Leicestershire Partnership NHS Trust

Non-Medical Prescribing Policy

This policy describes the context in which qualified non-medical prescribers may prescribe, sets out individual roles and responsibilities in relation to non-medical prescribing duties and signposts to other documents and policies which apply to prescribing activity carried out by non-medical prescribers employed by Leicestershire Partnership NHS Trust.

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CONTENTS PAGE

Appendices

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	**March 2012**	Harmonisation of policies from predecessor organisations:
2.0	**July 2014**	Updating to reflect organisational and legislative changes since last review. Updating of appendices and references
	July 2014	NEW Section 7.0 and Appendix 1 – Addendum for non-medical prescriber role for inclusion in job descriptions.
3.0	**December 2016**	Updating to reflect legislative changes since last review. Updating of appendices and references
	December 2016	**Section 6.0** Selection Criteria – to include criterion for being in a role at Band 6 or higher (**removed from v. 4.1**)
	December 2016	**Section 10.2** Section reviewed with additional guidance regarding prescribing responsibility and specialist advice.
	December 2016	**NEW Section 10.3** Repeat Prescriptions
	December 2016	**NEW Section 10.11** Non-Medical Prescribing under the Mental Health Act and Mental Capacity Act
	December 2016	**Section 10.15** Telephone Consultations – changed to allow prescribing following a telephone consultation, in limited circumstances.
	December 2016	**Section 14.0** Continuing Professional Development (CPD) –inclusion of reference to Clinical Supervision Policy
	December 2016	Section **15.0** Performance Causing Concern **-** section revised to improve clarity.
4.0	**April 2019**	Updating to reflect legislative changes since last review. Updating of appendices and references
	April 2019	**Section 5.1** Updating of guidance for Bank/Agency Staff
	April 2019	**Section 7.0** Selection Criteria for Non-Medical Prescriber Training and Application Process – updated to reflect that there the NMC have updated their requirements for the assessment of competence in prescribing practice.
	April 2019	**NEW** Appendix 6 – Summary for Prescribing of Controlled Drugs, Unlicensed and Off-Label Medicines
	May 2019	**NEW** Appendix 13 - Data Privacy Impact Assessment Screening
4.1	**December 2019**	**Section 7.0** Updating of Non-Medical Prescribing Course Application Process, including pre-requisite competencies
	December 2019	**Section 8.0** Updating of Post Qualification Requirements
	December 2019	**NEW** Appendix 1 Process for Selection and Administration of Applicants for Non-Medical Prescribing Courses
	December 2019	**NEW** Appendix 2 Independent Non- Medical Prescribing - Pre- Course Requirements
	December 2019	**NEW** Appendix 3 Eligibility Criteria to Access Non-Medical Prescribing Programme Competency Package
4.2	**March 2020**	**Appendices 1 and 2** Minor updates for clarification of pre-application process
	March 2020	**Section 8.4 and Appendix 13** Change in requirement for routine updating of Intention to Prescribe Scope of Practice Statement form annually to every two years.

5.0	**June 2022**	Updating to reflect any legislative changes since last review. Updating of appendices and references
	July 2022	Removal of reference to Clinical Commissioning Groups (CCGs) which cease to be legal entities on 1st July 2022 and replaced by Integrated Care Systems, following the passing of the Health and Care Act 2022
	July 2022	**Section 12.16 Prescribing for Self, Family and Friends** Updated for improved clarity
	July 2022	**Appendix 8 removed (**forms to notify NHSBSA of non-medical prescriber changes**) as duplicate of information in sections 8.3 and 9.0**
	June 2022	**Appendix 8 Form to record destruction of FP10 prescriptions –** reviewed and minor updates
5.1	**Feb 2025**	**MMC Agreed 6 month extension**

Definitions that apply to this Policy

Non-Medical Prescriber	Non-medical prescribing relates to prescribing by professional groups other than doctors or dentists, as defined by the legislation, who have undertaken and successfully completed an accredited non-medical prescribing training programme and who are registered with their professional body.
Independent Prescribing	Described by the Department of Health (DH,2006) as "prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing"
Supplementary Prescribing	A voluntary partnership between a doctor or dentist and a supplementary prescriber, to prescribe within an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement.
Clinical Management Plan (CMP)	The CMP is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, an agreed CMP must be in place relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber.
Community Practitioner Nurse Prescribers	Nurses prescribing from the Nurse Prescribers' Formulary (NPF) for Community Practitioners (formerly NPF for District Nurses and Health Visitors), are known as Community Practitioner Nurse Prescribers and may prescribe independently only the dressings, appliances and licensed medicines listed in the Nurse Prescribers' Formulary for Community Practitioners.
Approved Education Institutions (AEIs)	The term awarded to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided assurance that they are accountable and capable of delivering prescribing education programmes.
Designated Medical Practitioner (DMP)	Identified named medical practitioner who provides supervision and support to a practitioner undertaking a prescribing course; assessing their application of theory to practice and signs off satisfactory completion of the period of learning and assessment in practice. **See also Practice Supervisor/Assessor**
Practice Supervisor/Practice Assessor	A requirement for nurses and midwives when applying for the independent and supplementary prescribing course (V300) is that the student has agreement from a medical or non-medical prescriber to take the role of practice **supervisor**. They must also have an agreement from an experienced medical or non-medical prescriber, with suitable equivalent qualifications for the programme the student is undertaking to take the role of practice **assessor.** The nurse or midwife must have a different person for each role.
Disclosure and Barring Service (DBS) checks (previously CRB checks)	The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS) DBS checks are required for unsupervised volunteers and staff involved with your organisation that have direct access to or work directly with children or adults at risk.

Medicines and Healthcare products Regulatory Agency (MHRA)	The Medicines and Healthcare products Regulatory Agency (MHRA) is the government agency which is responsible for ensuring that medicines and medical devices work and are acceptably safe. The MHRA is an executive agency of the Department of Health.
Licensed medication	Treatment purpose for which a product ma\y be used under the terms of the marketing authorisation granted by the Licensing Authority
Unlicensed medication	Unlicensed medicines are medicinal products that are not licensed for any medicines indication or age group. An unlicensed medication is one which “does not have a valid marketing authorisation in the UK”
Off License medication	When a drug is granted a marketing authorisation by the Licensing Authority, it will clearly state who that drug can be prescribed for, the indications for its use and route of administration. If a prescriber uses the product for another patient group, it is then used 'off licence' or 'off-label'.
Summary of Product Characteristics (SPC)	The SPC forms an intrinsic and integral part of the Marketing Authorisation and is the basis for information for health professionals. It describes the properties and effects of the medicine, as well as warnings about it.
Competence	Relates to the need for the non medical prescriber to demonstrate their “capability” in certain skill areas to a required standard at a point in time.
Competencies	Component skills which contribute to being competent and achieving the standards of proficiency for registration. Competencies might include skills arising from learning outcomes or other requirements.
e-PACT2	Data showing the various parameters (items and cost) for dispensed FP10 prescriptions.
Leicester, Leicestershire, and Rutland Area Prescribing Committee (formerly known as the Leicestershire Medicines Strategy Group)	Multiprofessional Group with representation from across the Health Community providing, on behalf of all Leicestershire commissioning and provider organisations, a strategic framework for the integrated, safe, clinical, and cost-effective use of medicines.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review, and implementation.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations. A due regard screening has been completed (**Appendix 15**).

This policy provides a framework for the prescribing of medicines by appropriately trained and registered non-medical prescribers employed by the Trust and seeks to ensure that non-medical prescribing is used for patient benefit, to improve access to medicines and offering a reduction in risk to all patients irrespective of their ability to receive medicines. Clear guidance will ensure there is clarity about processes for non-medical prescribing. The policy is largely dictated by national regulations and guidance.

This policy will be continually reviewed to ensure any inequality of opportunity for service users, patients, carers, and staff is addressed wherever possible.

1.0 Summary

This document sets out the Leicestershire Partnership Trust (LPT) policy for non-medical prescribing and provides a framework for the prescribing of medicines by appropriately qualified and registered non medical prescribers employed by LPT.

This policy applies to all activity by qualified non medical prescribers employed by LPT, who carry out the duties of prescribing in their clinical role.The policy describes the processes which are required to ensure safe and legal prescribing.

Prescribing rights have been extended to nurses, pharmacists, physiotherapists, chiropodists/podiatrists, dietitians, paramedics, optometrists, and radiographers. In order to prescribe, individuals must have undertaken the appropriate training and have their qualification annotated against their registration with the relevant professional body. Prescribing should be reflected in the main duties and responsibilities in an individual's job description, which may be through the addition of an "addendum."

2.0 Introduction

This policy will provide an overarching governance framework to support the implementation of non-medical prescribing across the Trust that where appropriate will enable wider and faster access to medicines and more flexible use of the workforce.

Non-Medical prescribing relates to prescribing by professional groups other than doctors or dentists, as defined by the legislation, who have undertaken and successfully completed an accredited non-medical prescribing training programme and who are registered with their professional body.

This policy applies to those healthcare professionals who, in accordance with their registration, with their professional bodies, have gained the necessary independent or supplementary prescriber qualification to undertake prescribing as part of their role. For nurses: this is the V100, V150 or V300 (previously the V200) qualification; for other professions as named within the legislation.

The Key principles of non-medical prescribing are:

- That patient safety is paramount
- To make better use of the skills of health professionals and contribute to more flexible team working across the NHS
- To benefit patients by enabling faster access to medicines and to benefit the service by optimising professionals' time.

3.0 Purpose

The purpose of this policy is to ensure that non medical prescribing is undertaken within a clinical governance framework and to ensure safety and quality through best practice in the area of non medical prescribing.

The policy outlines the context in which qualified non medical prescribers may prescribe, sets out individual roles and responsibilities in relation to non-medical prescribing duties and signposts to other relevant documents and policies. This policy does not cover prescribing by medical staff, dentists, agency staff or the supply/administration of medicines under a Patient Group Direction.

