Non-Medical Prescribing Policy

This policy must be read in conjunction with:

- **PAT/MM 1 A - Safe and Secure Handling of MEDICINES POLICY Part A**
- **PAT/MM 1 B - Safe and Secure Handling of MEDICINES POLICY - Part B - Controlled Drugs**

This procedural document supersedes: PAT/MM 11 v.2 – Non-Medical Prescribing Policy

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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	October 2023	Full review throughout, please read in full	Heather Jackson
Version 2	20 August 2019	• Change on terminology reflecting new Trust structure and roles. • Amendments to completion of annual self-declaration and compliance with demonstrating competence	Stacey Nutt Carol Orr Joanne Sayles
Version 1 (amended – November 2017)	4 January 2018	• Amendment to Appendix 3 - Standards for Non-Medical Prescribing (NMP) Practice (annual self declaration of competency)	Cindy Storer
Version 1	11 October 2016	• This is a new procedural document, please read in full	Cindy Storer Carol Orr Stacey Nutt

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NMP Application process

Potential New NMP role to DBTH

Seek agreement from service/speciality

Approval to be sought via Divisional NMP & Governance

If proposal approved by Divisional NMP & Governance this is added to LNA & the individual can make an application via Education Department. (Action Card 1)
Restrictions on University choice may be in place and should be discussed with the appropriate NMP Lead

Potential New NMP joins within a Clinical team that already has NMPs (Using the same formulary)

Identify a Designated Prescribing Practitioner from within the Specialty. New NMP meets with the appropriate divisional NMP Lead

Divisional NMP supports – Individual can make an application via Education Department (Action card 1) Restrictions on University choice may be in place and should be discussed with the appropriate NMP Lead

New member of staff to DBTH with NMP Qualification OR changing clinical area

No NMP in clinical team

Seek agreement from service/speciality

Agreement sought via Divisional NMP & Governance

The following documentation must be sent to the Trust NMP Lead:

- Copy of annotation to professional register
- Copy of approval to practice form (App 2)

NMP joining a team of existing NMP's using the same formulary

Identify a Designated Prescribing Practitioner from within the Specialty. New NMP meets with the appropriate divisional NMP Lead

Divisional NMP Lead approves NMP as safe to commence prescribing – NMP and NMP lead complete approval to practice form (Appendix 2)

The NMP will only be able to prescribe once their name has been entered on to the DBTH register and they have received a copy of the letter of authority signed by the Trust NMP Lead.

Process following successful completion of NMP Course

Annotation of Independent and/ or supplementary prescribing qualification on professional register

NMP sends the following documentation to the Trust NMP & Administrator

- Copy of annotation to professional register
- Copy of signed approval to practice form (Appendix 2)
- If appropriate, completed risk assessment for prescribing and administering medicines

Trust NMP administrator sends email/ letter of authority to NMP.
NMP **MUST** sign and return letter of authority to NMP administrator **(hard copy required) – NMP added to Trust register**

Once hard copy of signed letter of authority received – Trust NMP administrator requests access for NMP via pharmacy (NMP is cc'd into email)

ANNUALLY

Complete CPD x 1 reflective case studies, signed by DPP

Complete annual declaration prior to appraisal season. Ensure NMP is discussed and reviewed at appraisal with Line Manager

NB: Failure to complete annual declaration and demonstrate ongoing CPD may result in NMP being removed from Trust NMP Register and prescribing rights withdrawn

1. INTRODUCTION

This policy clarifies the legal position of non-medical prescribing and draws upon national guidance and legislation to provide a framework for non-medical prescribing in Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust. The key principle is that patient safety is paramount. Non-Medical Prescribing (NMP) should be considered within all service specifications, where medicines are prescribed or supplied to ensure optimal use of available skill mix. NMP can offer a strategic, innovative solution to address capacity, quality and efficiency if used more widely within pathway redesign.

2. SCOPE

This policy applies to non-medical prescribers; supplementary prescribers and those who prescribe by exceptions, employed by Doncaster & Bassetlaw Teaching Hospitals NHS Trust. This policy does not cover the supply of medicines by Patient Group Directions.

3. DEFINITIONS

3.1 Non-Medical Prescribing (NMP)

Prescribing by specially trained nurses and midwives, optometrists, chiropodists, pharmacists, physiotherapists, podiatrists, diagnostic and therapeutic radiographers, paramedics, dietitians and others as legislation develops, who have completed an accredited course and have their qualifications recorded on their relevant professional and trust register. They work within their clinical competence as either independent or supplementary prescriber.

3.2 Trust Non-Medical Prescribing Lead

Responsible for Trust oversight of NMP across all professional groups, including audit; data and annual declarations; maintain Trust NMP register (statutory requirement); Link with Chief pharmacist and divisional NMP leads to disseminate information; Provide Trust wide direction for NMP.

