the role of practice **assessor**. The nurse or midwife **must have a different person for each role**.

There may be exceptional occasions where it is not possible for the supervisor and assessor to be different people. Arrangements in such situations are subject to scrutiny and agreement from the university. Where there is no opportunity for different people to act as supervisor and assessor in the clinical area the student must identify a prescriber who meets the requirements to be a practice assessor. This person will act as both supervisor and assessor. The University will identify an appropriate clinical non-medical prescriber who is able to act as the practice supervisor in a 'long arm' style supervision arrangement to support both student and assessor.

The DPP has a crucial role in educating and assessing non-medical prescribers. This involves:

- Establishing a learning contract with the trainee
- Provide supervision, support and shadowing opportunities for the trainee
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation/interview with patients and/or carers and the development of a management plan
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Helping ensure that the trainee integrates theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further
- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role

21. Appendix 5 Guidance for assessing suitability for non-medical prescribing

| | QUESTIONS FOR CONSIDERATION | ANSWER |
|-----|---|--------|
| 1. | What is the current system for issuing prescriptions for patients? | |
| 2. | Why does this system need to change? | |
| 3. | What are the intended benefits for patients/clients? | |
| 4. | Is there an agreed budget for prescribing medicines? | |
| 5. | What are the risks of introducing non-medical prescribing and how will these be minimised? | |
| 6. | What type of non-medical prescriber are you hoping to develop in your service? Why this type of prescriber? | |
| 7. | What are the names of the Service Manager, Clinical Director and Service Director who support the development of non-medical prescribing in your area? | |
| 8. | What medicines and for what condition(s) are you proposing the prescriber should prescribe? | |
| 9. | Is non-medical prescribing requisite for the prospective candidate's role? | |
| 10. | Does the prospective candidate meet the eligibility criteria for the prescribing course? | |
| 11. | Can you release the prospective candidate for the required study time including any preparatory courses? | |
| 12. | What is the name of the GP/Consultant from your service area who supports this initiative and is willing for you to prescribe for their patients? | |
| 13. | For independent prescribing: What is the name of the GP/Consultant in your service area who is eligible and willing to act as the Designated Prescribing Practitioner (DDP) (formerly Designated Medical Practitioner (DMP)) and supervisor for the course? | |
| 14. | Can your service provide supervised practice for the post-qualifying minimum of 3 months? How will this be achieved and who will provide supervision? | |
| 15. | What support will be available to the non-medical prescriber in the event of doubt/query of diagnosis or drug? | |
| 16. | How will you monitor and audit the effectiveness, quality and safety of the non-medical prescriber? | |
| 17. | Does the candidate's job description state the type of non-medical prescribing as requisite? | |
| 18. | Any other useful information | |

22. Appendix 6 Assessment Tool for New Prescribers to the Trust, return to practice, changing prescribing specialty

FORMAL ASSESSMENT
RECORD OF SUPERVISED PRACTICE FOR NON-MEDICAL PRESCRIBER
(6 occasions)

The Supervisor must be an experienced, commensurate Non-Medical Prescriber or Designated Medical Practitioner in the field of expertise in which the Supervisee intends to practice

Name of Prescriber (Supervisee)..... Place of work.....

Manager's name Name of Supervisor

Supervisor's Prescribing Qualification: Community Nurse Prescriber, Non-medical Independent Prescriber,

Medical Practitioner (Circle as appropriate)

| |
|--|
| Supervised Practice (1) Date..... |
| Practice assessed: patient case number: Clinical presentation, medicine, route & dose prescribed: |
| I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance |
| Signed..... Name & Title (Block Letters) |
| Supervised Practice (2) Date..... |
| Practice assessed: patient case number: Clinical presentation, medicine, route & dose prescribed: |
| I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance |
| Signed..... Name & Title (Block Letters) |
| Supervised Practice (3) Date..... |
| Practice assessed: patient case number: Clinical presentation, medicine, route & dose prescribed: |
| I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance |

| |
|--|
| Signed..... Name & Title (Block Letters) |
| Supervised Practice (4) Date..... |
| Practice assessed: patient case number: Clinical presentation, medicine, route & dose prescribed: |
| I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance |
| Signed..... Name & Title (Block Letters) |
| Supervised Practice (5) Date..... |
| Practice assessed: patient case number: Clinical presentation, medicine, route & dose prescribed: |
| I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance |
| Signed..... Name & Title (Block Letters) |
| Supervised Practice (6) Date..... |
| Practice assessed: patient case number: Clinical presentation, medicine, route & dose prescribed: |
| I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance |
| Signed..... Name & Title (Block Letters) |

Declaration of Supervisor

I confirm that (Name of supervisee) has demonstrated competence in community nurse/ non-medical independent prescribing (delete as appropriate) in the field of (state specialty/area of work)

Signed..... Name and Designation (block caps)Date.....