4.0 Scope

This policy applies to all service lines in the Trust which employ non-medical prescribers and for all prescribing activity carried out by a non-medical prescriber. This includes:

- Independent prescribers
- Supplementary prescribers
- Community practitioner nurse prescribers

- Members of staff considering application to a non-medical prescribing training programme (refer also to section 7)
- Members of staff approved for a non-medical prescribing training programme
- Members of staff in the process of registering with professional bodies and the organisation as non medical prescribers
- Line managers who manage non- medical prescribers
- Non-Medical prescribing leads

5.0 Types of Non-Medical Prescriber

At the time of writing this policy (March 2022) the professional groups to which this applies are:

Professional Group	**Independent Prescribing** (Note 1)	**Supplementary Prescribing** (Note 2)
Nurse	Yes	Yes
Pharmacist	Yes	Yes
Optometrist	Yes	Yes
Physiotherapist	Yes	Yes
Chiropodist/Podiatrist	Yes	Yes
Dietitians	No	Yes
Radiographer- therapeutic (Note 3)	Yes	Yes
Radiographer - diagnostic	No	Yes
Paramedics	Yes	Yes

Notes

1. Independent prescribers can prescribe all prescription only medicines, within their clinical competence. For certain professional groups, the legislation may specify limitations to this prescribing, including Controlled Drugs, Off-Label and Unlicensed Medicines.

   For further details of the range of prescribing permitted by each professional group refer to the guidance in: **Medicines Matters (NHS Specialist Pharmacy Service): A guide to mechanisms for the prescribing, supply, and administration of medicines: Department of Health, September 2018**

   https://www.sps.nhs.uk/wp-content/uploads/2018/10/Medicines-Matters-september-2018-1.pdf

2. Supplementary prescribers may prescribe any medicine (including Controlled Drugs); within the framework of a clinical management plan (CMP), which has been agreed with a doctor. Further information on the requirements for a CMP can be found in **section 11.7** of this policy.

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

3. **Therapeutic Radiographer** – plan and deliver treatment using radiation.
   Diagnostic Radiographer – produce and interpret high quality images of the body to diagnose injuries and disease

5.1 Bank/Agency.

Non – medical prescribing is not routinely accepted as practice for bank staff, without a substantive role; however, exceptions can be made, on a case-by-case basis, with approval between the line manager and the non-medical prescribing lead. This will require confirmation of:

- A regular working pattern (minimum of 1 regular working day per week in the area which has identified a need for a prescribing role).
- The line manager has ensured that the prescriber has provided evidence of CPD and professional development within the scope of their prescribing competency.
- The prescriber can meet the other requirements of this policy, including satisfactory completion of an Intention to Prescribe Scope of Practice Statement (**Appendix 7**).

Bank staff, unable to meet these requirements and Agency staff are not permitted to practice as non-medical prescribers.

6.0 Duties within the organisation

6.1 Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

6.2 Trust Board sub-committees have the responsibility for approving policies and protocols and to assess assurances received about their implementation.

6.3 Trust Non-Medical Prescribing 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.

6.4 Non-Medical Prescribing Group

- Oversee and support the implementation of the content of this policy (including the agreement of appropriate audits) in conjunction with the Trust and Directorate Non-Medical Prescribing Leads.

- Facilitate prescribing developments through collective multi-disciplinary discussion and ensure that any required policy changes or developments are properly consulted upon and ratified.

6.5 Head of Pharmacy (this person also holds the position of Trust Non-Medical Prescribing Lead – see section 6.3) is responsible for:

- Giving appropriate pharmaceutical support to the Non-Medical Prescribing Leads within each service.
- Ensuring non medical prescribers have access to expert pharmaceutical advice when required

6.6 Non – Medical Prescribing Leads (directorate level for CHS, FYPC and DMH)

- To support the implementation of this policy within their service.
- To ensure that the systems for Non-Medical Prescribing in the service are embedded within the relevant clinical governance arrangements.
- To liaise with local universities providing non-medical prescribing courses about the design and delivery of the course and to ensure that new applications for training are appropriately screened and processed.
- To support recruitment and selection of practitioners to undergo education and training for prescribing
- To 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
- To 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)
- To monitor and audit prescribing practice within their service area.
- To investigate prescribing incidents or errors and oversee remedial plans
- To work with service managers to ensure each of their non-medical prescribers undertakes an annual review of practice within areas of competence agreed.
- To 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.
- To provide advice and support to non medical prescribers.

6.7 Service Managers

Service managers are responsible for ensuring this policy is implemented and monitored within their area of responsibility and for the support and supervision of their prescribers, ensuring that they have access to clinical supervision and support and advice following any errors or clinical incidents. They should ensure that:

On appointment or upon successful completion of a Prescribing Qualification:

- ✓ the individuals Job Description is updated to reflect their prescribing role (for Independent Prescribers see wording in **Appendix 4** as suggested addendum)
- ✓ the Post Course Requirements are completed for any newly qualified non-medical prescribers (**Appendix 5***)
- ✓ the Non- Medical Prescribers Checklist is completed for any prescribers new to the Trust or Returning to Practice (**Appendix 6*)**
- ✓ the Scope of Practice Statement (**Appendix 7*)** is completed/signed for all non-medical prescribers with the exception of those qualified as a Community Practitioner Nurse Prescriber, who are only able to prescribe from a limited formulary.

***Copies of Appendix 5,6 & 7 must be sent to the Directorate Non Medical Prescribing Lead**

Every Two Years:

- ✓ for nurses with the V300 qualification and all other Independent Non-Medical Prescribers, ensure the scope of Practice Statement (**Appendix 7)** is reviewed. This will normally be done with the individual prescriber , unless there is an arrangement, by exception, that a shared set of prescribing competencies are agreed, such as those agreed for the Advanced Nurse Practitioners in the Community Hospitals. If amendments are made, the updated version should be submitted to the Directorate Non-Medical Prescribing Lead.

Ongoing:

- ✓ Through individual appraisal and clinical supervision ensure that all non-medical prescribers are achieving their competency framework, working to current practice guidelines and that registration to practice is renewed and valid.
- ✓ Ensure that there is adequate and appropriate storage and record facilities for the safety of prescription pads.
- ✓ Ensure that non-medical prescribers take appropriate action in the case of lost or stolen prescription pads as described in the Trust Policy for Secure Handling and Storage of Prescription Stationery.
- ✓ Notify the Non-Medical Prescribing Lead of any non medical prescribers who leave the service or cease prescribing, in writing, ensuring prescription pads of such staff are safely destroyed in a timely way and that all prescriptions are accounted for with no discrepancy.

6.8 Non-Medical Prescribers

Non-medical prescribers are responsible and accountable:

- ✓ For all aspects of their prescribing decisions, and to their employers and regulatory bodies for their actions or omissions.
- ✓ For ensuring their prescribing registration remains current. This will be checked as part of the Trusts existing registration procedure according to the Trust Professional Registration Policy.
- ✓ For undertaking regular Clinical Supervision in relation to their prescribing role and to discuss any development needs, relating to that role, within their appraisal.
- ✓ For confirming with their line manager that their job description is updated to ensure that the non-medical prescribing role is included within their job description and that the relevant documentation, as specified in this policy is completed **(see Appendices 4-7)**
- ✓ To ensure that upon completion of a prescribing qualification, that you, along with your Line Manager complete the Post Course Requirements for newly qualified Non-Medical Prescribers (**Appendix 5**) **OR** for a qualified prescriber ,joining the Trust, complete the Notification of Practice Form (**Appendix 6**),
- ✓ Completed forms should be sent to the Directorate Non-Medical Prescribing Lead and updated when required to notify of any changes in circumstances, such as a change of name or base.
- ✓ For nurses with the V300 qualification and all other Independent Non-Medical Prescribers to ensure that the Scope of Practice Form is completed/signed (**Appendix 7**) and a copy sent to the Non-Medical Prescribing Lead, upon

appointment/successful completion of a prescribing qqualification **AND** to review every two years and produce an updated version if any changes are required.

- ✓ For only prescribing those medicines they know are safe and effective for the patient and condition being treated within their sphere of competence.
- ✓ For remaining up to date with knowledge and skills to enable competent and safe prescribing.
- ✓ For informing their line manager when they feel their competence or confidence in their prescribing is no longer at an acceptable or safe level. The non-medical prescriber should not continue with prescribing activities in this case until their needs have been addressed and competence restored.
- ✓ For exercising professional accountability when changing roles or areas of practice in respect of safe practice.
- ✓ For taking appropriate action in the case of lost or stolen prescription pads as described in the Trust Policy for Secure Handling and Storage of Prescription Stationery.
- ✓ For notifying the Non-Medical Prescribing Lead if they are leaving the Trust or changing their role, to enable updating of the relevant internal and external databases of non-medical prescribers and to ensure the destruction of any prescription forms which are no longer required.

7.0 Eligibility Criteria for Independent Non-Medical Prescriber Training and Application Process

The selection of individuals for non-medical prescribing training will be dependent on the need for non-medical prescribing services and demonstrate clear patient or service user benefit

Qualifying criteria are intended to ensure that:

- All individuals nominated for prescribing preparation are eligible, willing, and able to undertake preparation
- Their subsequent prescribing practice will provide maximum benefit to patients
- Best value is obtained from the training resources available.

All individuals selected for prescribing training must have the opportunity to prescribe in the post they will occupy on completion of training and have access to patient record and a budget to meet the costs of their prescriptions.

The NMC Standards for Prescribing Programmes came into effect on 28 January 2019; these set out the legal requirements, entry requirements, methods of assessment and information on the award of NMC approved prescribing programmes.
https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf

For Pharmacists:
https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf

For Allied Health Professionals:
https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/

7.1 Application Process

To facilitate appropriate utilisation of educational funding a robust candidate selection process has been agreed. This will involve an interview and numeracy exam (taken at the interview stage). The interview panel will include representation from the Learning and Development department, an NMP lead, and a service specific lead nurse/ACP. Opportunity for university NMP course facilitators should be provided where possible. The numeracy test will be undertaken on the day of interview and a pass rate of 60% is required for consideration of progression to interview. Staff unable to meet this pass rate will be able to make a further application following a period of support which can include practice papers if required. Following successful candidate selection, and written approval from the Learning and Development team, a university application can then be submitted.

The overarching process for candidate selection and application is shown in the flow chart in **Appendix 1.**

Candidates, along with their Line Manager, must complete **Part 1** of the Non-Medical Prescribing Practitioner Pre-Course Requirements (**Appendix 2**). This should be presented by the candidate at interview. **Part 2** of this document will be completed by those supporting the candidate in practice (i.e., Manager/NMP Lead/Prescribing Practice Assessor/Prescribing Practice Supervisor), to confirm that the relevant professional and training standards can be met.

