

Non-Medical Prescribing (NMP) Policy

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**Glossary**

CMP Clinical Management Plan

CPD Continuing Professional Development

DMP Designated Medical Practitioner

DPP Designated Prescribing Practitioner

GP General Practitioner

GPhC General Pharmaceutical Council

HCPC Health & Care Professions Council

HEE Health Education England (now merged with NHSE)

HEI Higher Education Institution

IP Independent Prescribing

NMC Nursing & Midwifery Council

NHSE NHS England (now merged with HEE)

NMP Non-Medical Prescribing

PA Practice Assessor

PE Practice Educator

PS Practice Supervisor / Prescribing Supervisor

SP Supplementary Prescribing

RPS Royal Pharmaceutical Society

**Executive Summary**

* Non-Medical Prescribing (NMP) is the term used to describe any prescribing completed by a suitably qualified healthcare professional other than a doctor or dentist.
* This document sets out policy and guidance for the prescribing of medicines by appropriately qualified and registered non-medical prescribers employed by East London NHS Foundation Trust and provides a governance and assurance framework for the implementation and practice of NMP across the Trust to ensure patient safety at all times.
* All non-medical prescribers carrying out the prescribing role in ELFT must be active on the Trust’s NMP Register and meet all the competencies set out in *A Competency Framework for All Prescribers* (RPS, 2021). Ongoing maintenance of competence and capability must be evidenced at each annual update.
* Access to NMP training in the Trust should be clear and transparent and based on patient benefit and service need. NMP will also become an embedded component of pharmacy training.
* All NMP trainees and qualified non-medical prescribers must have access to appropriate supervision and support via a Designated Prescribing Practitioner (DPP).
* In addition to medics, qualified Independent Prescribers may also carry out the role of DPP. ELFT will generally expect a non-medical prescriber to have been on the NMP Register for 1 year before they can carry out this role. Any exception to this, would need to be agreed with the local NMP Lead and/or Trust NMP Lead.
* The Trust is obliged to maintain a register of non-medical prescribers who are prescribing in its services; this is a statutory requirement. The NMP Register should include newly qualified non-medical prescribers, newly appointed non-medical prescribers joining the Trust, and non-medical prescribers continuing to practice in the Trust.
* There are 3 types of non-medical prescribing: Independent Prescribing, Supplementary Prescribing, and Community Nurse Prescribing.
* Independent Prescribing describes the practitioner’s ability to clinically assess a patient, establish a diagnosis, determine the clinical management required, and prescribe where necessary.
* Prescribing must be reflected in the main duties and responsibilities of the practitioner’s job description, which may be through the addition of an ‘addendum’.
* In order to legally prescribe, eligible professionals must have undertaken the appropriate NMP training and have their qualification annotated against their registration with their professional body. Additionally, no non-medical prescriber should prescribe until their job description has been updated, and they have been added to the Trust’s NMP Register via the Trust’s governance and assurance processes set out in this policy.
* All non-medical prescribers in the Trust must only prescribe according to an agreed Scope of Practice that clearly sets out what they can prescribe, agreed with their DPP, and this must be reviewed yearly.
* It is never appropriate for a non-medical prescriber to prescribe a drug that is outside their Scope of Practice, unless under direct supervision. Any changes to the Scope of Practice must be agreed with the prescriber’s DPP after a period of additional experience and learning.
* All non-medical prescribers must maintain evidence of Continuing Professional Development (CPD) and complete an annual update via the Trust’s Learning Academy, in order to remain on the NMP Register.
* The Trust will carry out regular audit of NMP practice across its services to ensure safety and financial efficiency.
* The development of NMP should form part of service review and workforce planning, with a minimum of annual reporting to the Advanced Roles Steering Group.
	1. **NON-MEDCIAL PRESCRIBING: BACKGROUND & DEFINITIONS**
	2. **Non-Medical Prescribing**
* Non-medical Prescribing (NMP) is the term used to describe any prescribing completed by a suitably qualified healthcare professional other than a doctor or dentist.
* As an outstanding employer and provider of health services, ELFT is committed to the principles of improving access to care and workforce transformation, upon which NMP Is based, whilst ensuring patient safety at all times.
* ELFT’s 5-year strategy is to improve population health, improve patient experience of care, improve staff experience, and improve value. The development of new roles such as NMP is a key component of this strategy, as well as the Long Term Workforce Plan for the NHS.
* The purpose of this policy is to ensure NMP is developed and carried out in the Trust within a clinical governance and assurance framework, so that safety and quality through regulation and best practice are maintained at all times. The policy outlines the process of identifying service need for NMP and the application process for NMP training, sets out the context in which qualified non-medical prescribers may seek access to the NMP Register and prescribe in ELFT, describes individual roles and responsibilities in relation to NMP duties, and signposts to other relevant documents, policies and best practice.
* The aims of NMP are to:
	+ improve patient care without compromising patient safety
	+ make it easier for patients to get the medicines they need
	+ increase patient choice in accessing medicines
	+ make better use of the skills of health professionals
	+ contribute to the introduction of more flexible team working across the NHS
* The origins of NMP in the National Health Service go back to 1992, with the creation of a limited formulary for Health Visitors and District Nurses. Legislation to implement Independent Prescribing by nurses and pharmacists was enacted in 2006, and since that time prescribing rights have been gradually extended to a range of healthcare professionals, most recently paramedics.
* The Royal Pharmaceutical Society has produced standards for prescribing practice: *A Competency Framework for All Prescribers* (RPS, 2021). All non-medical prescribers in ELFT must ensure they meet these competencies and maintain this level of competence.
* The Royal Pharmaceutical Society has also previously produced standards for those supervising prescribing practice: *A Competency Framework for Designated Prescribing Practitioners* (RPS, 2019). Who can carry out the role of supervising other prescribers has developed over time: originally only a doctor could carry out this role, but now an Independent Prescriber who meets the RPS competencies can carry out this role. ELFT will generally expect a non-medical prescriber to have been on the NMP register for 1 year before they can carry out the DPP role.
* Included in the term NMP are ‘Independent Prescribing’, ‘Supplementary Prescribing’, and ‘Community Nurse Prescribing’. 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. This is called the prescriber’s Scope of Practice.
* Those professions who are legally able to prescribe upon completion of training are called the ‘eligible professions’. This is set out in statute law. Independent Prescribers are generally able to prescribe any medicine **provided it is in their Scope of Practice and competence**, with some limitations according to specific professions. This includes medicines and products listed in the British National Formulary (BNF), unlicensed medicines and all controlled drugs in schedules 2 – 5 (The Misuse of Drugs Act 1971).

Nurses

Nurse Independent Prescribers (formerly known as Extended Formulary Nurse Prescribers) are able to prescribe any medicine for any medical condition. Nurse Independent Prescribers are able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Nurse Independent Prescribers must work within their own level of professional competence and expertise.

Pharmacists

Pharmacist Independent Prescribers can prescribe any medicine for any medical condition. This includes unlicensed medicines, subject to accepted clinical good practice. They are also able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Pharmacist Independent Prescribers must work within their own level of professional competence and expertise.

Physiotherapists

Physiotherapist Independent Prescribers can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. They are also allowed to prescribe the following Controlled Drugs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride or temazepam. Physiotherapist Independent Prescribers must work within their own level of professional competence and expertise.

Therapeutic Radiographers

Therapeutic Radiographer Independent Prescribers can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. Prescribing of Controlled Drugs is subject to legislative changes. Therapeutic Radiographer Independent Prescribers must work within their own level of professional competence and expertise.

Optometrists

Optometrist Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except Controlled Drugs or medicines for parenteral administration. Optometrist Independent Prescribers must work within their own level of professional competence and expertise.

Podiatrists

Podiatrist Independent Prescribers can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. They are also allowed to prescribe the following Controlled Drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam. Podiatrist Independent Prescribers must work within their own level of professional competence and expertise.

Paramedics

Paramedic Independent Prescribers can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. Prescribing of Controlled Drugs is subject to legislative changes. Paramedic Independent Prescribers must work within their own level of professional competence and expertise.

* ‘Supplementary Prescribing’ enables the practitioner to prescribe from a more limited formulary including appliances, dressings, pharmacy (P), general sales list (GSL) and 13 prescription only medicines (POMs). Supplementary prescribing is carried out under the supervision of and in partnership with a doctor or Independent Prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient’s agreement.
* ‘Community Nurse Prescribing’ enables the practitioner to prescribe from the Nurse Prescribers’ Formulary (NPF) for Community Practitioners. The NPF can be accessed via e-BNF.
	1. **Trust NMP Lead**

The Trust NMP Lead is responsible for Trustwide oversight and governance of NMP across all professional groups, including audit, data and annual declarations, maintaining the Trust NMP register (statutory requirement), linking with the Chief Pharmacist and delegated NMP Leads to disseminate information, and providing Trustwide strategic direction for NMP and reporting to directors.

* 1. **Delegated NMP Leads**

There are 4 delegated or local NMP Leads in ELFT. An NMP Lead for community health services; an NMP Lead for primary care services; an NMP Lead for mental health and learning disabilities services; and an NMP Lead for Pharmacy. The delegated NMP Leads are responsible for overseeing the development and implementation of NMP in their areas, including: professional guidance and support for trainees and qualified non-medical prescribers and supervisors; reviewing appropriate clinical guidance and prescribing formularies, escalating any key changes; supporting the Trust NMP Lead in gatekeeping and maintaining the NMP register; investigating any incidents / risks; delivering local NMP forums for prescribers; carrying out local audits and reporting these to the Trust NMP Lead and NMP Oversight Meeting; development of training and education and CPD and annual update for non-medical prescribers.

* 1. **NMP Oversight Meeting**

This meeting is a sub-group of the Medicines Committee and the Trustwide Advanced Roles Steering Group. The purpose of this group, chaired by the Trust NMP Lead, and attended by the delegated NMP Leads and representatives from all the professions eligible to prescribe, is to ensure the development and maintenance of Trustwide governance and assurance processes for all aspects of NMP across the Trust.

* 1. **Professional Education Leads**

The role of the various Professional Education Leads is to support trainees’ funding and applications for NMP courses. The main funding routes for the NMP programme is via direct funding from NHS England, formerly Health Education England, and also via CPD funding. An additional route to achieving the NMP qualification for eligible professionals is via the Advanced Practice master’s programme. The Professional Education Leads also support the Trust NMP Lead and the delegated NMP Leads to develop appropriate training and development and Continuing Professional Development (CPD) for qualified prescribers, and support training for Designated Prescribing Practitioners (DPPs).

* 1. **Designated Prescribing Practitioner**

All individuals undertaking the NMP course are required to have a suitably qualified and experienced supervisor both during and post training. Different terminology is used by different bodies and universities for effectively the same role:

* Designated Medical Practitioner (DMP) – General Medical Council (GMC)
* Designated Prescribing Practitioner (DPP) – The General Pharmaceutical Council (GPhC)
* Practice Assessor (PA) – The Nursing & Midwifery Council (NMC)
* Practice Educator (PE) – The Health & Care Professions Council (HCPC)
* Prescribing Supervisor (PS) – NHS England (formerly HEE)

The NMC also require NMP students who are registered nurses to identify a separate Practice Supervisor during the NMP course, although in exceptional circumstances the Practice Assessor and the Practice Supervisor can be the same person.