3.3 Divisional Non-Medical Prescribing Leads

Responsible for overseeing the development and implementation of NMP for Nursing, Midwifery, Allied Health Professionals (AHPs); Pharmacists; Advanced Practitioners (AP) , including: professional guidance and support for trainee & qualified NMPs and DPPs; review with

appropriate clinical lead, prescribing formularies, escalating any key changes; support Trust NMP lead in investigating any incidents/ risks; support Trust NMP lead to ensure audits and self-declarations completed; support Trust NMP lead in development of CPD for NMPs.

3.4 Education Lead

Support trainees funding and applications for NMP courses**.** Support Trust & Divisional NMP leads to develop appropriate continued professional development (CPD) for qualified NMPs and audit practice. Support DPP training.

3.5 Designated Prescribing Practitioner (DPP)

All individuals undertaking the Independent/Supplementary Prescribing Course are required to have a Designated Prescribing Practitioner, to oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice (RPS 2019). Supervision will be on-going, both during and after the course is undertaken.

The aim of the DPP is to oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice.

DPP is an umbrella term which relates to a number of titles used by Professional Statutory and Regulatory Bodies (PSRB), these are:

- Designated Medical Practitioner (DMP) – General Medical Council (GMC)
- Designated Prescribing Practitioner (DPP) – The General Pharmaceutical Council (GPhC)
- Practice Assessor (PA) - The Nursing and Midwifery Council (NMC)
- Practice Educator (PE) – The Health and Care Professions Council (HCPC)

Professional regulatory changes in 2018/19 have enabled some non-medical prescribers (NMPs) to take on this designated practitioner role (DPPs)for the period of learning in practice, in addition to Designated Medical Practitioners (DMPs). As a Trust, DBTH will utilise DPPs that meet the Royal Pharmaceutical Society DPP Competency Framework (2019) to support the learning and development of NMP.

3.6 Independent Prescribers

Responsible and accountable for the assessment of patients with diagnosed or undiagnosed conditions and for decisions about the clinical management required, including prescribing. In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for ongoing monitoring.

3.7 Supplementary Prescribers

Voluntary partnership between an independent prescriber (a doctor or dentist only) and a supplementary prescriber to implement an agreed patient- specific Clinical Management Plan with the patient's agreement. A supplementary prescriber is able to prescribe medicines in accordance with a clinical management plan (CMP) for a specific patient (**see Appendix 4**). The CMP is agreed between the independent prescriber, the supplementary prescriber and the patient.

3.8 Clinical Management Plan (CMP)

These can be drawn up by the doctor / dentist or supplementary prescribers but ultimate responsibility for the treatment plan lies with the patient's doctor / dentist. A CMP must be in place before supplementary prescribing can take place and must have been agreed with the patient. See **Appendix 4**, Clinical Management Plan Form.

4. POLICY STATEMENT

All potential NMP's must follow the agreed application process. All qualified NMPs must be authorised to practice by the Trust. NMPs must prescribe within their personal competence and professional scope of practice. Prescribing must be an integral part of the NMPs role to enable effective prescribing practice and continued professional development to take place.

5. ACCOUNTABILITY

Operational implementation, delivery and monitoring of the policy resides with DBTH NMP Lead.

Individual Non-Medical Prescribers are accountable for their own clinical practice, maintaining their competency and for ensuring their prescribing practices are limited to their specific field of competence. Non-medical prescribing should form part of the non- medical prescriber's appraisal process with the completed annual declaration informing part of the appraisal process.

6. ROLES AND RESPONSIBILITIES OF THE DESIGNATED PRESCRIBING PRACTITIONER

All NMP's (Pre and post qualification) will require the support of a DPP. The DPP should be identified and agreed prior to an NMP application being submitted to the NMP Lead.

The DPP must be a registered medical practitioner working at ST6 level or above or equivalent (SAS grade), or a registered and active NMP with at least 3 years recent prescribing experience in the relevant clinical field. The DPP must have the support of the employing organisation. They must have experience of training in teaching and/or supervision in practice and meet the DPP Competency Framework (RPS 2019). The DPP would normally work alongside the NMP in clinical practice.

All DPPs must provide dedicated time and opportunities for the student NMP to:

- Observe prescribing in action.
- Have in depth discussion and analysis of clinical management using cases from practice to enable prescribing behaviour to be fully examined.
- Learn by encouraging critical thinking and reflection with the use of the student`s professional portfolio or learning log.
- Carry out consultations and suggest clinical management plans and prescribing options which can then be discussed and agreed with the DPP.
- Learn and practice in relation to the medical conditions and clinical speciality in which the NMP student is working.

The DPP must also:

- Be responsible for deciding whether the NMP student meets the criteria specified within the course to be signed off as competent to prescribe independently.

A DPP is required throughout the duration of training and all NMP's must have a DPP identified post NMP qualification.