At the time of writing this policy, there is some variation in the requirements for the assessment of competence in prescribing practice for NMP prescribing courses (see below). Whilst this is still under discussion and in transition, prospective student prescribers should refer to their own professional body and relevant AEI application requirements.

NMC - The Standards for Prescribing Programmes (2019), includes a requirement that the student prescriber has agreement from a medical or non- medical prescriber to take the role of **practice supervisor**. They must also have an agreement from a medical or non- medical prescriber to take the role of **practice assessor**.
https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf

HCPC and Pharmacists must have a named doctor willing to act as the 'Designated Medical Practitioner (DMP) and 'practice assessor'

Candidates must meet the following criteria:

- Have a valid and current registration with the appropriate professional body.
- Have a current enhanced Disclosure and Barring (DBS) check which is under two years old** at the time of enrolment.

  ****this time period may vary according to the requirements of the Approved Education Institution (AEI) and/or relevant professional body so should be confirmed prior to making an application.**

- Have at least three years post-qualification experience (to include recent practice, and have established competencies, in the therapeutic area they will

prescribe). Pharmacists should have at least two years' experience practicing as a pharmacist in a clinical environment, in a hospital or a community setting, following their pre-registration year after graduation.

- Be capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken. The physical and/or mental health assessments required by a candidate prior to commencing a training position as a non-medical prescriber are described in the Eligibility Criteria to Access Non-Medical Prescribing Programme Competency Package (**Appendix 3**)

- The package is split into core competencies (history taking, assessment, documentation and communication and service specific competencies, according to the clinical area in which you will be prescribing. The service specific competencies have been designed and agreed with relevant service leads and are defined as the minimum level of competency expected by any practitioner undertaking a prescribing role in that area. This package should be shared with your NMP lead or lead clinician for discussion and agreement prior to commencing the study leave process.

8.0 Qualification and preparing to prescribe

8.1 Newly Qualified Staff

Step 1: Complete Requirements for Professional Registration as a Prescriber

- Once they have successfully completed the non-medical prescribing programme, the new NMP will receive confirmation from their Approved Education Institution (AEI). This must be provided as evidence to their regulatory body (NMC/GPhC/HCPC) , before alterations can be made to their entry on the professional register.

- It is the responsibility of the prescriber to complete the formal processes for their own professional body including the payment of required fees.

- Evidence of the change to their professional register entry must be presented to their line manager and Directorate Non-Medical Prescribing Lead before the NMP can commence prescribing. Verification services are available for each profession (see below).

The Nursing & Midwifery Council (NMC) register https://www.nmc.org.uk/registration/search-the-register/ will identify that a nurse has qualified as a prescriber. The NMC 24-hour telephone line will confirm to any enquirer whether or not a nurse is eligible to prescribe.

The General Pharmaceutical Council (GPhC) has an on-line web access http://www.pharmacyregulation.org/registers/pharmacist, which provides a list of pharmacists registered either by name or registration number.

For Allied Health Professionals (Chiropodists/Podiatrists, Physiotherapists, Dietitians, Radiographers) there is on-line web access to check registrations https://www.hcpc-uk.org/check-the-register/

Step 2: Complete of the Non-Medical Prescribing Post Course Requirements

Following completion of the NMP course a framework has been agreed to support compliance with the NMP policy, ensuring patient safety, on-going educational development and governance structures are embedded into professional practice.

The non-medical prescriber, with their Manager, should:

- Agree any required update to the job description to reflect the non-medical prescribing role and responsibilities. A form of words has been agreed by the Trust as a suitable addendum (**Appendix 4**)

- Complete the Post Course Requirements (for newly qualified non-medical prescribers) as specified in **Appendix 5.**

- Inform the relevant Non-Medical Prescribing Lead of their intention to start prescribing by sending them a copy of the completed Non-Medical Prescribing Post Course Requirements (**Appendix 5**), also including a copy of their Statement of Professional Practice to confirm their prescribing qualification has been registered.

- **For nurses with the V300 qualification and all other Independent Non-Medical Prescribers,** complete the Scope of Practice **(Appendix 7**) with their manager and submit to the Directorate Non-Medical Prescribing Lead.

- Make plans for a regular review of the Scope of Practice (**Appendix 7**), such as during the appraisal process and ensure any changes are reflected in decisions about continuing professional development.

8.2 Staff new to the Trust that already hold an NMP qualification

The non-medical prescriber, with their Manager, should:

- Meet to discuss their Scope of Practice, previous prescribing activity, provide evidence of their qualification and professional registration.

- Complete the Non-Medical Prescribing Notification of Practice form (**Appendix 6)**

- Inform the relevant Non-Medical Prescribing Lead of their intention to start prescribing by sending them a copy of the completed Non-Medical Prescribing Notification of Practice (**Appendix 6**), also including a copy of their Statement of Professional Practice to confirm their prescribing qualification has been registered.

- For nurses with the V300 qualification and all other Independent Non-Medical Prescribers, complete the Scope of Practice declaration with their manager and submit to the Non-Medical Prescribing Lead (**Appendix 7).**

- Make plans for a regular review of the Scope of Practice (**Appendix 7**), such as during the appraisal process and ensure any changes are reflected in decisions about continuing professional development.

8.3 Registration for Prescribing Systems

8.3.1 Handwritten Prescriptions used in the Community (Primary Care)

For non-medical prescribers who will be prescribing in the community setting, the NMP directorate lead will register the prescriber with the NHSBSA (previously the Prescription Pricing Authority), using the form “Non-Medical Prescriber Joining a GP Practice or Cost Centre.”

Following the implementation of Integrated Care Boards (ICBs) and sub-ICB locations on the 1st of July 2022, all notification or amendment forms have been updated. The most up to date version of the form can be found on the NHSBSA website https://www.nhsbsa.nhs.uk/ccgs-stps-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations.

This process needs to be completed before any prescribing can take place. Once the NHSBA registration is live the NMP lead will inform the prescriber how to order the first set of prescription pads.

Non- medical prescribers who work for more than one organization, must have separate prescription pads for each organisation.

8.3.2 Non-Medical prescribers prescribing for in-patients or prescribing within outpatient/community settings operated by LPT

The Trust uses an electronic prescribing system (EPMA) in all in-patient areas.

This system has also been implemented in most outpatient departments, which use the blank FP10 SS (green) prescription forms for printing. For enquiries regarding access and training for the EPMA system, the EPMA team should be contacted on 0116 295 8989, option 1.

For outpatient/community services still requiring handwritten prescription forms e.g., when visiting a patient’s home, the prescriptions used are the FP10 HNC (green). Enquiries about these forms should be directed to the main Pharmacy Department, contact alice.briggs1@nhs.net or on 0116 295 8989.

8.4 Continuing Professional Development (CPD)

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 and the use of medicines to ensure that prescribing is undertaken competently and safely.

Non-Medical 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
- Prescribing forums
- Mentorship
- Shadowing
- Attendance at training events

The Trust will commission relevant therapeutic workshops for non-medical prescribers via a rolling programme operated across the Health Community.

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. A description of the Trust Clinical Supervision requirements and individual obligations can be found in the Clinical Supervision Policy (2020) https://www.leicspart.nhs.uk/wp-content/uploads/2020/04/Supervision-Policy-exp-Feb-23.pdf

For nurses with V300 qualification and all other Independent Non-Medical Prescribers, areas of agreed competence must be reviewed every two years using the Scope of Practice document to record any changes (**Appendix 7)**. Confirmation that this has been completed **will be required** at the time of completion of the Role Essential Medicines Management training (every two years).

Specific training/development requirements should be discussed at the annual appraisal and included in the individual's Personal Development Plan. A Competency Framework for all Prescribers (2021) is available to support this process.
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d

9.0 Notification of Changes

9.1 Change of Prescriber Details

It is the responsibility of the NMP and their Manager to inform the Non-Medical Prescribing Lead in their service 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 NMP is using personalised FP10 prescriptions , the Non-Medical Prescribing 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-and-prescriber-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 recorded using the **Record of Destruction of Unused Non- Medical Prescriber Prescription Forms (Appendix 8**)

9.2 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 documented using the **Record of Destruction of Unused Non-Medical Prescriber Prescription Forms (Appendix 8**); a copy of the form should be retained in the Personal File and a copy also sent to the Non-Medical Prescribing Lead for their records.

If the NMP is using personalised FP10 prescriptions in the community, the Non-Medical Prescribing Lead will also ensure that the NHSBSA are informed that the NMP 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-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations. and that no further prescription pads are ordered for the prescriber.

10.0 Prescribing Resumption/Prescribing Gaps

An NMP must have an active prescribing role that is integral to their job description to remain on the Trusts NMP register.

However, there may be circumstances, in which a non medical prescriber has not prescribed since qualification or, because of operational changes, ceased prescribing for a period of time. Whilst the NMC or other professional body records a non medical prescriber as qualified to prescribe, the Trust must also be satisfied that an individual is both competent and capable to prescribe safely prior to the resumption or commencement of prescribing as part of their job role.

Where a non-medical prescriber has not practiced for two years or more (prescribing and/or involvement in prescribing decisions) **or** has not prescribed within 1 year of first qualifying as a non-medical prescriber**,** the prescriber should notify their manager and NMP Lead. They should not prescribe independently until any support and/or training needs have been identified and actioned. This will normally require them to attend an interview with the Non-Medical Prescribing Lead and their manager to assess competency to resume prescribing.

The non medical prescriber will be required to **provide evidence** that the criteria for maintaining prescribing competency in the intervening period have been met (through completion of training/CPD/supervised practice etc) and/or any additional training and development they intend to undertake to ensure that the level of competency criteria are met to resume prescribing.

Authorisation to prescribe can be withdrawn by the Trust in response to any unresolved issues regarding gaps in prescribing, competency to prescribe or concerns about fitness to practice.

11.0 Prescriptions and Prescribing Practice

All non-medical prescribers hold individual clinical accountability for undertaking the assessment and follow up of patients for whom they prescribe. The prescriber must prescribe only for the specific patient. Those prescription items belong to the patient and are not transferable. Non-medical prescribers should be familiar with the Leicestershire Medicines Formulary. Controlled Drugs must only be prescribed in accordance with the current legislation and NMP's competence and experience.