For the purposes of this policy, ELFT will use the term Designated Prescribing Practitioner (DPP), as this is the term used by the Royal Pharmaceutical Society, although prescribers are encouraged to familiarise themselves with the terminology used by their Higher Education Institution (HEI) and regulatory body, which may be different.

The role of the DPP is to oversee, support and assess the competence of NMP trainees, in collaboration with academic and workplace partners, during the period of learning in practice. Supervision will be on-going, both during and after the course is undertaken. Staff joining the Trust who already hold an NMP qualification and wish to start prescribing, will also need to identify a DPP before they can request addition to the Trust’s NMP Register.

Professional regulatory changes have enabled non-medical prescribers to take on the DPP role, not just medical practitioners. Previously there was also a requirement that only non-medical prescribers who have been prescribing for 3 years could carry out the DPP role. This requirement has since been dropped, and the only requirement is that the non-medical prescriber meets the competencies set out in *A Competency Framework for All Prescribers* (RPS, 2021). As a Trust, ELFT will generally expect a non-medical prescriber to have been on the NMP Register for **1 year** before they can carry out the DPP role. Any exception to this would need to be agreed with the local NMP Lead and/or Trust NMP Lead. HEIs may also have additional rules with regard to the DPP role for ‘sign off’ purposes, and the NMP Trainee will need to ensure that their chosen DPP meets the requirements of their NMP programme.

2.0 **SCOPE OF POLICY**

2.1 **National Guidance**

* This policy is based on legislation and regulations covering medicines and controlled drugs, and the following national and professional documents:
* Guidance and standards from eligible professional and regulatory bodies
* The Royal Pharmaceutical Society: *A Competency Framework for Designated Prescribing Practitioners* (RPS, 2019).
* The Royal Pharmaceutical Society: *A Competency Framework for All Prescribers* (2021)

This policy should be read in conjunction with guidance documents from NICE, the Department of Health and NHS England, the prescriber’s Professional or Regulatory Body Standards and all Trust policies related to medicines and clinical safety.

* This policy can be cross referenced to all policies that are related to medicine and medicine administration and other relevant policies, such as:
* Medicines Policy
* Administration of medicine in home settings policy
* Controlled drugs policy
* FP10 Policy
* Transcribing policy
* PGD Policy
* Supervision Policy
* Rapid Tranquilisation Policy

This list is not exhaustive.

* This policy applies to all services in the Trust that employ a non-medical prescriber and all prescribing activity carried out by non-medical prescribers. This includes:
* Independent Prescribers
* Supplementary Prescribers
* Community Nurse Prescribers
* Members of staff considering application to an NMP training programme
* Members of staff approved for an NMP training programme
* Members of staff in the process of registering with professional bodies and the organisation as a non-medical prescriber
* Line managers and service managers who manage non-medical prescribers
* NMP Leads

2.2 **Bank/Agency/Temporary staff**

* This policy does not cover prescribing by medical staff, agency staff, or the supply/administration of medicines under a Patient Group Direction (PGD).
* Staff with an 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.
* The Service Manager must verify the prescriber’s CV, qualifications and prescribing experience and then discuss this with the local NMP Lead if further clarification is required. Ideally a clear Scope of Practice should be agreed with the prescriber. The Service Manager is ultimately responsible and accountable for any decision to allow a temporary employee to prescribe. The Service Manager must also inform the local NMP Lead of any decision and details of the prescriber and prescribing activity.

**3.0 NMP TRAINING**

Please note: This section of the policy is primarily written with regard to ELFT staff who wish to apply for the stand-alone NMP programme, and for line managers and service managers wishing to develop NMP in their services. As pharmacy training will be changing from 2026 onwards, NMP training will become more driven by mandatory training requirements and this section of the policy will not be relevant for pharmacy trainees. CPD funding is also not used for pharmacy staff, and qualified pharmacy staff are generally funded directly by NHSE to access NMP training. Other routes to NMP training also include Enhanced Practice and Advanced Practice programmes.

3.1 **Local Decision to Develop NMP**

* Local services should first establish the need for NMP and demonstrate clear patient or service user benefit and medicines and clinical governance structures. Workforce planning and service design and re-design should be used to assist this process of identifying the need for NMP or expansion of NMP.
* Services wishing to develop NMP should discuss this with their local NMP Lead. Any prospective candidates for NMP training must meet the eligibility criteria of the prescribing course on which they wish to embark and the service must be able to provide the required support and supervision.

3.2 **Pre-requisites**

* The preparation for and acquisition of NMP skills is achieved by eligible practitioners undertaking an accredited programme, delivered by a Higher Education Institution (HEI). NMP programmes provide the knowledge, skills and training to prescribe safely and competently. Programmes are accredited in relation to the Royal Pharmaceutical Society’s *A Competency Framework for All Prescribers*. Accreditation is designed to help maintain prescribing standards, inform education curricula and provide a source of recognised guidance for those involved in NMP.
* An additional route to accessing NMP training for eligible professionals is via the Advanced Practice master’s degree. NMP is an embedded component of this programme for eligible professionals. Practitioners would normally be working at Band 7 level to apply for the Advanced Practitioner master’s programme. See the Trust’s Advanced Practice Policy for more details. Some HEIs are also developing an Enhanced Practice post-graduate diploma, of which NMP will also be an embedded component for eligible professionals.
* Practitioners wishing to undertake NMP must meet the following criteria to obtain funding from NHS England:
* Be a registered professional eligible to prescribe.
* Be working in or providing an NHS service where NMP can be used as part of the service and there is an identified need for NMP.
* Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective NMP in their service.
* Have employer/organisational approval to use NMP as part of their practice.
* Have appropriate and confirmed access to a prescribing budget and prescription pad, if needed.
* Have confirmed access to appropriate prescribing supervision via a DPP.
* Have a commitment to the appropriate number of hours of supervised practice from both the employer and the supervisor.
* Meet the HEI (university) admission criteria.
* Meet any additional local/employer requirements.

In order to apply for the stand-alone NMP programme, the expectation in ELFT would generally be that staff are working at Band 6 level or above and have been working for at least 1 year in the area related to their proposed Scope of Practice. In some circumstances, however, staff working at Band 5 level with significant experience in their area of practice will be considered, e.g. a Band 5 member of staff may be put forward for the Enhanced Practice apprenticeship, to be studied over 18 months, of which NMP is an embedded component, in order to prepare them for a possible Band 6 role in the future. But for anyone applying for the stand-alone NMP course, the member of staff should generally be working at Band 6 level or above at the point of applying.

* With regard to employer requirements, ELFT is also required to have evidence that Independent Prescribers have sufficient education, training and competence to (in their area of practice):
* Assess a patient’s clinical condition
* Undertake a thorough history, including medical history and medication history (including over-the-counter medicines and complementary therapies) and allergy status
* Diagnose where necessary
* Decide on management of the presenting condition and whether or not to prescribe and/or refer
* Identify appropriate products of medication as required
* Advise the patient on risks, benefit and outcomes of the medication
* Prescribe with the patient’s consent
* Monitor the patient’s condition, including any response to the medication prescribed
* Give lifestyle advice as appropriate
* Refer to other professionals if necessary
* The competence of the NMP candidate in relation to the above criteria should be assessed by the proposed DPP at the point of applying for NMP training via the Proposed Scope of Practice Form. The same process should also be completed if a non-medical prescriber joins the Trust as a new employee and wishes to start prescribing in the Trust. The same process should also be completed if the clinician will be studying NMP as part of an Enhanced Practice or Advanced Practice training programme.
* The DPP is responsible for ensuring that the non-medical prescriber demonstrates competence related to their Scope of Practice. If the DPP feels at any point that this is no longer the case and is concerned about the competence of a non-medical prescriber, the local NMP Lead should be informed immediately.
* For all staff working in any setting, completion of a level 6 or level 7 module in physical assessment may be required as part of demonstrating competence with regard to the above criteria, dependent on the knowledge and experience of the candidate and their proposed Scope of Practice, but completion of training should never be viewed as sufficient on its own, and candidates must be able to demonstrate application of any previous training or learning, as well as experience and knowledge in relation to their proposed Scope of Practice.
* Completion of a level 6 or level 7 module in physical assessment may not be required for all staff. Primary care clinicians (including nurses and allied health professionals) may have significant experience of physical assessment relevant to their Scope of Practice, which may be a specific area of primary care, such as contraception, chronic disease management, or minor illness. This will need to be assessed by the DPP when completing the Proposed Scope of Practice Form.
* For staff working in a mental health or learning disabilities setting, completion of a level 6 or level 7 module in psychopharmacology may be required as part of demonstrating specialism-specific competence with regard to the above criteria, dependent on the knowledge and experience of the candidate and their proposed Scope of Practice, but completion of training should never be viewed as sufficient on its own, and candidates must be able to demonstrate application of any previous training or learning, as well as experience and knowledge in relation to their proposed Scope of Practice.
* ELFT is therefore not setting ‘absolute’ requirements in terms of prerequisite courses for NMP, recognising that some flexibility in terms of prerequisite courses is useful, based on the individual candidate and their level of experience, prior learning, and knowledge. The ‘absolute’ requirement is that the candidate is able to demonstrate safe practice and competence with regard to the above criteria in their area of practice and their Scope of Practice. This is assessed by the DPP. The DPP can also seek advice from the local NMP Lead if required, and other senior clinicians. Safe practice and safe prescribing must always be the primary consideration.
* For some candidates, perhaps those with a very limited Proposed Scope of Practice, it may be more useful for them to complete a physical assessment course or a psychopharmacology course after completion of the NMP course: for example, when they wish to expand their Scope of Practice at some future date.
* Note: some HEIs have their own rules about prerequisite requirements for NMP. Some require the candidate to have completed a module in physical assessment, for example, whereas some require a statement from the candidate’s Line Manager as confirmation of competence. Any candidate for NMP must meet the entry requirements of their chosen HEI. ELFT will not support a candidate’s application if it does not meet the entry requirements of their chosen HEI.
* After qualifying, the non-medical prescriber is required to demonstrate that they have maintained their knowledge and experience via CPD and annual update. Line managers are required to ensure that this is monitored via supervision and appraisal.
* If the Independent Prescriber wishes to expand their Scope of Practice, this must be agreed with the DPP, and the prescriber must be able to demonstrate the required level of knowledge and experience to expand their Scope of Practice. Additional training may be required and the DPP should discuss this with the local NMP Lead and the Professional Education Lead.
* If a member of staff newly appointed to a job in the Trust with an NMP qualification wishes to start prescribing, they will first need to identify a DPP and complete a Proposed Scope of Practice Form. The role of the DPP will be to assess if the new member of staff demonstrates competence related to their Scope of Practice. Again, the Trust is not setting ‘absolute’ requirements with regard to what pre-requisite courses for NMP need to be completed. The ‘absolute’ requirement is that the member of staff is a qualified non-medical prescriber and is able to demonstrate safe practice in relation to their Scope of Practice. The DPP may, of course, not feel able to sign the Proposed Scope of Practice Form. In this situation the DPP and the local NMP Lead would meet with the new member of staff to agree a more limited Scope of Practice, or, what additional experience and training are required to get the new member of staff ready to prescribe at a future date. This plan will be shared with the Line Manager.