If a member of staff joins the trust with a non-medical prescribing qualification, they must also have a named DPP who has agreed to take on the role and supervise the NMP as detailed in this policy.

7. INTRODUCTION OF NON-MEDICAL PRESCRIBING WITHIN DEPARTMENTS/SPECIALITIES

If a department within the trust wishes to develop non-medical prescribing within their speciality, this should be discussed, agreed and minuted at Departmental governance level. The proposal should then be discussed with Divisional NMP Lead and approved (discussed and minuted) at Divisional Governance.

Any departments wishing to develop non-medical prescribing roles must ensure:

- All individuals selected for prescribing training will have the opportunity to prescribe in the post that they will occupy on completion of training.
- NMP for these posts must be identified on the service and divisional learning needs analysis (LNA)

- Need for NMP role development must be included in staff appraisal and recorded on divisional learning needs analysis

- The therapeutic area(s) in which individuals will prescribe have been identified before they begin training to prescribe. This must be in a field in which they already hold considerable expertise.

- Budget is identified for prescribing.

- The formulary of drugs that the prescriber will be prescribing (either on an independent or supplementary basis) will have been agreed by the speciality clinical lead and put forward to the Divisional Governance as part of the proposal and in exceptional circumstances where it is deemed appropriate the risk assessment to prescribe, and administer/supply **(Appendix 3)** should be submitted with the application (see sections 12-14 for more detail).

In the event of a qualified prescriber being appointed to a department that is not currently providing non-medical prescribing, the need for non-medical prescribing should be explored.

If non-medical prescribing is determined to be in the interest of patient care the above process should be followed before the individual is able to prescribe within the specialty. In addition, the Trust NMP Lead should be notified and the Trust processes for verification of prescribing status must be followed.

8. THE PROCESS FOR IDENTIFICATION OF INDIVIDUALS TO UNDERTAKE PREPARATION FOR INDEPENDENT AND/OR SUPPLEMENTARY PRESCRIBING

To ensure effective use and allocation of educational funding a robust candidate selection process has been agreed. This will involve an interview with the Divisional NMP lead and all applicants must have been identified through the appraisal process under role development and recorded on the divisional learning needs analysis (LNA). Following successful candidate selection and submission of Action Card 1 with written approval from the NMP Education Lead, a university application can then be submitted. All candidates and their managers should familiarise themselves with their allocated university application process and specific entry criteria. Whilst NMP courses are available from a variety of higher education institutes (HEI's), please note you will be allocated a place according to capacity unless you are already on an existing level 7 course which incorporates NMP as a core module. Candidates must be aware that the NMP course is demanding in time and commitment both clinically and academically. The NMP course will require additional study time above the designated allocated study days to compete additional e-learning. Generally, you will be required to attend (virtual/ face to face/blended) 10 taught study days with an additional 10 directed learning days (e-learning) and undertake 90 hours of supervised practice over the 6 month duration of the course.

There is no central budget or funding to backfill time and potential cost incurred to facilitate the designated prescribing practitioner role. This will need to be discussed within the department and Division as part of the application process and costs accepted by the Department/ Division.

Nurses and Midwifery **(NMC),** optometrists, chiropodists, physiotherapists, podiatrists, diagnostic and therapeutic radiographers, paramedics, dietitians **(HCPC)** and Pharmacists **(GPhC)** Registrants: The process for identification of roles to undertake an Independent Non- Medical Prescribing and Supplementary Prescribing programme is as follows:

- A checklist for potential NMP's has been produced to aide managers in conducting an initial discussion **(Appendix 1).** Managers should review with the potential NMP their clinical capabilities in the Clinical Assessment of patients within their scope of practice. This could be via a review of their practice portfolio or successful completion of a level 7 academic course covering clinical assessment and examination.

- If it is identified through staff appraisal, service need and identified on divisional LNA (as outlined in section 8 above) that the practitioner should undertake a non-medical prescribing programme potential NMP's will make an appointment to see the Divisional Non-Medical prescribing lead to discuss the appropriateness of this development with the prospective nominee.

- The potential NMP must identify an appropriate and willing DPP as their designated supervisor for the duration of the programme. The DPP should be aware that this relationship requires that the candidate has substantial amount of the practice time in contact with them within appropriate clinical settings over the duration of the course.

- The potential NMP should then apply via Action Card 1 process. There may be restrictions in course availability and funding therefore this can be discussed with the NMP Education lead.

The Professionals named above applying for a place on a Non-Medical Prescribing Programme must:

- Hold current registration with the NMC, GPhC or HCPC and is held in good standard with registration body and not subject to a fitness to practice hearing.

- Have the ability to study at Level 7 (post-graduate degree level).