Prescribers must be clear which prescribing budget is being used and ensure that they are using the correct type of prescription as detailed below. Non-medical prescribers working within in-patient areas or outpatient clinics should only prescribe for patients in the clinic or ward where there is agreement with relevant service managers.

The Leicestershire Medicines Code provides information of the details that must be included on the prescription

https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/guidelines/secondary-care/medicines-code/

General guidance on prescribing is also included within the BNF **https://bnf.nice.org.uk/**

Each FP10 prescription item must be validated by the full signature of the prescriber and when using a prescription which is not personalised, the name of the prescriber should be written next to the signature.

The detailed requirements for managing prescription forms are detailed within the Secure Handling and Storage of Prescription Policy.
https://www.leicspart.nhs.uk/wp-content/uploads/2020/05/Secure-Handling-and-Storage-of-Prescription-Stationery-Policy-exp-May-23.pdf

11.1 Handwritten Prescriptions used in the Community (FP10 Prescriptions pads issued via Leicester/Leicestershire CCGs)

These prescriptions are FP10P forms (lilac), personalised with the prescriber details and overprinted with details of the prescriber type:

- For Community Practitioner Nurse Prescribers, they are overprinted **COMMUNITY PRACTITIONER NURSE PRESCRIBER**.
- Independent or Supplementary Nurse Prescribers also use the FP10P prescription form, but in their case, it will be overprinted **INDEPENDENT/SUPPLEMENTARY PRESCRIBER**.
- For other non-medical prescribers, including pharmacists, the form type is an FP10SP (lilac).

11.2 Computer Generated Prescriptions in the Community

NMPs working within GP practices, may issue FP10SS prescription forms generated from the GP practice computer providing:

- the GP practice has given them permission to do so
- the prescriber is registered with the NHSBA for personalised prescriptions (section 8.3.1)

- all information legally required is contained on the prescription. *The Individual print specifications for FP10 prescription forms are available on the NHSBA website (Prescription Forms Overprint Specifications). The layout of forms varies and is dependent on the prescriber type and prescribing organisation.*

If using computerised prescription software in any setting you must never tamper with existing prescriber's details on a prescription or add your own prescriber details, whether that be handwritten or by stamp.

11.3 Non medical prescribers prescribing for in-patients or prescribing within outpatient/community settings operated by LPT

The Trust uses an electronic prescribing system (EPMA) in all in-patient areas.

This system has also been implemented in most outpatient departments, which use the blank FP10 SS (green) prescription forms for printing. For enquiries regarding access and usage of this EPMA system, the EPMA team should be contacted on 0116 295 8989. For outpatient/community services still requiring handwritten forms e.g., when visiting a patient's home, the prescriptions used are the FP10 HNC (green)

11.4 Ordering Prescription Forms

The Pharmacy Services Manager / NMP lead, and approved deputies have overall responsibility for ordering stocks of prescription forms on behalf of the Trust. The process for ordering prescription forms is detailed within local procedures.

The ordering of prescription forms for non-medical prescribers working in the Community and using FP10P or FP10SP forms is organised through the Non-Medical Prescribing Leads in each service. Prescribers should consult their non-medical prescribing lead for details of the arrangements. All non-medical prescribers will:

- Complete a Prescription Order in writing or via e-mail and send to the nominated administrator.
- Ensure that the number of forms they order at one time is at a level appropriate to normal usage; *changes are made to the prescription forms from time to time. For this and security reasons, it is best to limit supplies ordered.*
- *Ensure orders are* placed well before the last set of forms is used.
- Collect prescription forms from the LPT Pharmacy department which is the agreed location; in exceptional circumstances the prescriber may authorise someone else, other than themselves, to collect the prescription forms, provided this has been agreed in writing (e.g., email) in advance with the collection point and the person collecting carries their Trust identity badge. **Prescription forms will not be posted.**
- Acknowledge receipt of the prescription forms upon collection, with a signature on the relevant form or prescription log.

11.5 Prescription Form Storage and Security

The Non-Medical Prescriber will:

- Ensure that prescription forms in their possession are stored securely and used in accordance with the Trust Policy for Secure Handling and Storage of Prescription Stationery.
- Keep all prescription pads in a locked and secure place at all times, other than when in transit. When in transit, it is the responsibility of the non-medical prescriber to ensure suitable security; never leave the prescriptions in a car, even out of sight.
- Only a small number of prescription forms should be taken on home visits based on that days anticipated workload to minimise any risk associated with loss.
- In exceptional circumstances when it is necessary for a prescriber to take prescription forms home instead of returning to base-point at the end of the working day, the non medical prescriber must ensure that the pad is kept in a locked bag, which must be taken into the house and securely stored.
- A record of prescription pads and their serial numbers received by the non medical prescriber must be kept The first and last serial numbers of pads should be recorded. It is also good practice to record the serial number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen.
- Under no circumstances must the Non Medical Prescriber provide blank prescriptions pre-signed prior to use.
- In the event of loss or suspected theft of prescription forms, that cannot be accounted for, the non-medical prescriber will report this immediately, following the process as described in the Trust Policy on the Secure Handling and Storage of Prescription Stationery, reporting to the Head of Pharmacy or their deputy. https://www.leicspart.nhs.uk/wp-content/uploads/2020/05/Secure-Handling-and-Storage-of-Prescription-Stationery-Policy-exp-May-23.pdf
- The following details must be provided by the prescriber: date and location of the incident, type of prescription, prescriber details, the number of prescriptions concerned and serial numbers. The prescriber should also rreport the matter using the organisation's incident reporting system (Ulysses) as a security incident.

11.6 Completing the Prescription

All prescription forms should be completed in full according to legal requirements and in accordance with the Trust Medicines Management Policy and the Leicester, Leicestershire, and Rutland Area Prescribing Committee (LLR APC).

https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/about-llr-apc/

The non-medical prescriber must ensure that the prescription:

- Is clear
- Is legible
- Is written in black ink (if handwritten)
- Is written using the non-proprietary or generic name of drug where possible.
- Contains items only for the patient named on the prescription
- Unused space on the prescription should be cancelled by drawing a diagonal line through the remaining blank prescription.

In the community the non-medical prescriber must only write prescriptions on a prescription form (FP10PN or FP10SP) bearing their name and registration number; this allows for prescribing information and costs to be attributed to the correct prescriber and organisation, as well as to the correct prescribing budget.

To assist the resolution of queries by Community Pharmacists, a contact telephone contact number for the prescriber should be added to the prescription.

Non-medical prescribers employed by LPT who are prescribing in primary care, on behalf of a CCG, can only issue prescriptions for the patients of GP practices within that CCG area. If a non-medical prescriber works in more than one CCG area, the prescriber will require a separate prescription pad for each CCG and will be responsible for ensuring that the correct pad is used.

11.7 The Clinical Management Plans (Supplementary Prescribing)

Before supplementary prescribing can take place, it is obligatory for an agreed written or electronic CMP relating to a named patient and to the patient's specific condition(s) to be managed by the supplementary prescriber, to be in place.

Supplementary prescribing must always be undertaken in accordance with the patient's individual CMP. A supplementary prescriber must not prescribe outside of the agreed CMP. It may refer to national or local evidence-based guidelines/protocols. There is no need to repeat the advice of these in the body of the CMP.

Where a standard CMP (Appendix 11) is in place this must be tailored to reflect the individual patient/client's personal medical and medicine history. The CMP must be agreed with the medical practitioner, supplementary prescriber, and the patient. The CMP is part of the shared common patient record and must be stored along with it.

Referral back to the medical practitioner must be made:

- If the patient's circumstances fall outside of the CMP.
- If the CMP comes to an end.
- At the time specified in the CMP for the review of the patient
- At any time at the discretion of the independent medical prescriber
- At the request of the supplementary prescriber of the patient

11.8 Direction of Prescriptions

Prescriptions should be dispensed at the patient's pharmacy of choice.

Non-medical prescribers **must not direct prescriptions** to specific community pharmacies. However non-medical prescribers may provide information about pharmacies offering a specific service, allowing the patient to choose the pharmacy.

Non-medical prescribers should be prepared to provide specimen signatures to community pharmacists if requested to do so.

12.0 Guidance on Prescribing and Special Considerations

Health care professionals must only undertake the role of non-medical prescriber where they are competent to assess all aspects of the patient's clinical condition and take full responsibility for the supply and administration of medicines and any other related decisions. They are professionally accountable for their decisions, including actions and omissions, and cannot delegate this accountability to any other person.

Non - medical prescribers are subject to their professional bodies' *Code of Professional Conduct* and *Scope of Professional Practice* and to the Trust Medicines Management Policy and the Leicestershire Medicines Code. All prescribers should reflect on their prescribing practice in a structured format. "A Competency Framework for all Prescribers" (Royal Pharmaceutical Society 2021) will support prescribers to reflect on their prescribing practice, their level of competency and to identify training needs. Additional guidance on practice has been issued by some other professional groups, such as the Health and Care Professions Council (HCPC) Standards for Prescribing (last updated 1 Sept. 2019).

The training and development needs of a NMP should be considered as an integral part of the individual personal development plan, with maintaining prescribing competence being a key area for discussion during the appraisal process and clinical supervision sessions and that the practitioner has access to ongoing Continuing Professional Development (CPD).

12.1 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 supplementary prescribing must be explained in advance to the patient/guardian and their agreement sought. Without such agreement, supplementary prescribing must not proceed.

The patient/client 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 patients GP.

12.2 Responsibility for Prescribing Decisions

Non-medical prescribers are responsible and accountable for all aspects of their prescribing decision and must only prescribe when they have relevant knowledge of the patient/client's health and medical history.

Non-medical prescribers must recognise and work within the limits of their competence and with reference to their Scope of Practice (for independent prescribers as agreed **within a completed Appendix 7**) and to their regulatory body's professional standards.

The non-medical prescriber should seek advice and support from medical or pharmaceutical colleagues in support of any prescribing decisions about which they are unsure. Details of any discussion, including who you spoke to, should be documented in the patient's clinical record.

The issue of any prescription must be done in the knowledge that the signatory of the prescription is responsible and accountable for their practice.