3.3 **Eligibility Criteria**

 Below are the eligibility criteria for clinicians wishing to apply for stand-alone NMP training in ELFT:

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| **Eligibility criteria for clinicians wishing to undertake the Independent Prescribing course** |
| **To access the IP course, the applicant is expected to:**  |
| Work in one of the clinical services provided by ELFT and be deemed competent in this area of practice. |
| Be working in a clinical role at Band 6 or above where Independent Prescribing is appropriate for service delivery and client need. |
| Have an appropriate level of experience (minimum 1 year) in the clinical area in which the applicant intends to prescribe on successful completion of the course. |
| Be able to identify a medical prescriber or suitably qualified Independent Prescriber who can supervise them. |
| Be an eligible professional registered with a professional regulatory body such as NMC, GPhC or HCPC, without sanction or restriction to practice.  |
| Have evidence of a Disclosure and Barring Service (DBS) check. |
| The applicant’s role is one in which Independent Prescribing is required and can be reflected in the job description. |
| For all staff: Demonstrate competence in physical health assessment relevant to their scope of practice and specialism. This may be evidenced by completion of a level 6 physical assessment module or equivalent experience and knowledge. |
| For staff working in a mental health or LD setting: Demonstrate competence in mental health assessment or LD assessment relevant to their scope of practice and specialism. This may be evidenced by completion of a level 6 psychopharmacology module or equivalent experience and knowledge. |
| Ability to study at level 6 or level 7, depending on the course, with appropriate literacy and numeracy skills. |
| Applicants are willing, eligible and able to undertake any preparatory courses and the NMP course. |
| Demonstrate that their subsequent prescribing practice will provide maximum benefits to patients in their service. |
| Agree to prescribe after qualification and have sufficient opportunity to prescribe and maintain competence and confidence after the training is complete. |
| Demonstrate that they have the support of a GP/Consultant/experienced Independent Prescriber from their area of practice who is eligible and willing to act as the Designated Prescribing Practitioner. |
| **All applicants must:** Have the support of their Line Manager, Clinical and Service Directors who will be expected to confirm that the candidate’s post is one in which there is a clinical need and opportunity to prescribe; and protected time for study leave. Be up to date for all statutory & mandatory training.Have access to a prescribing budget on completion of the course with sufficient knowledge to apply prescribing principles taught on the programme to their own field of practice. |
| The service must support the applicant to develop their area of practice and ensure that they have access to Continuing Professional Development opportunities on completion of the course.  |

3.4 **Application Process for NMP**

* For candidates applying via CPD: An application form for Independent Prescribing training can be found in appendix 1 and on the ELFT Learning Academy. Applicants must also identify a Designated Prescribing Practitioner and complete a Proposed Scope of Practice Form at the point of applying for the NMP course. Any preparatory courses that are required may either be completed internally to ELFT or via CPD or other funding.
* The need for non-medical prescribing services should 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, the individual and their Line Manager must satisfy themselves that the service can support NMP and that the applicant meets the eligibility criteria of the NMP programme. 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, usually a senior doctor experienced in the field of practice in which the prescriber is seeking the qualification. A qualified Independent Prescriber may carry out this role on condition that they have been prescribing for a minimum of 1 year and meet the DPP competencies of the Royal Pharmaceutical Society. Any exception to the 1-year experience requirement, would need to be agreed with the local NMP Lead and/or Trust NMP Lead.
* 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 any additional preparatory study. Candidates may need to complete pre-requisite courses, dependent on their level of knowledge and experience, and these may also need to be factored in when considering the time commitment. The Advanced Physical Health Assessment module, for example, would generally be studied over about 2 - 3 months.
* Preparation for NMP represents a significant financial and service investment. Careful consideration must be given to the need for NMP and the candidate’s suitability.
* The applicant should complete and return the application form, along with the Proposed Scope of Practice Form to: elft.nmp@nhs.net
* All applicants will be reviewed by a (virtual) shortlisting panel of at least 1 NMP Lead, 1 Professional Education Lead, and the Trust NMP Lead as a quorum. All candidates will be notified of the decision of the panel within 15 working days. If the candidate wishes to appeal a decision, this can be done by emailing their relevant Director of Nursing (for nurses), or Director of Allied Health Professionals (for AHPs), who will consult with the Trust NMP Lead to reach a final decision. No further appeal can be made.
* If successful, the local NMP Lead and Professional Education Lead will then seek funding to support the candidate’s tuition fees, and process the application. Only programmes approved by the NMC or HCPC will be supported.
* If funding is not available, the individual and their Line Manager will be advised accordingly. The local NMP Lead and Trust NMP Lead will be advised so that the impact and risk to service delivery can be assessed and escalated as appropriate.
* For pharmacists: Pharmacists are usually funded directly by NHSE. Pharmacists wishing to apply for the stand-alone NMP programme should discuss with their Workforce Development Lead Pharmacist for more details.

3.5 **Completion of Training**

* Following successful completion of NMP training, the following evidence will then need to be submitted to enable addition to the Trust’s NMP register:
	+ Evidence of update/maintenance of professional registration
	+ Signed NMP Register Self Declaration
	+ Signed Scope of Practice Form
	+ Signed Competency Framework for All Practitioners template
	+ Updated Job Description
* Submission of evidence takes place via the Trust’s Learning Academy. Once all evidence has been submitted and checked, the NMP Lead will then update the Trust’s NMP register and (if applicable) complete the prescriber’s registration with the NHSBSA for access to prescription pads. The member of staff must familiarise themselves with and adhere to this policy.
* The qualified non-medical prescriber should continue to have supervision with their DPP. The DPP may also change over time. As the prescriber grows in confidence and experience, supervision may involve the annual update only. This policy is not mandating the amount or regularity of prescribing supervision for prescribers, as this will change over time and with the evolving confidence and experience of the prescriber. The quality and quantity of DPP supervision that the prescriber is having should be reviewed regularly by Line Managers via monthly supervision and annual appraisal.
* In order to remain on the Trust’s NMP Register, all non-medical prescribers will also need to complete the annual update process. Please see Section 5 of this policy for more details of annual update.

3.6 **Staff with the NMP Qualification & Not Prescribing**

* It is recommended that all staff in the Trust who have completed the NMP course and who are not currently prescribing should have a review meeting, with their Line Manager or service manager, and the local NMP Lead. The review meeting should consider whether NMP can be added to the member of staff’s duties and job description, supported by an appropriate DPP and completed Proposed Scope of Practice Form, and additional learning and training if needed.
* Each local NMP Lead should report annually to the Trust NMP Lead on the total number of staff with an NMP qualification, and the total number of staff with an NMP qualification who are not prescribing, with reason for not prescribing stated in the report. There will also be regular workforce reviews to establish the need for NMP in services. The Trust NMP Lead should present a summary of this data annually to the Advanced Roles Steering Group and the Medicines Committee.

**4.0 TYPES OF NMP**

4.1 **Community Nurse Prescribing**

* This qualification (V100/V150) enables Community Practitioners (e.g. District Nurses, Community Nurses, Specialist Nurses, Health Visitors) to prescribe from the Nurse Prescribers’ Formulary for Community Practitioners.
* It is a core component of the Specialist Community Practitioner qualification for District Nursing and Health Visiting.

4.2 **Supplementary Prescribing**

* Supplementary Prescribing is a voluntary partnership between a medical prescriber and a supplementary prescriber and the patient, to implement an agreed patient specific Clinical Management Plan (CMP). The principal underlying the concept of Supplementary Prescribing (i.e. a prescribing partnership) must be explained in advance to the patient and their agreement obtained. Supplementary prescribing can only be used after assessment and diagnosis by a doctor or dentist.
* Some eligible professionals can carry out both Independent Prescribing and Supplementary Prescribing after completing NMP training (Pharmacists, Nurses, Midwives, Physiotherapists, Podiatrists, Paramedics and Therapeutic Radiographers), and some eligible professionals can only carry out Supplementary Prescribing after completing training (Dietitians and Diagnostic Radiographers).
* Good communication between the prescribing partners is essential, as is the need for access to shared patient records. It is also essential that the patient is treated as a partner in their care and is involved at all stages in decision making, including whether part of their care is delivered via Supplementary Prescribing.
* There are some legal restrictions according to profession as to what drugs can be prescribed under Supplementary Prescribing, and it is expected that Supplementary Prescribing is generally used for the management of chronic medical conditions and health needs.
* Supplementary prescribers can generally prescribe any medicine, including controlled drugs and unlicensed drugs, provided they are specified in the agreed CMP and after assessment and diagnosis by a doctor or dentist, but as stated previously, there are some restrictions according to profession.

4.3 **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. 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 medical prescriber (Doctor) must take action to ensure that the supplementary prescribing practice continues following periods of absence and if they leave the service.
* The CMP once completed, must be sent to the patient’s GP.
* A CMP must fulfil legal requirements.

4.4 **The Prescribing Relationship in Supplementary Prescribing**

* The relationship between a medical prescriber (Doctor) and a supplementary prescriber is voluntary; both parties agree to share responsibility for the practice and will be accountable for their own prescribing decisions.
* If the medical prescriber (Doctor) changes and responsibility for the patient’s care moves to another Doctor, then the supplementary prescribing arrangement is discontinued unless a new partnership is agreed and recorded by the new Doctor.
* The Trust is committed to ensuring that Supplementary Prescribing practice continues following the employment of a new medical prescriber (Doctor) - newly appointed Doctors will be encouraged to support previously successful supplementary prescribing practice.

4.5 **Independent Prescribing**

* Independent Prescribing (IP) describes the practitioner’s ability to clinically assess a patient, establish a diagnosis, determine the clinical management required, and prescribe where necessary.
* In partnership with the patient, IP requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for ongoing monitoring. The Independent Prescriber is responsible and accountable for at least this element of a patient’s care. Normally prescribing would be carried out in the context of practice within a multidisciplinary healthcare team, either in a hospital or in a community setting, and within a single, accessible healthcare record.
* Independent Prescribers will have successfully completed a recognised NMP training course (V300) and have ‘Independent Prescriber’ annotated as a qualification on the professional register.
* The patient must agree to the IP arrangement and the Independent Prescriber must work in partnership with the patient and Doctor in charge of the patient’s overall care. For those working in a mental health setting, the Independent Prescriber must ensure they are fully conversant with the Consent to Treatment provisions of the Mental Health Act.
* A non-medical Independent Prescriber can only order a medicine for a patient whom he/she has assessed for care. In the event of being requested to intervene for a patient under the caseload of another prescriber, the Independent Prescriber must undertake their 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=AlHRKuior3ef_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 annual appraisal and form part of professional re-registration/revalidation processes.

**5.0 SCOPE OF PRACTICE**

* Scope of Practice is fundamental to NMP. The non-medical prescriber is only permitted to prescribe those medications which are within their competence and knowledge. This is set out in the prescriber’s Scope of Practice Form.
* The only exception to this would be when the non-medical prescriber is acting under the direct supervision of the patient’s consultant or Responsible Clinician, or the oncall consultant.
* A Proposed Scope of Practice Form must be completed at the point of applying for NMP training and should be submitted together with the application form. The Proposed Scope of Practice Form is completed by the candidate and their identified Designated Prescribing Practitioner (DPP) and sets out those medications and products that the candidate is proposing to prescribe upon completion of training and addition to the Trust’s NMP register.
* A Proposed Scope of Practice Form should also be completed by staff newly appointed to the Trust who wish to start prescribing in their new role, and by former prescribers who wish to return to practice after a break.
* The Proposed Scope of Practice Form is linked to training and experience and what pre-requisite courses or training and experience the clinician needs to complete. For those wishing to prescribe independently, the DPP will need to assess the candidate’s ability to assess and diagnose relevant to the specialism and proposed Scope of Practice.
* In certain cases, a ‘generic’ Scope of Practice may be appropriate for the prescriber. Generic scopes can be expanded (or reduced) on an individual basis and still need individual approval. They are designed to provide a good starting point for NMP scope of practice development in specific roles.
* Certain NMP roles may better suit a ‘generalist’ scope of practice. In this case prescribers do not demonstrate expertise in all diseases/conditions for which they may prescribe, rather a broad competence to prescribe safely within certain limitations, e.g. a pharmacist completing medicines reconciliation or modifying a dose/preparation based on patient/disease/drug factors.