- NMC & HCPC registrants must have at least three years' post-registration clinical registered experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe. GPhC registrants have at least two years appropriate patient orientated UK experience practicing in a hospital, community or primary care setting post registration. Identify an area of clinical practice and need in which to develop their prescribing skills

- Be assessed as being competent to take a history, undertake a clinical assessment and make a diagnosis. For example, they must be able to carry out a comprehensive assessment of the patient's physiological and/or psychological condition and understand the underlying pathology and the appropriate medicines regime. This may be demonstrated through successful completion of a higher education programme which includes these aspects.

- Have had a DBS check within the last three years or willing to apply for one in line with university requirements. Most universities require an up-to-date DBS on course application.

9. ROLES FOR WHICH NON-MEDICAL PRESCRIBING IS ESSENTIAL

If NMP forms part of the essential criteria for a role for example, Nurse Practitioner, ACP's and ACCP's, and the standard for completing the course is not achieved after the maximum attempts at the university (usually 2 attempts) the supervisor and/or line manager would need to escalate to the respective Divisional NMP, Education and Trust NMP lead.

The Education lead will convene a panel meeting with the DPP, Trust & Divisional NMP leads and line manager to discuss the individuals' case. The outcome and details of the decision made by the panel should be shared with the NMP within 7 days of the meeting and followed up in writing.

If the outcome of the panel meeting is the Trust and/or department are not able to support the individual to repeat the course, relevant HR policies will apply.

10. PROCESS POST QUALIFICATION

Each individual must provide proof of annotation on their professional register a copy of which must be sent along with a completed Approval to Practice form (**Appendix 2**) to the Trust's NMP lead.

When the prescribers' role involves the exception of supplying/ administering medication in addition to prescribing the prescriber is required to complete a prescribing risk assessment **(Appendix 3).**

The Trust NMP Lead will ensure that the names of qualified independent/ supplementary prescribers are entered on the Trust Non-Medical Prescribing Register.

10.1 Change in role within the Trust

Trust staff who are required to use their non-medical prescribing qualification in a new role or have a change in practice must be competent to do so and must be allowed an agreed period of time (up to 3 months) to become familiar with local/trust policies & procedures. They should have

a DPP who is familiar with their area of practice, and therefore may be required to find a new DPP within the new area of practice.

An approval to practice form should be completed for the new area of practice and submitted to the Divisional NMP lead for approval/ signature. The NMP must send the updated approval to practice form to the Trust NMP lead, to ensure Trust register is updated.

10.2 New staff to the Trust

New staff to the Trust with a non-medical prescribing qualification will not automatically be able to resume prescribing until they have met with the relevant Divisional NMP lead and the individual receives written approval from the Trust NMP Lead following submission of their annotation on the professional register, the Approval to Practice form found in **Appendix 2**

10.3 Bank/Agency Staff or Staff working as part of Service Level Agreement (SLA) (employed by another provider)

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

• A regular working pattern (minimum of 1 regular working day per month 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 and DPP is in place.

• The prescriber can meet the other requirements of this policy, including satisfactory completion of Approval to Practice Form (**Appendix 2**) Bank staff, Agency and staff of SLAs, who are unable to meet these requirements, are not permitted to practice as non-medical prescribers.

11. CONTINUING PROFESSIONAL DEVELOPMENT

All prescribers have a duty to keep themselves updated; training needs should be identified through the annual appraisal process. All non-medical prescribers are expected to adhere to the Trust's prescribing standards as outlined in DBTH Safe & Secure Handling of Medicines Policy Part A (PAT/MM 1 A). It is imperative that prescribing is undertaken on a regular basis to ensure safe practice. It is expected that following completion of an NMP qualification, the NMP will begin to prescribe within 1 year of completion date. If more than 1 year has lapsed since completion and the NMP has not been actively prescribing, the Divisional NMP lead must be informed and will review the need for additional training on an individual basis.

If a NMP has gaps in prescribing practice for more than 12 months, they need to demonstrate both theoretical and clinical competence in the form of a portfolio which must be approved by

their DPP and the appropriate Divisional NMP Lead prior to restarting prescribing practice. Staff on maternity leave should be supported through KIT (keeping in touch) days, to maintain their NMP skills. Any NMP who has a break for more than 24 months may have their prescribing rights removed.

Non-medical prescribing forums take place in the Trust, and it is recommended that NMP's should attend at least 2 meetings per year. Attendance can be used as CPD time.

Responsibilities in relation to prescribing continuing professional development Non-Medical Prescribers responsibility:

11.1 Annual Declaration

The annual declaration **(Appendix 5)** must be completed prior to the NMP's annual appraisal. NMP's will complete at least 1 reflection (either positive or negative) of prescribing experiences. The reflection should be mapped against "A competency framework for all prescribers" (Royal Pharmaceutical Society 2021) and be discussed with the DPP. Any future learning needs agreed between the DPP and NMP with SMART objectives set. Any agreed objectives should feed in to the NMP's annual appraisal with their line manager.