Where a non-medical prescriber is prescribing on the advice of another prescriber e.g., a specialist in an MDT scenario, they should ensure that they can justify their actions and be able to explain why a prescription was appropriate. A non-medical prescriber should not initiate a treatment, which is outside of their normal scope of practice without a clear written instruction giving explicit details of the drug, dose, frequency, and any associated monitoring required ; this could be in the clinical record or take the form of an electronic communication e.g., e-mail. Issuing a prescription solely on the basis that a colleague asked you to do so is not of itself sufficient justification and where the non-medical prescriber does not feel confident to take on the prescribing responsibility, for a medicine, the initiating specialist should be informed.

12.3 Repeat Prescribing

The non-medical prescriber may issue a repeat prescription, but only in the knowledge that they are responsible as signatory of the prescriptions and are accountable for their clinical practice.

Before signing a repeat prescription, the prescriber has a responsibility to ensure it is safe to do so and that they have completed the following:

- are competent to prescribe the medication(s) required and have full understanding of the pharmacology involved
- have completed a comprehensive assessment of patient need prior to issuing a prescription
- they have sufficient information about the patient to confirm that the medication is still part of current treatment and that a repeat prescription supports continuity of care.
- there is suitable provision for ongoing monitoring or assessment in place

If there are any concerns regarding a prescription, then they should contact the original prescriber.

12.4 Prescribing Controlled Drugs

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. **See Summary of individual prescribing rights in Appendix 9**.

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.

12.5 Prescribing Unlicensed Medicines

Section XV11B(ii) of the Drug Tariff now states that pharmacist and nurse independent prescribers can prescribe unlicensed medicines, within their competence, on the same basis as doctors and supplementary prescribers. The amended medicines regulations also enable pharmacists and nurse independent prescribers to mix, and direct others to mix medicines provided that:

- The independent prescriber is prepared to take responsibility for prescribing the unlicensed medicine and is satisfied that an alternative licensed medication would not meet the patient's needs and has agreed the patient's care management plan to that effect.
- The unlicensed status of the drug must be recorded in the patient's records and CMP (for supplementary prescribing)
- The NMP must be satisfied that there is sufficient evidence to demonstrate the medications safely and efficacy for that particular patient.
- The patient agrees to the prescription and understands the implications related to it
- Community Practitioner Nurse Prescribers may not prescribe unlicensed medicines or medicines off-licence with the sole exception of nystatin suspension for neonates where the prescriber is absolutely clear of the diagnosis of thrush.
- Independent prescribers, in other professional groups, **cannot prescribe unlicensed medicines.** See Summary of individual prescribing rights in Appendix 6
- For further advice , advice is available from the Trust Pharmacy and prescribers should refer guidance available on the Leicester, Leicestershire, and Rutland Area Prescribing Committee website : **Leicestershire Medicines Code (Section 12: Unlicensed or Off Label use of Medicines) for further information.** https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Unlicensed%20or%20off%20label%20use%20of%20medicines%20LMC%20chapter%2012.pdf

12.6 Prescribing Medicines outside of Licensed Indications ("Off-label")

Nurse, pharmacist, and other independent prescribers can prescribe medicines outside their licensed indications where this is accepted good clinical practice in the clinical area in which they work. They will, however, accept clinical, legal, and professional responsibility for doing so. The prescriber should:

- Be satisfied that it would better serve the patient's needs than a licensed alternative.

- Be satisfied that there is sufficient evidence base to demonstrate the drug's safety and efficacy.
- Explain to the patient/carer the reasons that the medicines may not be licensed for their proposed use.
- Make clear, accurate and legible records of all medicines prescribed and the reason for prescribing off-label.
- Prescribers should refer to the Leicester, Leicestershire, and Rutland Area Prescribing Committee website : **Leicestershire Medicines Code (Section 12: Unlicensed or Off Label use of Medicines) for further information.** https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Unlicensed%20or%20off%20label%20use%20of%20medicines%20LMC%20chapter%2012.pdf

12.7 Mixing of Medicines

The Medicines and Healthcare products Regulatory Agency (MHRA) has now put in place changes to medicines regulations to enable mixing of medicines prior to administration in clinical practice, effective from 21 December 2009. **The mixing of medicines means the combining of two or more medicinal products for the purposes of administrating them to meet the specific (care planned) needs of a particular patient.**

These changes apply not only to palliative care, but to all clinical areas where the mixing of medicines prior to administration is accepted practice and supported by the relevant policies for the delivery of healthcare. Mixing should be avoided where possible and must only be undertaken when clinically appropriate and essential to meet the needs of the patient.

These changes enable:

- Doctors and dentists, who can already mix medicines themselves, to direct others to mix
- Nurse and pharmacist independent prescribers to mix medicines themselves and to direct others to mix
- Supplementary prescribers to mix medicines themselves and to direct others to mix, where this forms part of the Clinical Management Plan.

An amendment to the Human Medicines Regulations 2013 (no 1855) allows mixing of medicines by physiotherapists and podiatrists.

Controlled drug legislation introduced from 23rd April 2012 regularises the mixing or compounding of schedule 2, 3, 4 and 5 controlled drugs prior to administration, when acting in accordance with the written directions of s doctor, pharmacist independent prescriber, nurse independent prescriber, supplementary prescriber, or dentist. For example, mixing controlled drugs in a syringe driver. When mixing any medicines, good practice arrangements, such as local palliative care guidelines should be followed.

12.8 Medicines Adherence

Between a third and half of all medicines prescribed for long term conditions are not used as recommended. A non medical prescriber should support adherence to medicines by doing the following:

- Improving written and verbal communication and adapting consultation style to meet individual needs of patients.
- Increasing patient involvement and shared decision making.
- Directing patients to trustworthy, reliable, and patient friendly on-line resources
- Providing information on:
  * the indication for the medicine
  * the likely benefits and risks and adverse effects
  * the length of treatment and how to obtain further supply
  * a patient information leaflet

12.9 Borderline substances

In line with Department of Health guidance prescribing should be restricted to the substances on the Advisory Committee on Borderline Substances Approved List, in Part XV of the Drug Tariff. Prescribers should also follow any additional locally approved guidance issued by the **Leicester, Leicestershire, and Rutland Area Prescribing Committee** (LLR APC).

12.10 Prescribing of products not allowed on the NHS

Items listed in Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004, cannot be prescribed for patients. This list is published in Part XVIIIA of the Drug Tariff.

12.11 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.

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**

12.12 Non-Medical Prescribing and the 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 care and treatment for 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 Acts and refer to the Mental Health Act Procedural Document (2020).
https://www.leicspart.nhs.uk/wp-content/uploads/2020/02/Mental-Health-Act-Procedural-Document-exp-Oct-23.pdf

The Mental Capacity Act (2005) Policy (2021) 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. https://www.leicspart.nhs.uk/wp-content/uploads/2021/09/Mental-Capacity-Act-Policy-exp-Jul-24-updated-Sep-21.pdf

12.13 Supply of Medicines

Samples of medicines, dressings or appliances must not be used at any time.

12.14 Administration of Medicines

The non - medical prescriber should ensure a separation of prescribing and supply or administration of medicines whenever possible. In exceptional circumstances where the non-medical prescriber is involved in both the prescribing and administration , e.g., an emergency drug, a second check to confirm the accuracy of the medication is recommended. This is of particular importance in relation to controlled drugs.

12.15 Telephone Consultations

Practitioners are permitted to make changes to a patient's medication, following a telephone consultation; however, **this should not be routine practice**. When doing this, the practitioner must ensure that:

- They are prescribing for patients to whom they provide direct care in the area in which they work.
- They are satisfied that they can make an adequate assessment, establish a dialogue, and obtain the patient's consent in line with the requirements of a face-to-face consultation.
- Having a face-to-face contact will not add further value.
- They have prior knowledge of the patient's medical history or are able to access this from the patient's medical records.

The prescriber should use their judgement to ensure that any care provided, in these circumstances, is in the best interest of the patient and takes account of the limitations of the medium through which they are communicating.

12.16 Prescribing for Self, Family and Friends

Non-Medical Prescribers (NMPs) **must not** prescribe any medicine for themselves.

It is strongly recommended that Non-Medical Prescribers do not prescribe for anyone close to you, other than in an emergency. Those close to you may include your immediate family, someone with whom you have an intimate personal relationship, your friends, and also colleagues with whom you regularly work. If prescribing takes place, you must be able to justify your actions and must accept accountability for that decision.

If exceptional circumstances arise, then the non-medical prescriber must immediately:

- Contact the LPT pharmacy and speak to the duty pharmacist or on-call pharmacist before proceeding
- Make a clear record at the time, what was prescribed, your relationship to the patient, where relevant, and the reason it was necessary to prescribe.

NMPs should refer to the relevant professional bodies' standards and codes of ethics for further advice.

12.17 Private Prescriptions

Non-medical prescribers **should not** issue private prescriptions for LPT patients or service users.

13.0 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 Leicestershire Medicines Formulary and Trust Wound Care Guidelines.

Evidence based guidance is also available from:

- British National Formulary and BNF for Children
- Leicester, Leicestershire, and Rutland Area Prescribing Committee **https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/**
- National Institute for Health and Clinical Excellence (NICE) **http://www.nice.org.uk/**
- Electronic Medicines Compendium **https://www.medicines.org.uk/emc**

13.1 British National Formulary (BNF) and Drug Tariff

- 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/

14.0 Documentation

- All prescribers are required to maintain an accurate and contemporaneous record of patient care, which are unambiguous and legible in accordance with Trust Record Keeping and Care Planning Policy, their Professional Body Regulations and Standards for Record Keeping.

- The non-medical prescriber is accountable for completing relevant patient documentation and for the recording of prescribed items, which should be entered into the patient record as soon as possible, preferably contemporaneously and not exceeding 24 hours after the event in community services. If it is felt that another member of the clinical team should be made aware of the prescription before 24 hours have elapsed, then they should be contacted by telephone.
  Only in very exceptional circumstances (e.g., the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of the consultation.

- Excellent communication and teamwork are essential for effective prescribing and patient safety. Information on prescribed treatment must be readily available to all members of the clinical team (doctor, nurse, therapist, pharmacist etc). Local protocols should be in place to ensure that all parties are aware of the arrangements. Incomplete prescription records may lead to clinical oversight such as drug interactions or therapeutic duplication. Complete records also facilitate clinical audit.

- It is the responsibility of the non- medical prescriber to agree communication, arrangements with each General Practice.

- All records must contain key patient information:

  - The time and date of prescribing. If the date of the entry does not coincide with the date of the contact with the patient, then the date of entry, time of visit and date of contact should be clearly recorded.