5.1 **Role of the DPP**

* All non-medical prescribers (pre and post qualification) will require the support of a DPP. The DPP must be identified and agreed prior to an NMP application being submitted to the NMP Lead.
* The DPP must be a registered medical practitioner working at ST6 level or above or equivalent (SAS grade), or a registered and active non-medical prescriber with prescribing experience in the relevant clinical field and who has been on the NMP Register for at least 1 year. The DPP must have the support of the employing organisation. They must have experience of training in teaching and/or supervision in practice and meet the DPP Competency Framework (RPS, 2019). The DPP would normally work alongside the non-medical prescriber in clinical practice. Any exception to the 1-year on the NMP Register requirement, would need to be agreed with the local NMP Lead and/or Trust NMP Lead.
* All DPPs must provide dedicated time and opportunities for the NMP trainee or developing practitioner to:
	+ Observe prescribing in action.
	+ Have in depth discussion and analysis of clinical management using cases from practice to enable prescribing behaviour to be fully examined.
	+ Learn by encouraging critical thinking and reflection with the use of the trainee`s professional portfolio or learning log.
	+ Carry out consultations and suggest clinical management plans and prescribing options which can then be discussed and agreed with the DPP.
	+ Learn and practice in relation to the medical conditions and clinical speciality in which the NMP trainee is working.
	+ Assess the prescriber in relation to *A Competency Framework for All Prescribers* (RPS, 2021).
* The DPP must also:
	+ Be responsible for deciding whether the NMP trainee meets the criteria specified within the course to be signed off as competent to prescribe independently.
* A DPP is required throughout the duration of training and all non-medical prescribers must have a DPP identified post NMP qualification. The ongoing supervision and support of a DPP is required to be evidenced at the annual update.
* If a member of staff joins the trust with an NMP qualification and wishes to start prescribing in their new role, agreed with their line manager, they must first identify a named DPP who agrees to take on this role and supervise the non-medical prescriber as detailed in this policy. The prescriber and the DPP should completed the Proposed Scope of Practice Form as described above, clarifying whether it is felt that additional training or experience are required before the prescriber can safely prescribe in their new role.

5.2 **New Prescribers**

* Before addition to the Trust’s NMP register, the non-medical prescriber must complete the NMP Register Self Declaration, the Scope of Practice Form, and the Competency Framework for All Prescribers template, which should be completed in partnership with the DPP. A copy of their updated job description should also be submitted, showing the need to prescribe in their role, before authorisation to prescribe will be given.
* Staff new to the Trust, or returning to practice that hold an NMP qualification, must meet with the local NMP Lead to discuss their previous prescribing activity, their intended activity, identified DPP, and completed Proposed Scope of Practice Form, provide evidence of their qualifications, professional registration number, and completed self-assessment against the competences in the RPS’s competencies. They must not prescribe until their capability has been discussed with their DPP and the local NMP Lead and any educational needs addressed. In order to assess the prescriber in relation to the RPS’s Competency Framework, the DPP would normally be expected to assess the prescriber carry out at least 6 prescriptions under supervision. A template for this can be found in appendix 6. The assessor must be the DPP who will continue to supervise the prescriber. The member of staff will not be permitted to prescribe until the Scope of Practice Form and Competency Framework template has been signed by their DPP. The prescriber may then seek addition to the Trust’s NMP Register via the Learning Academy.

5.3 **Prescribing Practice & Ongoing Competence**

* Non-medical prescribers would generally be expected to prescribe on a regular basis in order to maintain competence and capability as a prescriber. This policy will not be prescriptive with regard to what constitutes ‘regular practice’ – this will need to be considered by the prescriber, their DPP, and their line manager and will depend on the confidence and experience of the prescriber. Patient safety should always be the primary consideration.
* It is recognised, however, that some staff may be working in a role where regular prescribing may not be possible. In such cases, other related practice, such as giving prescribing advice to GPs or other clinicians, or teaching and supervising NMP trainees or other prescribers, will be acceptable as evidence of prescribing practice.
* For annual update purposes, those staff who are not working in a role where regular prescribing is possible, and who have not been involved in teaching or supervision, should discuss options with their local NMP Lead and their DPP. For annual update purposes, it is for the DPP to re-assess the prescriber’s competence in relation to the RPS’s Competency Framework. Activities such as reflective discussions with the DPP, completion of 6 supervised prescriptions (appendix 6), completion of a peer review (appendix 7), and attendance at NMP Forums and learning events, may be ideal options to demonstrate ongoing prescribing competence for such staff.
* Where the practitioner has not been able to engage in prescribing activity or teaching/supervision activity of any kind for a period of more than 1 year, and has not been able to complete any of the competency activities described above, this would normally result in their being removed from the NMP Register. The local NMP Lead must always contact the prescriber, and their Line Manager, and alert them, warning them that they may be removed from the register, and giving them an opportunity to address the gap in practice and maintain their prescribing rights. In the event of being removed, those wishing to return to the register should follow the process as set out in the ‘New Prescribers’ section above.

5.4 **Changing Scope of Practice**

* Non-medical prescribers wishing to change or widen their Scope of Practice should complete a Proposed Scope of Practice Form and forward this to their local NMP Lead, signed by the DPP and Line Manager. Consideration must be given to what additional training and/or shadowing and supervision may be required. The prescriber would then normally be expected to complete a minimum of 6 assessed prescriptions (appendix 6) under the supervision of their DPP, and an updated Scope of Practice Form will need to be completed. The assessor must be the DPP who will continue to supervise the prescriber and sign the updated Scope of Practice Form. The completed assessment form and updated Scope of Practice Form should be submitted to the local NMP Lead. The member of staff will not be permitted to prescribe any new medications until the updated Scope of Practice Form has been received by the NMP Lead and updated on the system.

5.5 **Continuing Professional Development**

* All non-medical prescribers have a responsibility to keep themselves up to date with clinical and professional developments, the management of conditions for which they may prescribe, to ensure that prescribing is undertaken competently and safely.
* Prescribers are expected to be responsible for their own CPD requirements and should make full use of the support processes that are already in place such as those listed below:
	+ E-learning
	+ Appraisal
	+ NMP Forums
	+ Supervision & reflection in practice
	+ Shadowing
	+ Attendance at training events
	+ Attendance at conferences
* The Trust will commission relevant training events and workshops for non-medical prescribers as needed. All non-medical prescribers should reflect on their prescribing practice and maintain a portfolio that demonstrates CPD and ongoing needs through reflection. All prescribers must receive clinical supervision related to their prescribing role.
* Prescribers should also ensure they remain up to date for all statutory and mandatory training, including Prescribing Training, via the Trust’s Learning Academy.
* It is imperative that prescribing is undertaken on a regular basis to ensure safe practice. It is expected that following completion of an NMP qualification, the prescriber will begin to prescribe within 6 months of completion date. If prescribing does not take place within 1 year, the practitioner may be removed from the NMP register. Those wishing to return to the register should follow the process set out in the ‘New Prescribers’ section above.
* Staff on maternity leave should be supported through keeping in touch days, to maintain their NMP skills. Any prescriber who has a full break for more than 1 year may have their prescribing rights removed. Those wishing to return to the register should follow the process set out in the ‘New Prescribers’ section above.
* NMP Forums take place in the Trust, and it is recommended that prescribers should attend at least 2 meetings per year. Attendance can be used as CPD activity. If the prescriber is not able to attend at least 50% of local NMP Forums, the prescriber may submit evidence of alternative training or attendance at learning events.

5.5 **Annual Update**

* The Trust’s NMP register will be managed and administered via the Learning Academy. In order to remain on the Trust’s NMP register all non-medical prescribers will need to provide evidence of annual update.
* Both access to the register and annual update comprise the following components:
	+ Signed NMP Register Self Declaration
	+ Evidence of maintenance of registration and associated annotation of NMP
	+ Signed Scope of Practice Form
	+ Signed and updated Competency Framework for All Prescribers template
	+ Job Description with NMP content
* The Competency Framework for All Prescribers template must be signed by the current DPP. If the prescriber changes their DPP, a new template must be completed and signed by the new DPP.
* Evidence of all the above components are submitted via the Learning Academy. Failure to complete all components as required could result in removal from the Trust’s NMP register. The local NMP Lead must always contact the prescriber, and their Line Manager, and alert them, warning them that they may be removed from the register, and giving them an opportunity to submit the required evidence. In the event of being removed, those wishing to return to the register should follow the process as set out in the ‘New Prescribers’ section above.
* All prescribers must continue to only prescribe within their scope of competence and expertise.
* The prescriber must notify their line manager and the local NMP Lead of any changes in their prescribing status, including changing their area of practice within the Trust or changing DPP.
* The prescriber must notify their DPP and the NMP Lead if they are subject to a fitness to practice or other disciplinary or capability investigation.

5.6 **Pharmacy Training**

* The General Pharmaceutical Council (GPhC) published a new set of learning outcomes and Standards for the Initial Education and Training of Pharmacists (IETPs). This will incorporate Independent Prescribing into both the MPharm (undergraduate degree) and the foundation trainee pharmacist training year. The 2025/26 foundation trainee pharmacist training programme (starting in July 2025) will be the first year that foundation trainee pharmacists will be assessed against the full learning outcomes, including Independent Prescribing. This means that pharmacists joining the GPhC register in 2026 (having been taught and assessed against the new learning outcomes) will be independent prescribers at the point of first registration and represents a new model of pharmacist prescribing.
* Having developed knowledge, skills and behaviours needed by a prescriber during the MPharm degree, the objective for the foundation training year is that the foundation trainee pharmacists are given the context to demonstrate the capabilities of a pharmacist independent prescriber. This will be achieved within specific Prescribing Assessment Activities and under the supervision of a DPP. The implementation of prescribing at the point of registration from 2026 represents a significant change for the profession. For the foundation trainee pharmacists from 2025-26 onwards, NHSE have indicated   “nominated prescribing area” rather than a more expert driven “scope of practice” during the training year.

* Nominated prescribing area: The foundation trainee pharmacist needs to have a ‘nominated prescribing area’ in which to complete some of the NHSE Prescribing Assessment Activities, specifically those that require a prescribing consultation with decision making to be demonstrated. The nominated prescribing area gives the foundation trainee pharmacist a setting in which to demonstrate the generic skills of a prescriber. The nominated prescribing area will not limit the future scope of practice for the foundation trainee pharmacist; a pharmacist prescriber can develop and widen their scope of practice when registered, supporting this with effective CPD. A scope of practice is distinct from the nominated prescribing area for the foundation training year, which is intended to provide a context for the demonstration of prescribing skills.
* It will therefore be needed to develop a pharmacy NMP strategy, which will be standardised prior to 2025-26 for the profession in liaison with the Trust NMP Lead and NMP oversight group, along with updates to the policy.