The Annual declaration template link will be sent to all NMPs beginning February each year. Once completed the annotation on the Trust register is updated. **Failure to complete the annual declaration could result in removal from the Trust NMP register.**

- Prescribe only within your sphere of competence and expertise.
- When the prescribers' role involves the exception of supplying/ administering medication in addition to prescribing the prescriber is required to complete a prescribing risk assessment **(Appendix 3).**
- You must notify your line manager and the Divisional & Trust non-medical prescribing lead of any changes in your prescribing status, including changing your area of practice within the trust or changing DPP.
- You must notify your line manager and the Trust non-medical prescribing lead if you are subject to a fitness to practice hearing.

11.1 Managers Responsibility

Once a NMP is authorised to prescribe, ESR will be updated to annotate the staff member as an NMP by the Trust NMP lead administrator/ ESR team. Should an NMP leave the organisation, they will be removed from the register as ESR is updated with their leaver status.

- As a line manager of a non-medical prescriber, you must ensure that the individual has completed and submitted the annual declaration with their DPP.

- You should notify the Trust non-medical prescribing lead if a non-medical prescriber leaves the organisation or changes role which would no longer require them to prescribe or would prevent them from maintaining their competence to practice. (This will ensure the adjustment and audit of any prescribing data and for the non-medical prescribing lead to maintain a live account of active prescribers).

- To act on any concerns raised by the DPP in relation to the NMP's prescribing practice.
- To act on any datix involving the NMP and seek support from DBTH NMP leads if required.

- To review prescribers practice and ongoing need to prescribe at annual appraisal.

11.1 Designated Prescribing Practitioner (DPP)

The DPP must work within the NMPs declared specialised area of practice.

Complete sessions with the NMP by direct observation and case-based discussions of their prescribing practice.

Provide honest feedback around any prescribing concerns to the NMP and their line manager.

12. PRESCRIBING RESTRICTIONS AND SPECIAL CIRCUMSTANCES

Gaining the independent/supplementary prescribing qualification does not mean health care professionals will automatically be able to use the qualification in practice. There are local restrictions on the medicines which can be prescribed i.e., staff must adhere to the DBTH Medicines Formulary, DBTH antibiotic prescribing guidelines and their individual drug formulary. Working as an independent/supplementary prescriber MUST be an agreed part of the individual's role and should be reflected in their job description. All Non-Medical Prescribers will adhere to the Doncaster & Bassetlaw Teaching Hospitals NHS Trust Medicines Management Policy for prescribing (PAT/MM 1A; PAT/MM 1B).

Discussions and agreements must take place within the Speciality & Division with regards to the non-medical prescriber having access to a prescribing budget. Prescribing may be via the Trusts electronic prescribing system, Wellsky, Trust outpatient prescription or FP10HP depending on the area prescribing is undertaken.
The Trust NMP lead/admin confirms the individual is named on the Trust register and eligible to prescribe to pharmacy.

The pharmacy lead will provide access to the Trust electronic prescribing system upon receipt.

Trust outpatient and FP10HP prescription pads used in outpatient settings - These are issued to clinics rather than individuals and the assigned individual in charge of the clinic is responsible for safe storage and issue of pads to users.

Requests for a new area to have access to prescription pads must be made in writing by the service manager to the Deputy Chief Pharmacist for Operational services. FP10HPs are used in some community-based clinics, services are required to develop a Standard Operating Procedure, to enable the safe allocation/ storage of pads, which is approved by the Deputy Chief Pharmacist for Operational Services.

11. ADMINISTERING/ISSUING PRESCRIBED TREATMENT

Wherever possible, a non-medical prescriber should ensure separation of prescribing and administering activities. In exceptional circumstances, if a non-medical prescriber anticipates that, within their sphere of competence and expertise, they will need to undertake the practice of prescribing treatment then administering or supplying this treatment, they MUST seek approval from the NMP Leads by submitting a risk assessment (**Appendix 3).** Approval to undertake this practice will be granted by the NMP Leads on an individual basis.

Pharmacist NMPs within DBTH must never be involved in dispensing, clinical validation or accuracy checking processes for prescriptions that they have written.

If a non-medical prescriber needs to be involved in both the prescribing and administering / issuing treatment to a patient, the following process must be considered first prior to submitting risk assessment form:

- Second nurse dispenses/administers/issues treatment.
- Pharmacy screens prescription and dispenses medication.
- Leave time between prescribing and administering/dispensing/issuing

12. PRESCRIBING IN PREGNANCY

When treating women of childbearing age, prescribers should ensure they know whether the patient is pregnant or not. The Royal College of Nursing provides guidance on prescribing to pregnant women for independent and supplementary nurse prescribers (https://www.rcn.org.uk/clinical-topics/medicines-management/prescribing-in-pregnancy). NICE also provide guidance on prescribing in pregnancy https://bnf.nice.org.uk/medicines-guidance/prescribing-in-pregnancy/

This guidance outlines the need for independent and supplementary prescribers to be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise and consult or refer accordingly. In a pregnant woman, even seemingly minor illnesses can have major implications and the non-medical prescriber must seek advice from a member of the midwifery or obstetric team when necessary.