Declaration of Supervisee

I confirm that I have achieved competence in community nurse/non-medical independent prescribing (delete as appropriate) in the field of..... and am willing to undertake this as part of my role. I will act at all times in accordance with Trust Policy and National Guidance. I am aware of my professional and legal responsibilities. Should my level of proficiency or competency fall, I shall cease practice in this domain, inform my Manager and the Non-Medical Prescribing Lead and seek retraining and re-evaluation.

Signed..... Name and Designation (block caps).....

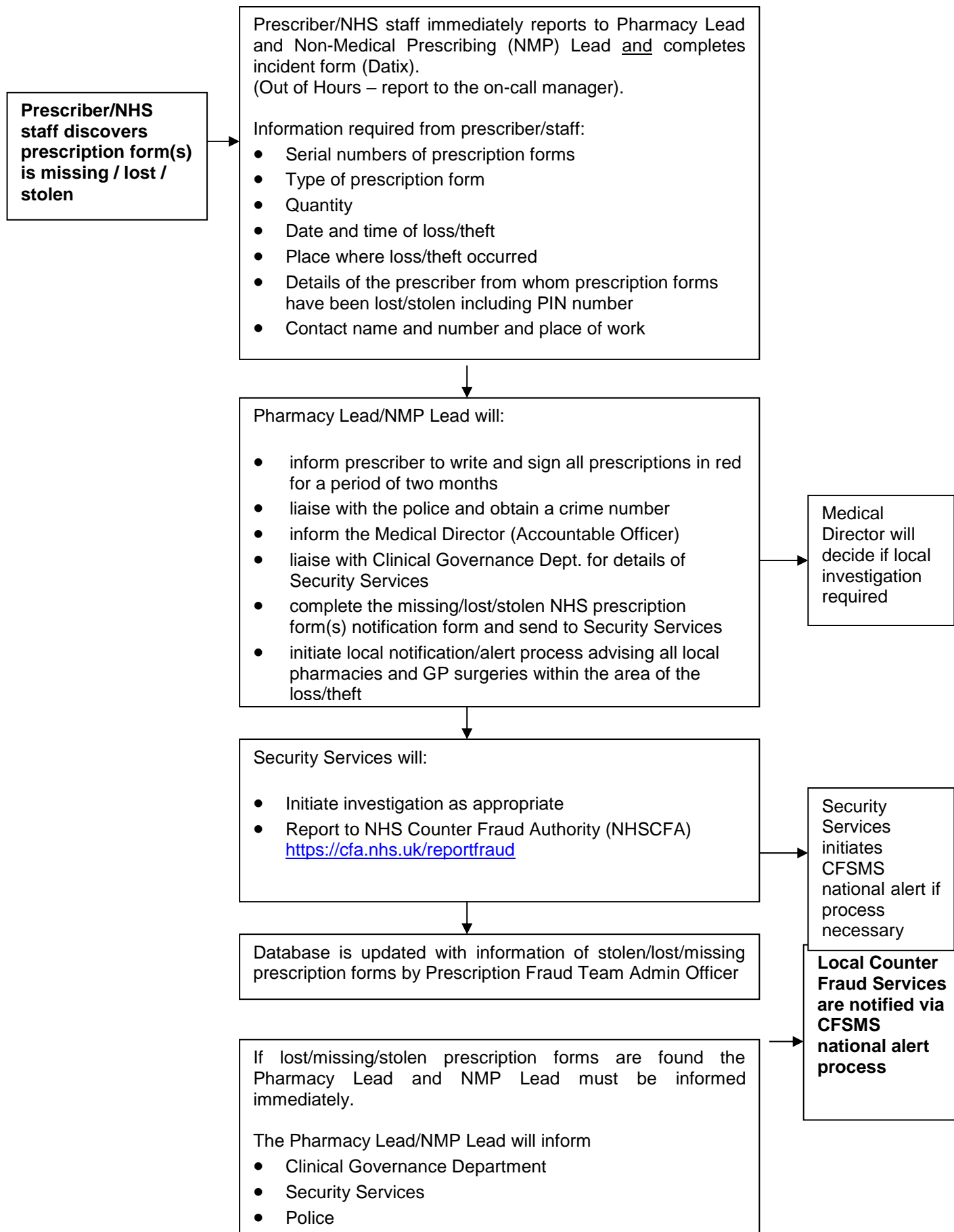
A copy of this document must be given to your Manager and the Non-Medical Prescribing Lead/nominated Deputy