  - The name of the prescriber

- Details of the presenting complaint, history of presenting complaint,
- Details of the patient's medication history and allergy status if not already entered
- Outcome from any investigations, tests or examination if not already entered.
- Name of drug, strength, dose, and quantity prescribed.
- Indication for the prescribed medicine
- Length of course and the review date
- Counselling (and where appropriate) written information provided regarding medicine, side effects, how to use
- Information to patient about licensing of medicine (see section 12.4)
- For dressings and appliances, details of how they are to be applied and how frequently changed are useful. It is recommended that any advice given on General Sales List and Pharmacy medicines provided 'over the counter' be also recorded.
- Supplementary Prescribers must ensure that there is a copy of the current Clinical Management Plan (CMP) filed in the patient's notes, and that this is updated, as necessary. An example of a Clinical Management Plan template is attached at **Appendix 10**.

15.0 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 LPT.

Non-medical prescribers should ensure they are familiar with Trust policies for Risk Management, including the Clinical Risk Assessment and Management Policy which sets out effective clinical risk assessment and management practice.
https://www.leicspart.nhs.uk/wp-content/uploads/2020/04/Clinical-Risk-Assessment-and-Management-Policy-exp-Apr-23.pdf

Prescribing is a complex task, not only requiring knowledge of medicines and the diseases 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 non-medical prescribing and how they can obtain other items for their care.

15.1 Incident Reporting

All non-medical prescribers must be familiar and adhere to the Incident Reporting And Management Policy. Where an incident has occurred, a report should be completed in line with this policy via the Ulysses system.
https://www.leicspart.nhs.uk/wp-content/uploads/2022/01/Incident-Reporting-and-Management-Policy.pdf
Where a medication error has occurred, the procedure(s) within the Medication Error Policy must be followed.
https://www.leicspart.nhs.uk/wp-content/uploads/2021/10/Medication-Error-Policy-exp-Oct-24.pdf

15.2 Adverse Drug Reactions (ADR)

The non medical prescriber must document any adverse reactions and the action taken. Where appropriate, the patient's specific Clinical Management Plan should be updated to list the suspected/observed allergy or adverse drug reaction and details be documented in the patient's medical records. Non-Medical prescribers should communicate such reactions as appropriate to other prescribers involved in the care of the patient.

If appropriate adverse reactions should be reported by the Yellow Card Scheme at: https://yellowcard.mhra.gov.uk/ or use hard copies of the form which can be found at the back of the BNF.

15.3 Drug and Medical Device Alerts

In the event of a drug or appliance alert being received, the non-medical prescriber is responsible for taking immediate appropriate action.

15.4 Gifts and Benefits

The advertising and promotion of medicines is strictly regulated under the Part 14 of the Human Medicines Regulations 2012 ("the Regulations" – SI 2012/1916) which replaced the Medicines Advertising Regulations 1994. Prescribers should make their choice of medicinal products considering current evidence-based practice, local guidelines and formularies, clinical suitability, and cost

Non-medical prescribers should be aware of ways in which the Pharmaceutical Industry seeks to influence prescribing and ensure that interactions do not compromise clinical decisions. Marketing activity may consist of advertising and promotion alone or in association with training and educational opportunities. The document Standards for Business Conduct in the NHS applies to all NHS employees.

As part of the promotion of a medicine, suppliers may provide inexpensive gifts and benefits, for example, pens, diaries, or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

Companies may also offer hospitality at a professional or scientific meeting. Such hospitality should be reasonable in level and subordinate to the main purpose of the meeting.

Further information about the responsibilities of staff, including the recording of gifts and benefits on the local register of interests, can be found in the Code of Conduct for Trust Staff. https://lpt.mydeclarations.co.uk/download/Code_of_Business_Conduct.pdf

15.5 Monitoring of Prescribing

The safety, effectiveness, appropriateness, and acceptability of prescribing must be evaluated by the non medical prescriber as part of their ongoing reflection of practice.

Periodic review of non-medical prescribing will be agreed with the Trust Non-Medical Prescribing Lead, including specific monitoring requirements, such as Controlled Drugs and antibiotics. Non-Medical prescribers are expected to take part in any audit initiatives that may cross into their area of practice. The Non-Medical Prescribing Lead or delegated person will implement a programme of recall for completed Appendix 7 documents for their service area. Other elements of this policy may be audited where it is agreed within the Annual Audit calendar.

16.0 Where Non-Medical Prescribing Performance Causes Concern

Prescribing issues may be identified from several sources, including **e-PACT2** (FP10 prescribing data), inpatient prescribing, community pharmacists, prescribing incidents (and Prescribing Hazard Scores according to the Medication Error Policy), unscheduled admissions or 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 Non-Medical Prescribing Lead and Head of Pharmacy 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; this may include implementation of the Trust Disciplinary Policy and Procedures. https://www.leicspart.nhs.uk/wp-content/uploads/2021/09/Disciplinary-Policy-exp-Sept-24.pdf
- Dependent upon the nature of the concern, a decision may be reached for the non-medical prescriber to cease prescribing whilst an 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 Non-Medical Prescribing 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 (EPMA), 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.

17.0 Legal and Clinical Liability

Non-Medical prescribers are individually and professionally accountable to their professional body for this aspect of their practice and must always act in accordance with their respective Code of Professional Conduct and Scope of Professional Practice.

The Trust, as an employer, assumes vicarious liability for the actions of non-medical prescribers who are undertaking prescribing duties that are in the normal course of their work providing that:

- They have undergone the preparation and training identified as necessary for the development of practice.
- They have their non-medical prescriber qualification recorded by the appropriate professional body.
- The prescriber has Trust authorisation to prescribe within a specific clinical domain and this is reflected in the current job description.
- The member of staff has followed the provisions of this policy at all times.

Non-medical prescribers may wish to consider whether they require additional indemnity arrangements, appropriate to their role and scope of practice, available through a professional body or trade union. As the advice regarding professional indemnity cover may vary according to the professional body, non-medical prescribers should consult the relevant guidance, see references below.

- **Nursing and Midwifery Council (2018)** Professional indemnity arrangement https://www.nmc.org.uk/registration/staying-on-the-register/professional-indemnity-arrangement/

- **General Pharmaceutical Council** Professional indemnity requirements https://www.pharmacyregulation.org/professional-indemnity-requirements

- **Health & Care Professions Council (HCPC) (2018)** – Professional indemnity and your registration https://www.hcpc-uk.org/registration/your-registration/legal-guidelines/professional-indemnity/

18.0 Monitoring Compliance and Effectiveness of this Policy

See Appendix 12

19.0 Review

The NMP Leads Group will review this policy every 3 years or sooner where a change to legislation, national policy or guidance occurs. Updated and new versions of the policy will be approved by the Medicines Management Committee.

20.0 Additional References and Further Reading

DH (2005) Supplementary prescribing by Nurse, Pharmacists, Chiropodists/Podiatrists and Radiographers within the NHS in England. A guide for implementation.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4110033.pdf

DH (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf

DH (2010) Changes to medicines legislation to enable Mixing of Medicines prior to administration in clinical practice. Gateway reference 13337
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/DH_110765

Standards for Business Conduct in the NHS. HSG 93(5)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4065045.pdf

Home Office Circular 009/2012 Nurse and pharmacist independent prescribing, 'mixing of medicines', possession authorities under patient group directions and personal exemption provisions for Schedule 4 Part II drugs
http://www.legislation.gov.uk/uksi/2012/973/pdfs/uksi_20120973_en.pdf

Leicestershire Partnership Trust (2021 version 2) Medicines Management Policy
https://www.leicspart.nhs.uk/wp-content/uploads/2021/07/Medicines-Management-Policy-exp-Dec-22-updated-Jul-21.pdf

National Prescribing Centre (2005) Training non-medical prescribers in practice:
A guide to help doctors prepare for and carry out the role of Designated Medical Practitioner
http://www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf

Nursing and Midwifery Council (2018) The Code: Professional standards
of practice and behaviour for nurses and midwives
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

NMC Circular 04/2010. Nurse and midwife independent prescribing of unlicensed medicines.
https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2010circulars/nmccircular03_2010.pdf

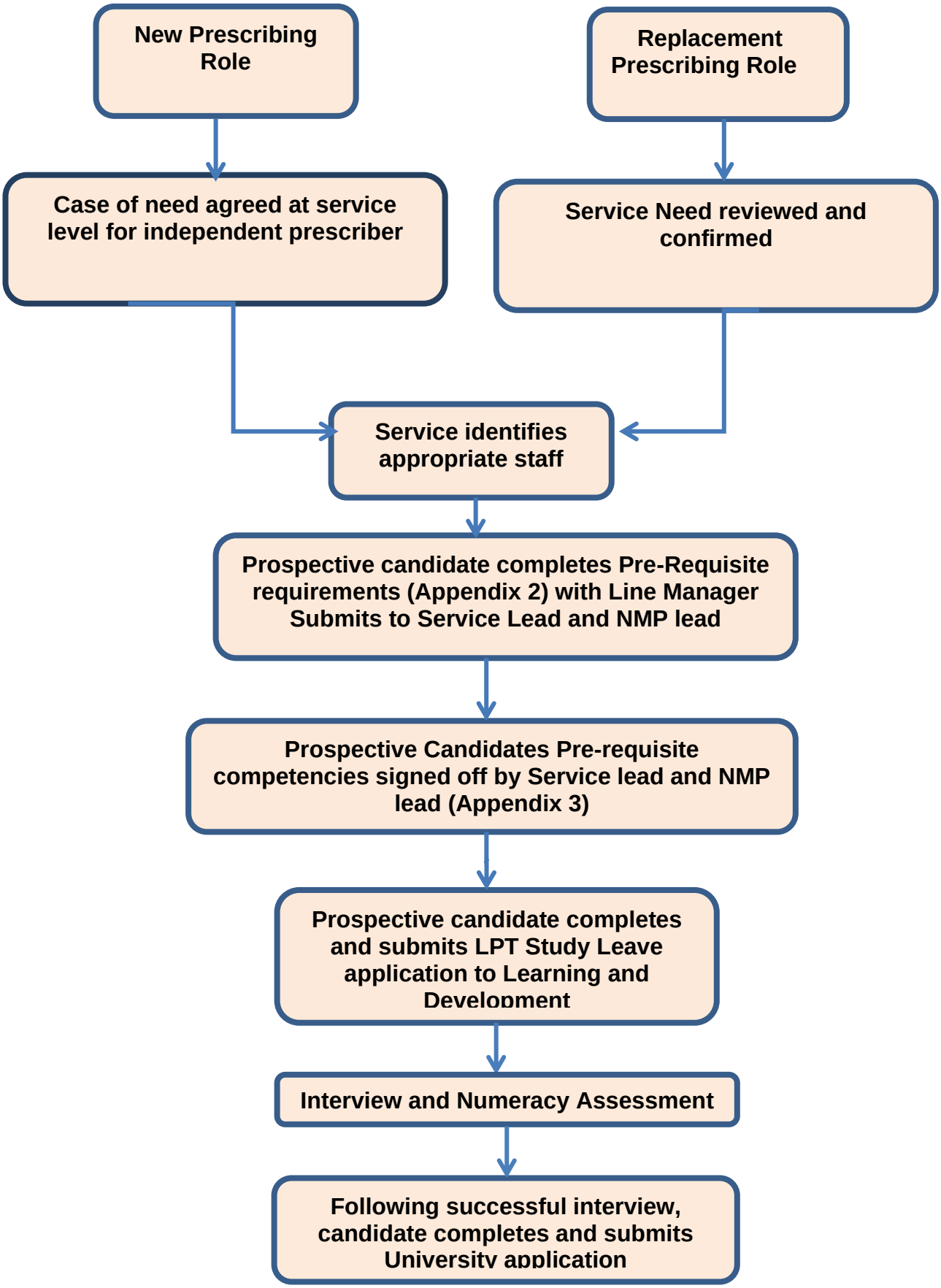
NMC (2018) Realising professionalism: Standards for education and training
Part 1: Standards framework for nursing and midwifery education
https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-framework-for-nursing-and-midwifery-education/education-framework.pdf