**6.0 RESPONSIBILITES OF STAFF**

6.1 **Trust Board**

* The Chief Executive and Trust Board have a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
* Trust Board sub-committees have the responsibility for approving policies and procedures and to assess governance for their implementation.

6.2 **Trust NMP Lead**

* The Trust NMP Lead is accountable for the implementation of this policy and ensuring the Trust has a process in place so that non-medical prescribers comply with all legal statutory and good practice guidance requirements and for ensuring that systems supporting governance are appropriate and robust.

6.3 **NMP Oversight Group**

* Oversees and supports the implementation of the content of this policy (including the agreement of appropriate audits)
* Facilitates prescribing developments through collective multi-disciplinary discussion and ensures that any required policy changes or developments are properly consulted upon and ratified.

6.4 **Chief Pharmacist**

* Chairs the Medicines Committee
* Gives appropriate pharmaceutical support to the NMP Leads as required
* Ensures non-medical prescribers have access to expert pharmaceutical advice across the Trust

6.5 **NMP Leads**

* There is a separate NMP Lead for Community Health, for Primary Care, for Mental Health and Learning Disabilities, and for Pharmacy, all reporting to the Trust NMP Lead.
* Support the implementation of this policy within their service.
* Ensure that the systems for NMP in local services are embedded within the relevant clinical governance arrangements.
* Liaise with local universities providing NMP training about the design and delivery of the course and to ensure that new applications for training are appropriately screened and processed.
* Support recruitment and selection of practitioners to undergo education and training for NMP.
* Ensure all paperwork required for new prescribers and previously qualified prescribers, new to the Trust, are completed in line with the requirements of this policy
* Maintain an up to date register of all non-medical prescribers in the service recording the level of prescribing authorisation (i.e. Independent/Supplementary or Community Practitioner Nurse Prescribing)
* Monitor and audit prescribing practice within their service area.
* Investigate prescribing incidents or errors and oversee remedial plans.
* Work with service managers to ensure each of their non-medical prescribers undertakes an annual review of practice within areas of competence agreed.
* Support the development and maintenance of non-medical prescribing roles in their service, utilising available opportunities: clinical supervision, individual appraisal, local educational (practice) forums and educational sessions as advertised to non-medical prescribers within the Trust.
* Provide advice and support to non-medical prescribers.

6.6 **Pharmacy Leads**

* Assist in the ordering of prescription pads, registration/deregistration of staff with the NHSBSA and destruction of prescriptions no longer required.
* Audit prescription security and maintain record of checks at a minimum of three monthly periods.
* Where personalised prescriptions are used, analyse ePACT data/prescribing activity to monitor activity and trends in NMP, taking appropriate action if discrepancies or untowardactivity noted and informing NMP Lead, maintaining a log accordingly.
* Provide Managers with ePACT data for their services
* Ensure that the Medicines Committee are aware of medicines being prescribed by NMPs.
* Take responsibility for ensuring drug alerts are cascaded effectively
* Co-ordinate the process in the event of lost/stolen prescriptions
* Provide advice and support to NMP
* Ensure audits of non-medical prescribing are carried out in line with criteria laid out by NHS England/DH, formulating and implementing action plans as necessary

6.7 **Line Managers**

* Ensure that NMP is necessary and beneficial to patient care and does not pose unnecessary risk
* Liaise with the local NMP Lead to ensure any newly qualified or newly appointed non-medical prescribers have completed all governance processes and checks before being permitted to act independently
* Ensure that the non-medical prescriber engages in CPD relevant to their prescribing practice and maintains evidence of such in their portfolio
* Ensure that the non-medical prescriber has read and adheres to this Policy and related National guidance and legislation
* Ensure the non-medical prescriber’s job description includes their role, responsibilities and scope of practice in relation to Non-medical Prescribing (see Appendix 9 for example)
* 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 prescriber’s personal development plan
* Ensure that prescription security measures are followed
* Notify the NMP Lead of non-medical prescribers leaving or joining the Trust, awaiting confirmation of entry to the Trust register from the local NMP Lead before permitting the NMP to prescribe
* Ensure that prescription pads are returned for safe keeping or sent to the Pharmacy Lead for destruction if the staff member is absent for a long period of time or leaves employment, as part of leaver’s checklist

6.8 **Designated Prescribing Practitioners**

* Supervise and support non-medical prescribers
* Assess the competence and capability of those wishing to prescribe in the Trust, including what pre-requisite training is required for the individual practitioner
* Develop the specialist skills and knowledge of the prescriber in relation to their Scope of Practice
* Observe prescribing in action
* Learn by encouraging critical thinking and reflection in relation to the professional portfolio or learning log
* Assess the prescriber in relation to *A Competency Framework for All Prescribers* (RPS, 2021)
* Be responsible for deciding whether the NMP trainee meets the criteria specified within the course to be signed off as competent to prescribe independently
* Ensure they maintain their own prescribing competence and that they meet the competencies for supervision set out in *A Competency Framework for Designated Prescribing Practitioners* (RPS, 2019)

6.9 **Non-Medical Prescribers**

* Adhere to Policy, National/local guidance, the Law and their professional code of conduct.
* Ensure that their professional registration is current and active.
* Ensure that their role as a prescriber is clearly described in their job description.
* Ensure that they provide evidence-based, safe, cost effective prescribing to their patients/clients at all times.
* Review their prescriptions via prescribing data and audit with their Line Manager to ensure they are prescribing within their Scope of Practice and that their prescribing is cost effective.
* Keep accurate, legible, unambiguous and contemporaneous records of a patient’s care.
* Act and prescribe only in accordance with their sphere of competence and work and any approved local team formularies and/or Clinical Commissioning Group agreed formularies).
* Accept responsibility and accountability for their prescribing decisions and practice.
* Ensure that patients are aware of the scope and limits of NMP and ensure patients understand their rights in relation to medication.
* Ensure their patients are referred to other healthcare professionals as necessary to access other aspects of their healthcare.
* Ensure that prescriptions are written legibly and legally with due attention given to ensure all details are correct.
* Ensure that they comply with prescription security and, where personalised prescriptions are used, maintain a personal record of prescription numbers.
* Ensure that they provide required information for the register/database.
* Co-operate with audit, monitoring and investigations.
* Ensure the Scope of Practice is reviewed every year as part of their annual update. If amendments are made, the updated version should be submitted to the NMP Lead.
* Be prepared to submit clinical management plans (CMPs) to the Medicines Management Committee as requested and be willing to share these as appropriate
* Take part in peer review as part of their annual update.
* Hold appropriate indemnity insurance if not covered by employer indemnity (ELFT employees are covered by NHS Indemnity).
* Ensure they receive up-to-date information in relation to their sphere of practice.
* Ensure that they engage in appropriate CPD so that their practice is up-to-date, ensure their prescribing forms part of their regular supervision and annual appraisal and submit evidence of the same on request.
* Accept that it is their responsibility to ensure that they remain up to date on therapeutics in their field of prescribing practice and on changes in National and local prescribing policy.
* Accept that in order to continue to prescriber within ELFT, the non-medical prescriber must be able to provide evidence of their continued competence and professional development. *A Competency Framework for All Prescribers (Royal Pharmaceutical Society/NICE 2020)* provides the minimum standards of competency for prescribing and should be completed/updated every year.
* Accept that if they have not carried out any prescribing practice at the point of annual update, this may result in 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, unless there is a clear protocol stating that this is not required.
* 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.

6.10 **Consent**

* All non-medical prescribers must act in accordance with their professional body and Trust standards in relation to consent. The non-medical prescriber must be satisfied that consent to treatment has been adequately considered, including capacity under the Mental Capacity Act. Informed consent must be documented before any treatment is provided.
* When Supplementary Prescribing is chosen to manage the patient’s condition then the principles of SP must be explained in advance to the patient/guardian and their agreement sought. Without such agreement, SP must not proceed. The patient should be informed that the activity of prescribing cannot be undertaken in isolation and to prevent medication errors, anyone else involved in their care, who may prescribe, will need to be informed, including the patient’s GP.

6.11 **Liability**

* Non-medical prescribers are accountable for all aspects of their prescribing decisions. The prescriber is individually and professionally accountable for his/her prescribing decision, action and omission and cannot delegate this accountability to another person. This accountability extends to decisions taken to recommend ‘over the counter’ items.
* The non-medical prescriber must ensure that their prescribing activity is within their Scope of Practice, is safe, cost effective, consistent with the clinical need of the patient and in line with National and local guidance/formulary. Prescribing outside the Scope of Practice should only take place under direct supervision.
* The prescriber must recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, relatives or colleagues) that might inappropriately affect their prescribing decision and refuse to be influenced by such pressures. Any prescription must be in the best interests of the patient only. The prescriber must report such pressure to the Chief Pharmacist and NMP Lead.
* Where the non-medical prescriber is appropriately trained and qualified and provided he/she prescribes with the consent of the employer as part of their professional duties and in accordance with their competence and scope of practice, the employer’s policies and the Law, the employer is held vicariously liable for their actions. In addition, prescribers are accountable to their Professional Regulatory Body.

6.12 **Indemnity**

* All members of staff working in secondary care the NHS have basic indemnity protection provided via ‘Crown Indemnity’. This means that members of staff will receive legal representation and support from their employer as long as they work according to their job description and scope of practice and follow policy. This also applies to staff carrying out a prescribing role.
* Similar ‘basic’ indemnity protection is provided to staff working in primary care via the Clinical Negligence Scheme for General Practice (CNSGP).
* Basic indemnity is limited, however, and does not cover the member of staff in all scenarios, e.g. the member of staff is accused of criminal behaviour, or their professional body takes action against them. Basic indemnity also would not cover a non-medical prescriber working in a non-NHS setting.
* Prescribers may therefore wish to consider whether additional indemnity is required for their role (external to the NHS this is a legal requirement). Additional indemnity is something that the individual prescriber would need to arrange for themselves. Joining a trade union may also be a consideration, as some union membership may provide the prescriber with additional indemnity and legal support in all scenarios.
* Members of staff employed by ELFT as a non-medical prescriber have vicarious liability as long as the following criteria are met:
	+ They only prescribe within their own level of experience and competence, acting in accordance with both the legal framework for their role and the professional and ethical framework described by their professional body.
	+ They are acting in accordance with Trust policies and procedures
	+ They follow national and local evidence based best practice guidance
	+ Their prescribing role is specified within their current job description
	+ They are registered as a non-medical prescriber with their professional body
	+ Their prescribing role and status are registered on the Trust’s NMP register
	+ They act within the legal framework of their own scope of practice, skills and experience
	+ They can provide evidence that they are competent to prescribe and have kept up to date and maintained their CPD as a prescriber
* All prescribers must ensure they have sufficient professional indemnity insurance where not covered by employer liability. Comprehensive Professional Indemnity Insurance may be obtained from their professional organisation, trade union or insurance provider.
* Non-medical prescribers risk invalidation of their indemnity cover if they fail to disclose membership of a provider to other professional / union or insurance bodies that they are insured with. The Indemnity Insurance must provide adequate cover for their prescribing practice.
* Both the employer and employee should ensure that the employee’s job description includes a clear statement that prescribing is required as part of the duties of that post or service (see Appendix 9 for suggested wording).
	1. **Gifts, benefits, and Representatives from Pharmaceutical industry**
* The advertising and promotion of medicines is strictly regulated. The prescriber must make their choice of medicine based on clinical suitability, evidence, cost effectiveness and in accordance with Trust policies and any locally agreed formularies. Any complaints about promotional practices should be referred to the Chief Pharmacist for action and reporting to the MHRA or Prescription Medicines Code of Practice Authority.
* Non-medical prescribers should not meet with Representatives from the Pharmaceutical Industry unless this is to discuss essential updates on medicines or products which are already on the Trust’s formulary/any agreed local formularies. If information about new drugs is being promoted the prescriber must refer the Representative to the Chief Pharmacist. Under no circumstances should the prescriber agree to prescribe or purchase medication. If in doubt, the prescriber must contact the Chief Pharmacist who has access to unbiased, high quality medicines information and can pass on information from the pharmaceutical industry if necessary.
* Prescribers wishing to use new drugs that are not on their local formulary must first discuss the appropriateness of this with the Chief Pharmacist and NMP Lead who will guide them on how to make an application to the Medicines Committee.
* Prescribers must not accept or use free samples or starter packs. Representatives wishing to provide free samples or starter packs must be referred to the Chief Pharmacist.
* Prescribers are referred to their Regulatory Body’s Professional Code and to ELFT Policy in relation to the accepting of gifts. Prescribers must ensure that a gift may not be construed as inducement, favour or conflict of interest. If in doubt, the prescriber must discuss with their Professional Lead (Director of Nursing, Director of AHP, or Chief Pharmacist)