23. APPENDIX 7 Annual Peer Review Form



NMP Peer review
form FINALELFT.docx

1.0 Appendix 8 Missing/lost/stolen prescription form flowchart



24. Appendix 9_Prescribing Competency Framework

Advice on how to use this framework can be found at:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d>



RPS English NMP
Competency Framework

25. Appendix 10 Example of non-medical prescribing content for job description

Non-Medical Prescribing Responsibilities

- Be responsible for prescribing & administering medication accurately.
- To assess the medication needs of service users and to prescribe accordingly within the framework of a clinical management plan and in accordance with Trust policy.
- To demonstrate a working knowledge of the prescription of medication – dosage, effects, side-effects and contra-indications in accordance with the independent and supplementary prescriber’s training and current legislation.
- Be aware of key trends and issues in prescribing data and to maintain up to date knowledge of medicines commonly prescribed.
- To maintain a record of all medicines prescribed for audit purposes.
- To monitor the efficacy of medicines prescribed and manage any side effects appropriately.
- To actively participate in Trust-wide non-medical prescribing group in relation to medication management and the implementation of the Trust Non-Medical Prescribing Policy.
- To provide clinical and professional supervision to junior colleagues, including those undertaking post-graduate study.
- Provide information and training on medication management to the multi-disciplinary team.

26. Appendix 11 Non-Medical Prescribing Contacts Across the Trust

TRUST LEAD FOR NON-MEDICAL PRESCRIBING
CAROLINE OGUNSOLA – c.ogunsola@nhs.net - 07901 009 092

| AREA | | NAME | DESIGNATION | CONTACT DETAILS |
|------------------------------------|---------------|-------------------|--|---|
| COMMUNITY HEALTH SERVICES: | | | | |
| Bedfordshire | Nurses & AHPs | Caroline White | Deputy Lead Nurse | caroline.white@nhs.net 07917 214 435 |
| | Pharmacist | Veena Shivnath | Directorate Pharmacist | Lead veena.shivnath@nhs.net 07435 733996 |
| Newham | Nurses & AHPs | Caroline Ogunsola | Professional Dev Lead Nurse | c.ogunsola@nhs.net 07901 009 092 |
| | Pharmacist | Chinedu Ogbuefi | Directorate Pharmacist | Lead chined.ogbuefi@nhs.net 07741 295 817 |
| Tower Hamlets | Nurse | Nike Bademosi | Lead Nurse | nike.bademosi@nhs.net 07773 394 209 / 07412 674 989 |
| | Pharmacist | Fatima Hafesji | Directorate Pharmacist | Lead fatima.hafesji@nhs.net 07920 244 262 |
| MENTAL HEALTH SERVICES | | | | |
| Mental Health & Substance Use Lead | Nurse | Claire Lynch | Non-Medical Prescribing Lead for Mental Health and Substance Use | Claire.lynch6@nhs.net |
| | Pharmacist | | | |
| PRIMARY CARE | | | | |
| | Nurse | Caroline Ogunsola | Professional Dev Lead Nurse | c.ogunsola@nhs.net 07901 009 092 |
| | Pharmacist | Quynh Nguyen | Directorate Pharmacist | Lead quynh.nguyen@nhs.net |
| PHARMACY | | | | |
| Pharmacy | Pharmacist | Andrea Okoloekwe | Interim Chief Pharmacist NMP Lead Pharmacist | andrea.okoloekwe@nhs.net 07903 565 500 |
| Pharmacy | Pharmacist | Simmy D | Education and Training & Tower Hamlets Clinical lead pharmacist, Non-Medical Prescriber | simmy.daniel1@nhs.net 07973 174 613 |