Part 2 Standards for student supervision and assessment
https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf

Part 3: Standards for prescribing programmes
https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf

Royal Pharmaceutical Society (2021) Competency Framework for all Prescribers
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d

Selection and Administration of Applicants to Independent Non-Medical Prescribing Courses



Independent Non- Medical Prescribing - Pre- Course Requirements Appendix 2

Please complete clearly in Black Ink
Part 1

Applicants Name			
Prescribers Role			
Professional registration no.			
Directorate/Service			
Work base			**Telephone number**
Name of Line Manager			**Telephone number**
Rational For Role and Service Development **(To be completed and signed by Lead Nurse/Service Manager outlining patient and service benefits)**			

Pre- Interview Checklist **Please complete clearly in Black Ink** **Note: Nurses require assessor/supervisor and Post course CPD Facilitator** https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf **AHP – Require Assessor only**		**Practitioner and Manager To Sign and Date Each Section To Confirm Action**
Name of Practice Assessor		
Area of Practice		
Have undertaken discussion of role requirements		
Name of Practice Supervisor		
Area of Practice		
Have undertaken discussion of role requirements		
Name of Post Course CPD Facilitator (can be 1 of above)		
Practice Placement Audit Completed (see Part 2 below)		
Consultation and Assessment Competencies Completed (Appendix 3)		
LPT Study Leave Application Completed		
Numeracy Exam Mark (60% pass)	**Completed at Interview**	
University Study Leave Application Completed	**Completed following outcome of interview**	

This documentation MUST be presented by the candidate at Interview

PLACEMENT AUDIT

Part 2

Placement audit to be completed by practice i.e., Manager/NMP Lead/Prescribing Practice Assessor/ Prescribing Practice Supervisor

	Please tick
I confirm the following standards can be met whilst the applicant undertakes the prescribing programme	
The practice placement will provide learning opportunities that are appropriate to the prescribing student and provide opportunities for inter-professional working.	
Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity.	
Our staff understand and manage specific risks to students and risk assessment in carried out in practice placement areas.	
We ensure that students have access to appropriate educational and IT facilities, when they are in placement.	
We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received.	
Our staff, who act as placement supervisors of students, demonstrate evidence-based teaching, assessment and practice.	
The practice placement will provide relevant learning opportunities that enable the student to achieve the standards set out in A competency document for all prescribers (Royal Pharmaceutical Society, 2016)	
The prescribing supervisors and assessors are aware of the students' placement outcomes so that they are able to agree with the students an individual learning contact.	
The prescribing student will have regular opportunities to work with the students Placement Supervisor.	
The prescribing student will have regular opportunities to work alongside their Placement Assessor/Designated Medical Practitioner (DMP)	
Mechanisms in place to recognize early poor performance of students and for taking appropriate action to help the prescribing student meet their outcomes.	
Provision is made for students to reflect on practice and link theoretical underpinning to practice.	
We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas.	

The guidance and support we offer as a placement provider are sensitive to equality of opportunity.			
Applicants Name			
Managers/assessors/ supervisors Name			
Signature		**Date**	

Eligibility Criteria to Access Non-Medical Prescribing Programme Competency Package

Document available on Leicestershire Partnership NHS Trust StaffNet

https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/NMP-Competency-Package.pdf

Appendix 4

Role of Independent Non- Medical Prescriber which can be added to job descriptions

- To provide an Independent Non- Medical Prescriber service in accordance with the clinical setting agreed with the Line Manager. To assess service users and contribute towards a diagnosis and management plan.
- Take full professional and legal responsibility for all prescribing carried out.
- When working within the role of Supplementary Prescriber (SP), the post-holder will work in partnership with the client and a Registered Medical Officer (RMO) and/or GP.
- To provide advice to service users and carers about safe and effective use of medicines.
- To conduct a risk assessment and take appropriate action when reviewing service-users in the agreed clinical setting.
- To record all interactions and interventions with patients into patient medical records.
- To perform relevant health monitoring specific to individual medications.
- Where appropriate to the client group, to order blood tests if required for diagnostic and monitoring purposes. Interpret the results and take action accordingly.
- To ensure effective communication with primary care and related healthcare professionals about review outcomes, treatment plans and referrals. Liaise with the patient's General Practitioner as required for the management of individual patients.
- Adhere to the Trust Non-Medical Prescribing Policy and complete the **Intention to Prescribe Scope of Practice** in this policy on an annual basis and provide a copy for the NMP Lead upon request.

Non- Medical Prescriber Post Course Requirements

(for newly qualified Non-Medical Prescribers)

This documentation MUST be sent to service line NMP for approval

Prescribers Name		
Prescribers Role and Professional registration no.		
Directorate/Service		
Work base		**Telephone number**
Manager		**Telephone number**
Prescriber Signature (please provide a specimen signature as it will appear on the prescription)		**Date**

Checklist	**Practitioner and Manager <u>To Sign And Date</u> Each Line To Confirm Actions**
Verification by line manager of NMP entry onto professional register	**Send photocopy of Statement of Entry in the Professional Register with this form**
The current job description has been reviewed and agreed to ensure the role as a prescriber is explicit.	
NMP has access to and read the NMP Trust policy	
Scope of Practice document completed (**Appendix 7**) and submitted to service NMP Lead **This is not required for nurses qualified only as a Community Practitioner Nurse Prescriber**	
Discussion with manager regarding CPD, Appraisal and mandatory training requirements in relation to NMP role	
Where applicable, Line Manager to complete request for access to investigation requesting and results platforms as required	

Non-Medical Prescriber Notification of Practice

(For qualified non-medical prescribers who join the Trust)

This documentation MUST be presented to service line NMP for approval

Prescribers Name.		
Job Role		
Professional Registration number.		
E-mail address for essential		
Work base		**Telephone number**
Name of manager and their base		**Telephone number**
Prescriber Signature (please provide a specimen signature as it will appear on the prescription)		**Date**

Checklist for Line Manager	**Practitioner and Manager <u>To Sign And Date</u> Each Line To Confirm Actions**
Verification by line manager of NMP entry in the professional register	**Send photocopy of Statement of Entry in the Professional Register with this form**
The new prescribers job description has been reviewed to ensure the role as prescriber is explicit	
Non-Medical Prescriber has read the Non-Medical Prescribing Policy	
Scope of Practice document completed (**Appendix 7**) **This is not required for nurses qualified only as a Community Practitioner Nurse**	
Non-Medical Prescriber has agreed with line manager (as part of induction) arrangements for CPD, appraisal, clinical supervision, and mandatory training requirements in relation to NMP role	

Intention to Prescribe Scope of Practice Statement

This scope of practice statement should be completed for all non-medical prescribers holding the V300 qualification (Nurse Independent/Supplementary Prescriber) and all other professionals holding a non-medical prescriber qualification:

- For governance purposes to monitor against your prescribing data
- To be used during your appraisal as a tool to plan your development as a prescriber,
- To provide assurance to the organisation that the practitioner has attained the necessary competencies

Name:	**Professional Registration (PIN)**
Job Role:	**Work Base:** **Telephone No:**

Please complete this form (including the table listing areas of practice), and sign/date in the space below.

One copy of the completed form should be sent to the Non-Medical Prescribing Lead and one copy retained by the Line Manager. Areas of competence can be listed as disease areas/prescribing speciality or refer to specific section(s)/sub-section(s) of the BNF. This agreement must be reviewed every two years and updated when the practitioners' scope of practice changes.

My intended scope of practice and prescribing parameters have been discussed with my manager

	Name	**Signature**	**Date**
Non-Medical Prescriber			
Line Manager			

……see overleaf for completion of Prescribing Parameters

Non-Medical Prescribing Scope of Practice and Prescribing Parameters

Disease area to be prescribed for or category of medicines to be prescribed e.g., palliative care, antibiotics	**Evidence of Competence to Prescribe in this Area****	**Use of Prescribing Authority** (√ in the appropriate section)			
		Diagnose & initiate treatment	**Initiate after diagnosis**	**Titrate/adjust doses**	**Continue therapy without dose adjustment**

**** Evidence of competence will be requested by line manager**

Leicestershire Partnership NHS
NHS Trust

Record of Destruction of Unused Non- Medical Prescriber Prescription Forms

Name of Prescriber ……

Designation: ……

Professional Reg. No. ……

I confirm that I have shredded the following unused prescription forms.