**7.0 SAFETY**

7.1 **Risk Management**

* Each non-medical prescriber is individually and professionally accountable for their practice and is at all times expected to work within the standards and code of professional conduct as set out by their own regulatory body as well as policies and guidelines ratified by ELFT.
* Non-medical prescribers should ensure they are familiar with all Trust policies relevant to medicines and clinical safety and incident reporting.
* Prescribing is a complex task, not only requiring knowledge of medicines and the conditions they are used to treat but also careful judgment of risks and benefits of treatment.
* When initiating treatment, the non-medical prescriber should ensure that an assessment has been undertaken in respect of the patient’s current medication and any potential for confusion with other medicines. Prescribers moving to another area of practice must consider the requirements of the new role and only prescribe within their level of experience and competence. Prescribers must ensure that patients are aware of the scope and limitations of NMP and how they can access other help and therapy.

7.2 **Evidence-Based Prescribing**

* All non-medical prescribers should be aware of local and national prescribing guidelines and apply this to their practice. Practice should be evidence based and respond to national guidance. In circumstances when a non-medical prescriber feels it necessary to deviate from this, rationale for deviation from guidance should be documented.
* Only medicines, dressings or appliances that appear in the appropriate formulary for the Practitioner may be prescribed. The practitioner should take account of the Medicines Formulary and Trust Wound Care Guidelines. Evidence based guidance is also available from:
	+ British National Formulary and BNF for Children
	+ National Institute for Health and Clinical Excellence (NICE) <http://www.nice.org.uk/>
	+ Electronic Medicines Compendium <https://www.medicines.org.uk/emc>
* Non-medical Independent and Supplementary Prescribers will receive a centrally funded copy of the BNF every twelve months. The British National Formulary is also available on-line at <https://bnf.nice.org.uk/>
* Community Nurse Prescribers can access the Nurse Prescriber’s Formulary via the BNF website <https://bnf.nice.org.uk/nurse-prescribers-formulary/>
* The Drug Tariff is no longer available in hard copy; all prescribers can access the information via the NHS Prescription Services website <http://www.drugtariff.nhsbsa.nhs.uk/>

7.3 **Off-label / off-licence medicines**

* **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.

7.4 **Unlicensed medicines**

* **Independent Prescribers** are allowed to prescribe unlicensed medicines within their competence and field of expertise, set out in their Scope of Practice Form, where it is accepted clinical practice and has been agreed by the Medicines Committee (see [Unlicensed Medicines Policy](http://elcmhtintranet/uploads/Unlicensed%20Medicines%20Policy%20ELCMHT%20Final.pdf)).
* Supplementary prescribers may prescribe unlicensed medicines if they form part of a Clinical Management Plan. 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.

7.5 **Controlled Drugs (CDs)**

* A non-medical prescriber must only prescribe controlled drugs if they are legally entitled to do so. They must not prescribe beyond their limits of competence and experience. Non-Medical prescribers who are entitled to prescribe controlled drugs must ensure that all legal requirements for prescribing are met. Controlled Drug prescriptions are only valid for 28 days from the date stated next to the signature or in the body of the prescription whichever is the later; quantities prescribed should not exceed 30 days’ supply. Controlled drugs can be prescribed via an electronic prescribing system if the relevant software is available.
* Pharmacist and Nurse Independent Prescribers may prescribe, administer and give directions for the administration of Schedule 2, 3, 4 and 5 Controlled Drugs. They are not permitted to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.
* Physiotherapists and chiropodists 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.
* Optometrist independent prescribers cannot prescribe controlled drugs.
* 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 non-medical prescribers are required to familiarise themselves with, and adhere to, the Trust’s Controlled Drug Policy. Please see the Trust intranet for the policy.

7.6 **Mixing of Medicines**

* *Mixing* has been defined by the Department of Health as “the combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient”.
* The MHRA states that the mixing of two separate medicinal products will result in a new, unlicensed product if one product cannot be described as a vehicle for the administration of the other e.g. as a reconstitution or diluting agent.
* Prescribers must refer to the manufacturer’s summary of product information and be mindful that the mixing of medicines could result in an unlicensed preparation.
* Due to the risks of drug incompatibility and chemical reaction which may have serious adverse effects, the mixing of drugs should be avoided where possible. There may be instances where mixing of drugs is safe and acceptable practice e.g. in palliative care where a narcotic and anti-emetic may be mixed and delivered in a low volume, continuous sub-cutaneous infusion.

**Under no circumstances** **may medicines used for mental health conditions be mixed in the same syringe.**

* Guidance from the Royal Pharmaceutical Society states: ‘The mixing of drugs should be avoided unless essential to meet the needs of the patient, and that those involved in both the prescribing and actual mixing should be competent to do so and take full professional and clinical responsibility for their actions. In addition such actions must within the governance structures and guidance of the employing authority and of the relevant statutory bodies.’
* **If part of their Scope of Practice, Independent Prescribers** are allowed to mix medicines prior to administration and provide written directions for others to do so. They must ensure that the medicines are compatible for mixing before doing prescribing, mixing, administering or providing directions for others.
* **Supplementary prescribers** are allowed to mix medicines prior to administration and provide written directions for others to do so, only when it is safe to do so and the preparation forms part of the clinical management plan for an individual patient.

7.7 **Prescribing for children**

* Only non-medical prescribers with relevant knowledge, competence, skills, and experience in caring for children should prescribe for children. Non-medical prescribers must demonstrate that they can take an appropriate history, undertake a clinical assessment, and make an appropriate diagnosis, having considered the legal, cognitive, emotional, and physical differences between children and adults.
* Anyone prescribing for a child must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence.
* If a non-medical prescriber moves into a new role which requires them to prescribe for children for the first time, or after a break in practice, it is expected that they will have a period of preceptorship/competency assessment (which may require additional education and supervision) in relation to assessment, diagnosis and prescribing in children. This would normally include completing 6 supervised prescriptions with their DPP.
* Reference should be made to the following documents that address medicines management issues in paediatrics:

BNF for Children at: <https://www.medicinescomplete.com/mc/bnfc/current/>

Royal College of Paediatrics and Child Health - information on the use of licensed and unlicensed medicines: [www.rcpch.ac.uk/publications](http://www.rcpch.ac.uk/publications)

7.8 **Prescribing in Pregnancy**

* When treating women of childbearing age, prescribers should ensure they know whether the patient is pregnant or not. The Royal College of Nursing provides guidance on prescribing to pregnant women for independent and supplementary nurse prescribers:

<https://www.rcn.org.uk/clinical-topics/medicines-management/prescribing-in-pregnancy>

NICE also provide guidance on prescribing in pregnancy <https://bnf.nice.org.uk/medicines-guidance/prescribing-in-pregnancy/>

* This guidance outlines the need for independent and supplementary prescribers to be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise and consult or refer accordingly. In a pregnant woman, even seemingly minor illnesses can have major implications and the non-medical prescriber must seek advice from a member of the midwifery or obstetric team when necessary.
* For the mental health treatment of pregnant women, the prescriber should always seek advice from the local perinatal service.
* If the prescriber anticipates prescribing for pregnant women, this must be declared on the Scope of Practice Form and evidence of ongoing practice and updates should be reflected in the annual declaration. All prescribers treating pregnant women with non-pregnancy related conditions, should advise them to seek advice from their named midwife at the earliest opportunity.
* All prescribers treating pregnant women need to be aware of:
	+ The altered pharmacological impact that drugs have during pregnancy
	+ The potential risk to foetal development from drugs
	+ The additional risk of breast feeding when taking drugs
* NHS England have recently published the Maternal Early Warning Score (MEWS) chart, which should be used instead of NEWS2 both during pregnancy and for 2 weeks after giving birth for physical health monitoring and picking up signs and symptoms of deterioration.

7.9 **Mental Health Act 1983 and Mental Capacity Act 2005**

* Non-medical prescribers may prescribe for service users who are being treated under the Mental Health Act 1983, provided that the statutory forms have been completed by the Responsible Clinician (RC), who has overall responsibility for the care and treatment of service users being assessed and treated under the Mental Health Act. All prescribed medication must comply with the stated conditions including medication types, dosage, administrative route, and range documented. Non-medical prescribers should liaise closely with the RC around prescribing and ensure they are familiar with the requirements of the MHA and refer to the Mental Health Act Code of Practice.
* The Mental Capacity Act (2005) Policy provides Trust wide guidance for all employees on the Mental Capacity Act to ensure they are aware of their roles and responsibilities and non-medical prescribers should always follow the relevant principles of this policy.
* Non-medical prescribers may prescribe Rapid Tranquilisation provided that it is in their Scope of Practice to do so, and they have fully read and understood the Trust’s Rapid Tranquilisation Policy and completed Rapid Tranquilisation Training on the Trust’s Learning Academy. In all localities of the Trust, the duty doctor, the oncall senior registrar, and the oncall consultant are all available for advice and support if required.

7.10 **Prescribing for Self, Family & Friends**

* Non-medical prescribers must not prescribe any medicine for themselves.
* Non-medical prescribers must not prescribe for anyone who is not a patient receiving care in the Trust, including anyone close to them, such as friends and family.
	1. **Separation of prescribing, dispensing, and administering of medicines**
* To reduce the potential for errors and/or omissions non-medical prescribers must, wherever possible, neither dispense nor administer medication they have prescribed themselves. However, in exceptional circumstances, it may be necessary to both prescribe and administer. When this occurs, the prescriber should contact a fellow prescriber to discuss the situation, reasons behind it and both should document accordingly into the relevant patient notes. Where necessary the fellow prescriber may document retrospectively following Trust guidelines. This is not required where there is a clear protocol for a particular drug permitting prescribing and administering together.