If the NMP anticipates prescribing for pregnant women, this must be declared on the NMP approval to practice form and evidence of ongoing practice and updates should be reflected in the annual declaration. It is advised, all NMP's treating pregnant women with non-pregnancy related conditions, should advise them to seek advice from their named midwife at the earliest convenience.

If prescribing for a pregnant woman NMPs need to be aware of:

- The altered pharmacological impact that drugs have during pregnancy
- The potential risk to foetal development from drugs
- The risk of breast feeding when taking drugs

13. CONTROLLED DRUGS

13.1 Nurses, Midwives and Pharmacist Independent Prescribers

Nurse, Midwives and pharmacist independent prescribers are able to prescribe any controlled drug listed in schedules 2, 3, 4 or 5 for any medical condition within their competence except Diamorphine, Dipipanone or Cocaine for the treatment of addiction (but are able to prescribe other controlled drugs for the treatment of addiction).

13.2 Physiotherapists Independent Prescribers

Physiotherapists are able to prescribe a specific list of 7 controlled drugs for the treatment of organic disease or injury provided that the controlled drug is prescribed to be administered by the specified method:

- Diazepam, Dihydrocodeine, Lorazepam, Morphine, Oxycodone, Temazepam, by oral administration.
- Morphine for injectable administration.
- Fentanyl for transdermal administration.

13.3 Chiropodists/Podiatrists Independent Prescribers

Chiropodists/Podiatrists independent prescribers are able to prescribe a specific list of 4 controlled drugs for the treatment of organic disease or injury provided that the controlled drug is prescribed to be administered by the specified method:

- Diazepam, Dihydrocodeine, Lorazepam, and Temazepam, by oral administration.

13.4 Paramedic Independent Prescribers

Independent Prescribers are able to prescribe the following controlled drugs for relevant according to current legislation:

- Morphine Sulphate, oral and injection
- Diazepam, oral and injection
- Midazolam, oromucosal and injection

- Lorazepam, injection
- Codeine Phosphate, oral

13.5 Therapeutic Radiographer Independent Prescribers

Therapeutic Radiographer Independent Prescribers are able to prescribe the following controlled drugs for relevant conditions according to current legislation:

- Tramadol, oral
- Morphine, oral and injection
- Diazepam, oral
- Lorazepam, oral
- Oxycodone, oral
- Codeine Phosphate, oral

13.6 Supplementary Prescribers

Any supplementary prescribers may prescribe Schedule 2, 3, 4 or 5 controlled drugs in the context of a clinical management plan signed by the designated medical practitioner, with the exception of Diamorphine, Dipipanone or Cocaine for the treatment of addiction, providing it is in the patients' clinical management plan.

14. PRESCRIBING OF UNLICENSED MEDICINES

The prescribing of unlicensed medications falls into 2 categories:

- Prescribing of a licensed medicine (holds a UK market authorisation) for an unlicensed use/indication. This if frequently referred to as 'off-licence' or 'off-label' prescribing.

- Prescribing of an unlicensed medication, which does not have a UK marketing authorisation.

Before prescribing a medication off-label or an unlicensed medication the following criteria must be fulfilled:

- Unlicensed Medicines Policy (Pat/MM 4) on the prescribing of 'off-licensed' and un-licensed medicines has been followed and the appropriate paperwork has been completed.

- The prescriber has explained to the patient/guardian, where possible, the nature of the medicine being used out of license. This is to enable the patient

to agree to the treatment. This discussion should be documented in the patient record.

- Be satisfied that a licensed medicine is not available which includes your proposed usage within its Summary of Product Characteristics (SPC).

- Be satisfied that there is a sufficient evidence base for using the medicine in an off- label or unlicensed way to demonstrate safety and efficacy. Where the manufacturers' information is of limited help, the necessary information should be sought from another reliable and reputable source.

- Record the medicine prescribed and reasons for using an off-label or unlicensed product in the patient's notes.

- You should make a clear, accurate and legible record of your reasons for using a medicine in an off-label manner or unlicensed manner.

- The prescribing of the 'off-licence' or unlicensed medicine is accepted within the non-medical prescriber's clinical practice, and all other suitable licensed medications have been explored.