Organisation Name (as stated on prescription forms)	**No. of Prescription Forms**	**Serial Numbers (1st and last)**

Signature of Staff Member: ……

Date: ……

Signature of Witness: ……

Date: ……

One Copy to be retained in Personal File
One Copy to be returned to the Non-Medical Prescribing Lead for your service (CHS, FYPC.LD, DMH)

SUMMARY FOR PRESCRIBING OF CONTROLLED DRUGS, UNLICENSED AND OFF-LABEL MEDICINES BY NON-MEDICAL PRESCRIBERS

Type of Prescriber	Off Label Prescribing (prescribing outside the terms of manufacturers product licence	Unlicensed Medicines	Controlled Drugs
Independent Nurse Prescriber	**YES** (Subject to accepted good clinical practice)	**YES** (Subject to accepted good clinical practice)	**YES – with exclusions** (Not cocaine, dipipanone or diamorphine for treating addiction)
Independent Pharmacist Prescriber	**YES** (Subject to accepted good clinical practice)	**YES** (Subject to accepted good clinical practice)	**YES – with exclusions** (Not cocaine, dipipanone or diamorphine for treating addiction)
Independent Optometrist Prescriber	**YES** (Subject to accepted good clinical practice)	**NO**	**NO**
Independent Physiotherapist Prescriber	**YES** (Subject to accepted good clinical practice)	**NO**	**YES – limited list** Currently the following Controlled Drugs: for oral administration: diazepam, dihydrocodeine lorazepam, oxycodone and temazepam. Morphine for oral administration or by injection. Fentanyl for transdermal administration
Independent Podiatry Prescriber	**YES** (Subject to accepted good clinical practice)	**NO**	**YES – limited list** Currently the following Controlled Drugs for oral administration ; diazepam, lorazepam, temazepam and dihydrocodeine,
Independent Therapeutic Radiographer Prescriber	**YES** (Subject to accepted good clinical practice)	**NO**	**NO - Currently awaiting approval of restricted list**
Independent Paramedic Prescriber	**YES** (Subject to accepted good clinical practice)	**NO**	**NO- Currently awaiting approval of restricted list**
Supplementary Prescribers	**YES** (Subject to accepted good clinical practice)	**YES** (Subject to accepted good clinical practice)	**YES – with exclusions** (Not cocaine, dipipanone or diamorphine for treating addiction)
Community Practitioner Nurse Prescriber	**NO** Only exception nystatin suspension – see section 12 within policy	**NO**	**NO**

Clinical Management Plan for Supplementary Non-Medical Prescribing

Date CMP commences:		
Name of Patient:	*DOB:*	*ID No:*
Address:	*Patient sensitivities and allergies:*	
Current Medication (not covered by this CMP):	*Medical History:*	
Condition(s) to be treated:	*Aim of treatment(s):*	

Details of Prescribers	
Independent Prescriber *Name:* *Position:* *Address:* *Tel:* *Fax:*	*Supplementary Prescriber* *Name:* *Position:* *Address:* *Tel:* *Fax:*

Medicines that may be prescribed/reviewed by Supplementary Prescriber			
Preparation:	*Indication:*	*Dose Schedule/Range:*	*Drug Monitoring Schedule:*

Barriers to recommended monitoring regimes:
Supporting guidelines / protocol / evidence:

Indications for referral back to Independent Prescriber	
Referral indication/situation:	***Action Plan:***

Monitoring and Review		
Supplementary Prescriber:	***Independent Prescriber:***	***Supplementary & Independent Prescribers:***
Timescale for discussions between Independent and Supplementary Prescribers in addition to reviews: .		
Process for Reporting Adverse Drug Reactions:		
Shared record to be used by IP and SP: ***Location of Shared Record:*** . ***Other Professionals to receive copies of CMP and review records:***		
Signatures		
Independent Prescriber** name		***Date Agreed:***
Signature		

Supplementary Prescriber name		***Date Agreed:***
Signature		
GP name** (if different to above)		***Date Agreed:***
Signature		
Name of patient / parent / carer		***Date Agreed:***
Signature		

Appendix 11

Training Requirements

Training Required	**YES**	
Training topic:	Non- medical prescribing.	
Type of training: (see study leave policy)	The training for non-medical prescribing will take place at an Approved Education Institution (AEI); students will be assessed in theory and practice. The relevant professional bodies are responsible for approving outline curricula and accredited courses provided by the AEIs.	
Directorate(s) to which the training is applicable:	✓ Mental Health ✓ Community Health Services ✓ Families Young People Children& Learning Disability Services	
Staff groups who require the training:	Currently nurses, pharmacists, dietitians, optometrists, physiotherapists, chiropodists/ podiatrists, radiographers, and community practitioners may undertake further professional training to qualify as a non-medical prescriber.	
Regularity of Update requirement:	Once a prescriber has qualified, they are required to undertake and record continual development in their area of prescribing to ensure that they keep up to date. All Independent NMPs must complete the Scope of Practice document (**Appendix 7**) with supporting evidence of competence; this policy requires this to be updated every two years or when the practitioner scope of practice changes. A copy must be submitted to your NMP Lead and line manager.	
Who is responsible for delivery of this training?	Approved Education Institutions (AEI)	
Have resources been identified?	Application for funding from Learning Beyond Registration (LBR) training budget.	
Has a training plan been agreed?	The relevant professional bodies are responsible for approving outline curricula and accredited courses provided by the HEIs.	
Where will completion of this training be recorded?	On successful completion of the AEI approved course the practitioner will proceed to register their prescribing qualification (s) on their professional bodies register. Completed Scope of Practice documents will be maintained in a database by the relevant non-medical prescribing lead.	
How is this training going to be monitored?	The requirements and delivery of professional non-medical prescribing qualifications by AEI does not form part of this policy. Non-medical prescribing leads will undertake periodic review of Prescribing Scope of Practice documents for currency that the contents reflect prescribing practice.	

Policy Monitoring Section
Duties outlined in this Policy will be evidenced through monitoring of the minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Prospective candidates for NMP Courses must have completed the required pre-requisite paperwork and competencies	Section 7.0. Appendix 2 & 3	Completed paperwork	Line managers and Non-Medical Prescribing (NMP) Leads.	As required
	Registered nurses or other healthcare professionals must have undertaken appropriate training to qualify as non-medical prescribers.	Section 8.0	Prescriber registration confirmed on appointment or qualification using appropriate professional register.	Line managers and Non-Medical Prescribing (NMP) Leads.	As required and also in accordance with Professional Registration Policy
	Non-medical prescriber competency and recording of their scope of practice	Section 6.7 and 6.8 , Section 8.0 and Appendix 7	Periodic review of a sample of forms.	Exception reporting to line managers and NMP Leads.	Every two years
	Untoward incidents reported concerning the actions of non-medical prescribers	Section 16.0	Incident forms received and investigations logged	Service level Governance groups, NMP Leads Group Medicines Management Committee	As required
	Monitoring of prescribing	Section 15.5	ePact data compared to local formularies and to declared Scope of Practice	Non-Medical Prescribing Lead. Exception reporting to Medicines Management Committee	Annual
	Elements of this policy will be audited as agreed within the audit calendar.	Section 18.0	Audit report and agreed actions	Non-Medical Prescribing Leads Group Medicines Management Committee	As agreed within the audit calendar

Due Regard Screening Template

Section 1	
Name of activity/proposal	Non- Medical Prescribing Policy. Updating of Policy scheduled for review October 2021
Date Screening commenced	As part of policy review in February 2022
Directorate/Service carrying out the assessment.	Joanne Charles on behalf of the NMP Leads Group
Name and role of person undertaking this Due Regard (Equality Analysis)	Joanne Charles, Lead Pharmacist, Community Health Services
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: To support the development and implementation of non-medical prescribing throughout the Trust in order to facilitate safe and timely access to medicines thereby supporting high quality care.	
OBJECTIVES: To provide non-medical prescribers with a governance framework that supports safe, effective, and appropriate prescribing for people who use services provided by the Trust. To provide managers with a clear governance framework in relation to potential, new and existing prescribers in the Trust.	
PURPOSE: The purpose of this policy is to ensure that Non-Medical prescribing is undertaken within a consistent framework and to ensure safety and quality through best practice in the area of non medical prescribing.	

Section 2	
Protected Characteristic	**If the proposal/s has a positive or negative impact, please give brief details.**
Age	There is no evidence to suggest that the policy will have a different impact on differing age groups. Prescribing for children is a specialist role and can only be delivered by those with the relevant competencies (section 12.11)
Disability	No negative impacts identified at this stage of screening.
Gender reassignment	No negative impacts identified at this stage of screening.
Marriage & Civil Partnership	No negative impacts identified at this stage of screening.
Pregnancy & Maternity	Prescribing decisions, made by non-medical prescribers, will include consideration of whether a treatment may be safely administered or supplied in pregnancy or maternity.
Race	No negative impacts identified at this stage of screening.
Religion and Belief	No negative impacts identified at this stage of screening.
Sex	No negative impacts identified at this stage of screening.
Sexual Orientation	No negative impacts identified at this stage of screening.

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	√

Section 4			
It this proposal is low risk please give evidence or justification for how you reached this decision:			
This policy considers the requirements of the legal framework governing the operation of non-medical prescribing and professional requirements appropriate to the non-medical prescriber qualification. In partnership with the service user, non-medical prescribing is one element of the clinical management of that service user and will consider the different characteristics of individuals who may require treatment and every attempt will be made to avoid discrimination by act or omission. Having due regard will be an on-going process and where necessary adjustments will be made that is appropriate in a pre-defined clinical situation without compromising patient safety.			
Signed by reviewer/assessor	(Joanne Charles-LPT)	**Date**	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

Leicestershire Partnership NHS
NHS Trust

The NHS Constitution

NHS Core Principles – Checklist
Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families, and their carers	√
Respond to different needs of different sectors of the population	√
Work continuously to improve quality services and to minimise errors	√
Support and value its staff	√
Work together with others to ensure a seamless service for patients	√
Help keep people healthy and work to reduce health inequalities	√
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	√

Appendix 15

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The first step in the PIA is identifying the need for assessment. **The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.**		
Name of Document:	**Non-Medical Prescribing Policy**	
Completed by:	**Joanne Charles**	
Job title	**Lead Pharmacist, Community Health Services**	**Date 22nd March 2022**
Screening Questions		**Yes / No**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		**No**
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records, or other information that people would consider to be particularly private.		**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?		**No**
If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Lpt-dataprivacy@leicspart.secure.nhs.uk **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		
IG Manager approval name:		
Date of approval		