7.12 **Concerns**

* Prescribing issues may be identified from several sources, including e-PACT2 (FP10 prescribing data), inpatient prescribing, community pharmacists, prescribing incidents and near misses, unscheduled admissions, informal and formal concerns raised by another clinician, and complaints.
* On identification of a concern:
	+ Information will be reviewed to determine the nature of the concern and escalated to the relevant professional and operational leads as required.
	+ Advice from the local NMP Lead and Lead Pharmacist should be sought.
	+ The non-medical prescriber will be informed of the nature of the concern by their line manager or suitable senior manager.
	+ A decision will be made in relation to the most appropriate action to take, which would normally include completion of some form of preliminary investigation and fact-finding.
	+ Dependent upon the nature of the concern, a decision may be made for the non-medical prescriber to cease prescribing whilst the investigation is completed.
	+ If a decision is made that prescribing should cease, then the non-medical prescriber will be required to return all prescription forms to the local NMP Lead for retention until the outcome of the investigation is known.
	+ Where the non-medical prescriber is authorised to prescribe on the Trust electronic prescribing system (JAC), the line manager should seek advice, from the Pharmacy Services Manager, regarding any adjustment to system access requirements that need to be put in place.
	+ With any concern or complaint raised, patient safety must always be the primary consideration, pending the outcome of an investigation.

**8.0 PRESCRIPTION SECURITY**

8.1 **JAC**

In settings where JAC is used, prescribers should only prescribe using their own personal log in details. These should never be shared with other staff.

8.2 **Prescription Pads**

In settings where prescription pads are used:

* The safe management of prescriptions is a fundamental aspect of prescribing and professional practice. Standards for prescription security have been set by the NHS Counter Fraud Authority (*Management and Control of Prescription Forms, a guide for prescribers and health organisations March 2018 Version 1.0)*. All NMPs must adhere to these standards and the Trust FP10 Policy. Please see the intranet for the policy.
* Staff not exercising due diligence in prescription security render themselves liable to disciplinary action.
* The prescriber can only prescribe medicines on a prescription pad bearing his/her own unique prescribing code (this is currently the Nurse’s NMC PIN number, HCPC registration number or Pharmacist’s GPhC number), on a prescription designated for departmental use or via EMIS using their personal identifier number. The prescriber **MUST NEVER** use a prescription pad or EMIS number belonging to another prescriber or allow their prescriptions to be used by someone else.
* Prescription pads must be kept in a secure, locked cupboard or safe, access to which is restricted. If a departmental safe/cupboard is used access should be restricted. A record of all prescriptions kept within must be maintained, with a signing in/out

system in operation. This will be regularly audited by the Pharmacist or a deputy as delegated by the local NMP Lead.

* Prescription pads must never be left unsecured or unattended; this includes not leaving prescriptions in a car/vehicle that is unattended. Patients, temporary staff and visitors should never be left alone with prescription forms.
* The prescriber must ensure the security of prescription pads at all times. Only one pad should be in use at a time and the prescriber must, at the end of the working day, make a separate record of the serial number of the prescription at the top of the pad i.e. the first remaining prescription form. This will facilitate early detection of any prescription(s) that may be stolen.
* Prescription pads remain, at all times, the property of ELFT. They must not be removed from the premises unless in the course of duty e.g. District Nursing, Community Matron. When travelling between patients the prescription pad must not be visible and must be in a locked compartment e.g. locked in the car boot. The prescription pad must be removed from the car when the car is unattended. At the end of the working day the prescription pad must be returned to a secure place.
* If the non-medical prescriber terminates their contract of employment or is to be absent from work for a period of greater than 4 weeks, they must return prescriptions to their manager for safe keeping (in accordance with ‘Leavers’ procedures). The Manager will contact the NMP or Pharmacy Lead to arrange for collection and destruction of prescriptions.
* The Pharmacy Lead or NMP Lead will complete and send the notification form to the NHSBSA so that the individual is removed from ELFT’s register and is no longer permitted to prescribe for ELFT, make a record of the serial numbers of prescriptions returned and shred them in the presence of a witness. Two staff (one of which is the Pharmacy Lead or NMP Lead will witness the destruction of prescriptions and sign the ‘Destroyed Prescription’ record. The Destroyed Prescription Record will be held by the NMP Lead for a period of 2 years.
* A maximum of 3 months’ supply of paper prescription forms will be enforced to minimise risk.
* Blank prescription forms must never be pre-signed.

8.3 **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 in the Trust, it will be 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.
* Currently, EPS may not be used for Controlled Drugs in some areas.
* The local NMP Lead will ensure that any anomalies noted during the monitoring of a prescriber’s electronic prescribing data are highlighted to the prescriber and the Trust NMP Lead for shared learning.

8.4 **Computer Generated Prescriptions**

* All non-medical prescribers must work to the standards set by their professional bodies. Therefore, non-medical prescribers can prescribe via computer-generated prescriptions providing the necessary software is available.
* A visible audit trail of your prescribing actions must be maintained.
* You must never tamper with existing prescriber’s details on a prescription or add your own prescribing details, whether that be handwritten or by stamp.
* Prescriptions should always be signed immediately.
* Prescriptions must never be written or printed-off and signed in advance, and then stored for future use.

8.5 **Prescription Ordering**

* It is the responsibility of the prescriber to ensure that they have a sufficient supply of prescriptions in order to meet the needs of the patient/service, but, for security reasons, will not be permitted to have more than 3 months’ supply.
* The prescriber should allow 2 weeks for the ordering and delivery of prescription forms.
* For each Directorate there will be a central ordering and delivery point. The prescriber is advised to contact their local NMP Lead for full details on the ordering, delivery and collection process for prescription forms. See Appendix 10 for list of NMP Leads.

8.6 **Lost or Stolen Prescriptions**

* The prescriber, NMP Lead, Pharmacist and the Administrator responsible for receipt and collection of prescription forms must ensure that at all times prescriptions are securely stored and there is an up-to-date record, including the serial numbers, of prescription forms. This will help prevent theft/loss of prescriptions and allow Security Services and Pharmacies to identify bogus prescriptions. Please see FP10 policy.
* **Any loss or theft of prescriptions must be reported immediately** (see appendix 8 for algorithm/process to follow). The prescriber must give details of how the loss/theft occurred and the serial numbers of the prescriptions lost/stolen. The prescriber is required to co-operate at all times with the process and any investigation. The Police and Local Security Management Services (LSMS) will be advised of any lost or stolen prescriptions by the NMP Lead. The LSMS will advise the Counter Fraud Authority (CFA). The LSMS and CFA are trained and accredited to undertake investigations involving theft and fraud to a level whereby they can prepare statements and present evidence in Court.
* To support the early detection of a stolen prescription that may be used illegitimately, the prescriber will be required to write prescriptions in a different colour for a specified period following the loss or theft of prescription (usually 2 months) – they will be advised of this at the time of reporting the loss/theft.
* The loss or theft of prescriptions is a serious matter which can pose a risk to the public and must be reported immediately so that action can be taken to prevent their illegal use. All loss or theft will be subject to investigation. If such investigation reveals that the prescriber breached this policy and best practice, disciplinary action may be taken.

8.7 **Change of Details**

* It is the responsibility of the prescriber and their Line Manager to inform the local NMP Lead of any changes in their circumstances, so that the local database can be updated; this includes a change of name, role, working base, the date of leaving the organisation or if they will no longer be carrying out prescribing duties.
* If the prescriber is using personalised FP10 prescriptions, the NMP Lead will ensure that the NHSBSA are informed of any changes using the Change of Non-Medical Prescriber details form available at:

<https://www.nhsbsa.nhs.uk/ccgs-stps-and-other-providers/organisation-andprescriber-changes/sub-icb-locations>

Once this is complete, arrangements will be made to order prescriptions, with the updated details. The prescriber must ensure that any prescriptions no longer required are destroyed and that this is recorded.

8.8 **Leaving the Trust**

* In termination of employment the Line Manager must collect all remaining prescription forms and ensure that all prescriptions are accounted for and that there is no discrepancy. The prescriptions must be destroyed and details recorded via the NMP Lead.
* If the prescriber is using personalised FP10 prescriptions in the community, the NMP Lead will also ensure that the NHSBSA are informed that the prescriber is no longer prescribing using the form “Non-medical prescriber leaving a GP practice or cost centre”, available at:

<https://www.nhsbsa.nhs.uk/ccgs-stps-andother-providers/organisation-and-prescriber-changes/sub-icb-locations>

and that no further prescription pads are ordered for the prescriber.

**9.0 RECORD KEEPING**

* All health care professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient’s care. Prescribers should adhere to their own professional / regulatory body’s standards for record keeping.
* All prescribers are required to document details of the prescription and the consultation into the shared patient record as soon as possible or within 48 hours from the time of writing the prescription unless there are exceptional circumstances (e.g. weekend or Public Holiday, though documentation must occur as soon as possible).

The record should indicate the following:

* The date and time of the prescription.
* The name of the non-medical prescriber (their profession and their prescribing role).
* The name, strength and form of the item prescribed, quantity supplied, the dosing frequency, the route of administration, and duration of treatment.
* In the case of dressings, details of how the wound should be treated and cleaned and what dressings should be used and how they should be applied as well as the frequency of change.
* Advice given regarding General Sales List and Pharmacy medicines should also be recorded.
* Circumstances, such as an acute exacerbation of the patient’s condition may necessitate that the prescriber notifies/liaises with the medical prescriber (i.e. GP or Consultant) before issuing a prescription. This notification/liaison should be clearly documented in the common patient record
* The record should indicate details from the patient consultation, including history, the assessment and diagnosis.
* Advice given related to the patient’s treatment and / or health promotion should also be recorded.
* Where Rapid Tranquilisation is prescribed, the entry must include the rationale for the decision.

9.1 **Writing a prescription**

* Detailed advice on prescription writing is contained in the British National Formulary. All prescribers must adhere to the guidance given.

9.2 **Repeat Prescriptions**

* Unless specifically stated in the job role/description repeat prescriptions are not usually prescribed by non-medical prescribers other than for wound dressings or medications that require monitoring by secondary / specialist services – it is the responsibility of the General Practitioner to monitor, review and re-prescribe medication.
* In exceptional circumstances, where a delay to obtaining medication would pose a clinical risk/harm, a repeat prescription for medicines may be issued but only when it is possible to ensure response to treatment can be monitored, review by the responsible medical practitioner regularly takes place and a medication review can be carried out.
* If a non-medical prescriber issues a repeat prescription for a medicine initiated by another, s/he must still undertake their own assessment of the patient

9.3 **Remote Prescribing**

* It is recognised that care is delivered in a range of geographical locations. The

Prescriber may be asked to prescribe medication remotely.

* Prescribing usually follows a face-to-face consultation between a patient and a non-medical prescriber, and includes an assessment of the patient prior to the prescriber making a prescribing decision with that patient.
* There will be instances where it is in the best interests of a patient, whose prescribing has already been initiated within an established system of care, for an NMP to apply their knowledge, skill and competence, and prescribe for someone they have not personally seen, in order to ensure safe continuity of care. Such decision to prescribe would be informed by the prescriber’s knowledge of a comprehensive assessment(s) and clinical review and the governance systems that underpin prescribing within their service.
* The decision to prescribe will follow a discussion with the referrer who must be competent in assessment and a review of the clinical record. The prescriber can then consider all relevant clinical information, and be in a position to make an appropriate clinical judgement on prescribing in the case in question. In these circumstances the prescriber must satisfy themselves that they:
* have conducted an assessment of all appropriate information in order to

 prescribe safely

* feel competent and confident to prescribe in this situation, and within the

 established system of care and clinical governance

* Remote prescribing is only appropriate for some drugs and treatments, and for some

patients. The prescriber must ensure that s/he can make an adequate assessment (including access to the patient’s record), that there is sufficient justification to prescribe the medicine/treatment proposed and s/he has considered the limitations of electronic communication (phone, virtual/internet etc.) when consulting and prescribing remotely.

* If prescribing for a patient in a care or nursing home or hospice, the prescriber should communicate with the patient (or, if that is not practicable, the person caring for them) to make the assessment and to provide the necessary information and advice. The prescriber must make sure that any instructions, for example for administration or monitoring the patient’s condition, are understood and send written confirmation as soon as possible.
* Only when the prescriber has adequate knowledge of the patient’s health, and is satisfied that the medicines serve the patient’s needs, may s/he prescribe remotely
* A remote consultation/prescription, whether by phone, email or web, forms part of the patient’s record and should be stored securely.
* Injectable cosmetic treatments must not be prescribed remotely.
* The legal responsibility for prescribing lies with the person who signs the prescription and it is this person who will be held to account if there is an adverse event. This responsibility is the same whether it is a first or repeat prescription.
* If prescribing on the recommendation of another healthcare professional who does not have prescribing rights, the NMP must be satisfied that the prescription is appropriate for the patient concerned. This applies equally to repeat prescriptions.
* In the Primary Care setting, the prescriber may receive a written request from a Specialist/Hospital service to issue a prescription. The prescriber must ensure that the request aligns with product information in the BNF and monitoring requirements are in place, and that medical/prescription records are checked to ensure no interaction or allergy prior to prescribing.

9.4 **Transcribing of Medication**

* Transcription is not prescribing and is not covered by the Medicines Act or Human Medicines Regulations 2012
* Transcribing in ELFT is **only permissible in the Community Health Services Directorate** (District Nursing Newham, Tower Hamlets & Bedford, East Ham Care Centre) by staff who have received additional training. Transcribing is not permitted in any other service. There is separate guidance on this available on the Trust intranet: *Procedure for the transcribing of medication for the purpose of recording administration in community health services. Please see the intranet for Transcribing policy.*

**10.0 GOVERNANCE & ASSURANCE**

* The prescriber and ELFT are both responsible for ensuring safe systems of operation, quality, best practice and cost-effectiveness.
* The Trust will maintain a register of all those staff who hold an NMP qualification and are prescribing in the Trust. Other clinicians will be able to raise a query with regard to whether a member of staff is on the NMP Register at any time: the register is accessible by NMP Leads in hours, and by the On-Call Pharmacist out of hours.
* Non-medical prescribers are responsible for ensuring that they remain fit for practice by engaging in relevant CPD and keeping up-to-date in regard to prescribing policy and developments in their area of prescribing.
* Peer review of prescribing activity of each prescriber will be undertaken at least annually. The prescriber is responsible for arranging this and providing evidence of the same to their Manager at yearly appraisal and to the NMP Lead on request.

10.1 **Audit**

* The local NMP Lead and the Pharmacy Lead will ensure that prescribing data is scrutinised on a quarterly basis and prescribing activity is appropriate. The local NMP Lead and Pharmacy Lead will act immediately if prescribing data reveals anomalies in the prescriber’s prescribing activity or their sphere of practice and agreed formulary.
* A clear audit trail for prescriptions is essential and (if applicable) non-medical prescribers must only prescribe on an FP10 prescription form bearing their own name and profession registration/PIN number. It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within the practice, which could result in an item being incorrectly attributed via ePACT data to a non-medical prescriber. If the issued medication is not within the non-medical prescriber’s Scope of Practice this could raise concerns.
* The Pharmacy Lead and local NMP Lead will ensure that any anomalies noted during the monitoring of a non-medical prescriber’s data, are highlighted to the prescriber immediately, via email, and the DPP if appropriate.
* The Pharmacy Lead and local NMP Lead will ensure that audits are carried out in relation to prescription storage and security at least quarterly.
* Incidents related to NMP will be monitored by the Pharmacy Lead and NMP Lead and actioned accordingly.
* Regular review of Supplementary or Independent Prescribing should be carried out as part of the overall prescribing monitoring framework, which will include monitoring of prescribing practice and cost data. Within acute /inpatient settings robust systems should be in place to monitor and audit prescribing.
* As part of CPD prescribers should review prescribing practice to ensure appropriateness, cost effective and evidence based prescribing. Prescribers should ensure they are aware of directorate review of incident data relating to prescribing, dispensing and administration of medicines.
* A register of the number and type of non-medical prescribers will be monitored, along with the numbers of candidates who did not successfully complete the course(s) and the reasons behind this.
* Prescribers will present their portfolio of CPD for inspection by the local NMP Lead when requested. All prescribers are required to complete the RPS competencies and update yearly, and which should be discussed at yearly appraisal.
* A yearly internal audit of adherence to this policy will be carried out by the NMP Lead and Pharmacy Lead, with action plans devised accordingly.

10.2 **Adverse Reaction Reporting – MHRA Yellow Card Scheme**

* If a patient experiences 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

* Yellow cards are situated in the rear of the BNF
* The MHRA and Commission on Human Medicines (CHM) encourage the reporting of

 All suspected adverse drug reactions to newly licensed medicines that are under

intensive monitoring. These drugs are indicated by the following symbol **▼** in the product information and in the BNF.

* The MHRA and CHM encourage the reporting of all serious suspected adverse drug

reactions to all other established drugs. (Serious equates to reactions that are fatal, life threatening, disabling, incapacitating or result in prolonged hospitalisation and / or are medically significant).

* All supplementary non-medical prescribers should notify the independent prescriber

(Doctor or Dentist) accordingly and follow local policy with regard to incident reporting.

* 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.

10.3 **Incident Reporting**

* All prescribers 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.

 The National Reporting and Learning System (NRLS) draw together information on

 adverse incidents. All NHS Organisations must submit reports of patient safety

 incidents to the NRLS.

* The NRLS allows the reporting of incidents confidentially and anonymously.
* Prescribers who are directly employed by NHS organisations must adhere to their

organisation’s incident reporting policy, this process then reports directly to the NRLS.

* Prescribers who are, or are employed by, independent contractors can report through their Commissioning organisation’s system or access direct reporting to the NHSI, using the electronic reporting form known as the eForm available on the NHSI website at: https://www.gov.uk/report-problem-medicine-medical-device

10.4 **Drug and appliance alerts**

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

11.0 **REFERENCES & FURTHER READING**

* Department of Health (2002) Extending Independent Nurse Prescribing within the NHS in England A guide for Implementation. Department of Health, London.
* Department of Health (2003) Supplementary Prescribing by Nurses and Pharmacists within the NHS in England. A guide for implementation. Department of Health, London.
* Department of Health (2005) Improving mental health services by extending the role of nurses in prescribing and supplying medication: good practice guide. Department of Health, London.
* Department of Health (2005) Supplementary prescribing by Nurses, Pharmacists, Chiropodists, Podiatrists, Physiotherapists and Radiographers within the NHS in England. A guide for implementation. Department of Health, London.
* Department of Health (2006) Improving Patient’s Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. Department of Health, London.
* General Pharmaceutical Council (2019) Standards for the education and training of pharmacist independent prescribers. General Pharmaceutical Council, London.
* General Pharmaceutical Council (2019) In Practice: Guidance for pharmacist prescribers. General Pharmaceutical Council, London.
* National Prescribing Centre (2005) Training non-medical prescribers in practice. A guide to help doctors prepare for and carry out the role of the designated medical practitioner. National Prescribing Centre, London.
* NICE Guidance on NMP

<https://bnf.nice.org.uk/medicines-guidance/non-medical-prescribing/>

* Nursing & Midwifery Council (2018) Realising professionalism: standards for education and training. Part 3: standards for prescribing programmes. Nursing and Midwifery Council, London.
* Royal Pharmaceutical Society: A Competency Framework for Designated Prescribing Practitioners (RPS, 2019).
* Royal Pharmaceutical Society: A Competency Framework for All Prescribers (RPS, 2021).

**APPENDIX 1 APPLICATION FORM FOR NMP**

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**APPENDIX 2 PROPOSED SCOPE OF PRACTICE FORM**

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**APPENDIX 3 SCOPE OF PRACTICE FORM**

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**APPENDIX 4 NMP REGISTER SELF DECLARATION**

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**APPENDIX 5 COMPETENCY FRAMEWORK FOR ALL PRESCRIBERS template**

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**APPENDIX 6 Record of Supervised Assessment of Prescriptions**

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APPENDIX 7 PEER REVIEW FORM



APPENDIX 8 Missing/lost/stolen prescription form flowchart

Prescriber/NHS staff immediately reports to Pharmacy Lead and Non-Medical Prescribing (NMP) Lead and completes incident form (Datix).

(Out of Hours – report to the on-call manager).

Information required from prescriber/staff:

* Serial numbers of prescription forms
* Type of prescription form
* Quantity
* Date and time of loss/theft
* Place where loss/theft occurred
* Details of the prescriber from whom prescription forms have been lost/stolen including PIN number
* Contact name and number and place of work

The prescriber must also inform their Line Manager.

Medical Director will decide if local investigation required

**Prescriber/NHS staff discovers prescription form(s) is missing** **/ lost / stolen**

Pharmacy Lead/NMP Lead will:

* inform prescriber to write and sign all prescriptions in red for a period of two months
* liaise with the police and obtain a crime number
* inform the Medical Director (Accountable Officer)
* liaise with Clinical Governance Dept. for details of Security Services
* complete the missing/lost/stolen NHS prescription form(s) notification form and send to Security Services
* initiate local notification/alert process advising all local pharmacies and GP surgeries within the area of the loss/theft

The NMP Lead (or on-call manager) will:

* cascade the information to the nurse prescribing leads
* inform the Contractor Services Dept. at the Family Health Services (FHS)

Security Services will:

* Initiate investigation as appropriate
* Report to NHS Counter Fraud Authority (NHSCFA) <https://cfa.nhs.uk/reportfraud>

Security Services initiates CFSMS national alert if process necessary

**Local Counter Fraud Services are notified via CFSMS national alert process**

If lost/missing/stolen prescription forms are found the Pharmacy Lead and NMP Lead must be informed immediately.

The Pharmacy Lead/NMP Lead will inform

* Clinical Governance Department
* Security Services
* Police

Database is updated with information of stolen/lost/missing prescription forms by Prescription Fraud Team Admin Officer

APPENDIX 9 NMP content for job description template

This post requires the member of staff to, within an agreed individual scope of practice, prescribe drugs to meet patients’ clinical needs. The member of staff will ensure they have the necessary qualifications, professional registration, and training to work as a prescriber. A local copy of their change in professional status must be kept within their local Trust file to show evidence of competence and skill.

As part of their role, the member of staff must register their skill with the Trust NMP Lead, ensuring they are entered onto the Trust’s NMP register. The post holder must have a robust and high quality scope of practice (with or without a Clinical Management Plan) reflecting their level of competence and meeting the needs of the service. The prescriber must ensure that they are up to date with developments in their area and in non-medical prescribing in general as well as meeting with their prescribing supervisor as part of on-going support, supervision and reviewing their scope of practice.

**Non-Medical Prescribing Responsibilities**

* Be responsible and accountable for the safe prescribing of medication within their Scope of Practice.
* 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.
* Have an identified Designated Prescribing Practitioner to provide ongoing prescribing supervision and support as required, and re-assess prescribing competency for annual update purposes.