14.1 Who can prescribe for off-label/unlicensed use

All supplementary non-medical prescribers and nurse and pharmacy independent prescribers are able to prescribe "off- license/off-label" medicines for patients providing a number of requirements have been met. All non-medical prescribers will accept **full** clinical and professional responsibility for their prescribing and should only prescribe "off-label" where it is best practice to do so or where there is a body of opinion to support off-label use. HCPC registrants who are independent prescribers are not able to prescribe "off label" drugs unless using supplementary prescribing as part of a clinical management plan (HCPC)

14.2 Who can prescribe unlicensed medicines without a UK marketing authorisation

Only pharmacist independent prescribers and nurse and midwife independent prescribers are able to prescribe unlicensed medicines (which do not hold a UK Marketing Authorisation) for use by his/her individual patient on his/her personal responsibility (Medicines -Exemptions and Miscellaneous Amendments Order 2009).

Supplementary Prescribers are permitted to prescribe unlicensed medicines (which do not hold a UK Marketing Authorisation) under a suitable 'Clinical Management Plan' signed by the designated medical practitioner. All non-medical prescribers will take **full** clinical and professional responsibility for their prescribing and should only prescribe unlicensed medications where it is

best practice to do so or where there is a body of opinion to support the prescribing of the 'unlicensed' medication.

14.3 Prescribing the mixing of medicines constitutes prescribing of an unlicensed product

The Human Medicines Regulations (2018) allows pharmacist, physiotherapist, podiatrist, therapeutic radiographer, paramedic nurse and midwife independent prescribers to mix medicines to produce an unlicensed medicine, where the "mixing of medicines" means the combining of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient. They may also issue written instruction for others to mix medicines, except therapeutic radiographers; they may mix medicines to create unlicensed products but not prescribe for others to do so. A supplementary prescriber can mix medicines to produce an unlicensed medicine, or issue written instructions to do so, but only where the mixing of medicines forms part of the clinical management plan for an individual patient.

These changes in legislation did not apply to the mixing of Controlled Drugs, however, The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012, enable Nurse and Pharmacist Independent Prescribers, and Supplementary Prescribers, when within the terms of a clinical management plan, to mix schedule 2-5 controlled drugs for administration to a patient and provide written directions for others to do so. This also applies to midwives who are registered as an independent prescriber.

The mixing of drugs should be avoided unless essential to meet the needs of the patient, and that those involved in both the prescribing and actual mixing should be competent to do so and take full professional and clinical responsibility for their actions. Particular attention should be given to issues pertaining to the stability of the mixture, evidence of efficacy, and risks associated with mixing and administration. All medicines that will be mixed must be included in the non-medical prescribers' individual formulary.

14.4 Dietitians and Speech and Language Therapists giving written instructions to administer oral nutritional supplements, enteral feeds and thickeners

Dietitians and speech and language therapists (SLTs) with suitable training and experience are permitted to annotate/add to drug charts with instructions to give oral nutritional supplements, enteral feeds and thickeners because it is essential to ensure that patients receive the correct nutritional intervention. However, these activities fall outside the scope of this policy because the products are not being 'prescribed' by a non-medical prescriber, they are not prescription only medicines and do not legally require a prescription to be obtained or administered.

SLTs can only annotate/add instructions to administer formulary approved thickeners and there is a robust process in place within the SLT department that ensures that all SLTs undertaking this activity have the appropriate training and are following the guidance in the trust drug policy.

Registered dietitians may annotate/add to drug charts with instructions to administer oral nutritional supplements and enteral feeds, these competencies are assessed within the dietitians' registration process.

14. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with Annual declarations of the NMP workforce	Trust & Divisional NMP leads	Annually	Reviewed and discussed as part of the NMP committee.
Audit of compliance with requirements of annual declarations	Divisional NMP Leads	Annually	Trust NMP lead will randomly select 3 NMPs from each division to be included in audits annually. Outcomes of audit to be reviewed by Trust NMP Committee.
Prospective NMP's comply with the approval process prior to completion of the NMP course forms.	Divisional NMP leads	As and when required	Compliance is monitored by the MNP Committee.
Prescribing errors and complaints	NMP committee	As and when required	via the Datix system, reviewed and discussed as part of the NMP Committee.

15. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 6)

16. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/PA 19 - Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DOLs)
PAT/PA 28 - Privacy and Dignity Policy
PAT/MM 1A - Safe and Secure Handling of Medicines Policy - Part A
PAT/MM 1B - Safe and Secure Handling of Medicines Policy - Part B – Controlled Drugs
CORP/RISK 33 – Incident Management Policy
CORP/ICT 9 - Information Governance Policy
CORP/REC 5 – Clinical Records Policy
CORP/FAC 3 - Medical Gas Systems Policy
CORP/FIN 1 D – Fraud, Bribery and Corruption Policy and Response Plan
CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy
CORP/FIN 4 – Standards of Business Conduct and Employees Declarations of Interest Policy.

17. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

18. REFERENCES

- A Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2021) replaced Standards for proficiency for nurses and midwife prescribers (Nursing & Midwifery Council, June 2006) from 28th January 2019). https://www.rpharms.com/resources/frameworks/prescribers-competency-framework
- A Competency Framework for Designated Prescribing Practitioners (Royal Pharmaceutical Society 2019) https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework

- Supplementary prescribing by Nurses, Pharmacists, Chiropodists, Podiatrists, Physiotherapists and Radiographers within the NHS in England. A guide for implementation (Department of Health, May 2005).

- Improving Patient's Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (Department of Health, April 2006).

- Training non-medical prescribers in practice. A guide to help doctors prepare for and carry out the role of the designated medical practitioner (National Prescribing Centre, February 2005).

- Royal College of Nursing (accessed 29/04/2021) https://www.rcn.org.uk/clinical-topics/medicines-management/prescribing-in-pregnancy

- The Human Medicines Regulations (2012) (2018 Amendment).

- Antimicrobial prescribing and stewardship competencies (Public Health England and Department of Health Expert Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection, September 2013).

- Realising professionalism: standards for education and training. Part 3: standards for prescribing programmes (Nursing and Midwifery Council, May 2018).

- Standards for the education and training of pharmacist independent prescribers (General Pharmaceutical Council, January 2019).

- In Practice: Guidance for pharmacist prescribers (General Pharmaceutical Council, November 2019).

- FAQs Independent prescribing by physiotherapists and podiatrists, NHS England, Publications Gateway 00364 July 2012.

- Chartered Society of Physiotherapy: Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers (4th Edition) November 2018.

- The College of Podiatry: Good Practice in Prescribing and Medicines Management for Podiatrists 3rd Edition September 2018.

- College of Optometrists – Guidance on Independent Prescribing (http://www.college-optometrists.org/en/CPD/Therapeutics/independent- prescribing/).

- General Optical Council: Independent Prescribing (https://www.optical.org/en/Education/Specialty_qualifications/independent-prescribing.cfm)

- Practice guidance for paramedic independent and supplementary prescribers (College of Paramedics, Version 2, February 2018).

- Improving patients' access to medicines: a guide to implementing paramedic prescribing within the NHS in the UK (College of Paramedics, Version 2, August 2018).

- Practical Guidance for Paramedics: for the Administration of Medicines under Exemptions within the Human Medicines Regulations 2012 (College of Paramedics, V0.13, May 2018).

- Practice guidance for radiographer independent and/or supplementary prescribing (The Society College of Radiographers, February 2016).

- Drug Safety Update: Off-label or Unlicensed use of Medicines: Prescribers Responsibilities (GOV.UK April 2009).

- Department of Health, Gateway Ref: 14330: Mixing of medicines prior to administration in clinical practice: medical and non-medical prescribing May 2010.

- BNF Prescribing in Pregnancy https://bnf.nice.org.uk/medicines-guidance/prescribing-in-pregnancy/

- HCPC additional advice & support https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/medicines-and-prescribing-rights/additional-advice-and-support/

APPENDIX 1 - ACTION CARD 1 FOR POTENTIAL NMPS

COMPLETE THE ACTION CARD BELOW, ENSURING THAT ALL SIGNATORIES ARE COMPLETED THEIR SECTION

Action Card 1: FOR POTENTIAL NMP'S				
NAME				
JOB TITLE		**Dept & Division**		
Does your service already have non-medical prescribers				Yes/No
Have you completed a recognised course for history taking and clinical examination or can demonstrate equivalent experience?				Yes/No
Do you have a portfolio of evidence to demonstrate the ability to take clinical history and examine a patient?				Yes/No
Is all mandatory training up to date (evidence must be provided)				Yes/No
Evidence provided of ability to study at Level 7 (postgraduate degree level) or equivalent				Yes/No
Evidence to demonstrate at least three years (2 years for pharmacists) post- qualification experience and at least one year's experience in clinical field you have chosen to prescribe (this must be the year immediately preceding application)				Yes/No
Do you have a Designated Prescribing Practitioner (DPP) for the learning in practice element of preparation and for clinical supervision post qualification				Yes/No

Name of DPP:			
Do you have agreement of your line manager to allow attendance and completion of all elements of the prescribing preparation course, the necessary period of supervised prescribing following qualification as a prescriber and continued professional development?			Yes/No
Has discussion taken place with your Departmental clinical lead and do they support the application?			Yes/No
Has your line manager included this course as a requirement on the service / divisional LNA?			Yes/No
Do you have the commitment of your line manager to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course?			Yes/No
Will you have the opportunity to prescribe on a regular basis?			Yes/No
Name & Signature of potential NMP		Date	
Name & Signature of Designated Prescribing Practitioner (DPP)		Date	
Name & Signature of Line Manager		Date	
Name & Signature of Divisional NMP Lead		Date	
Name & Signature of Education Lead		Date	

ONCE THIS ACTION CARD IS COMPLETE AND SIGNED, SEND THIS FORM WITH COMPLETED STUDY LEAVE FORM TO YOUR EDUCATION LEAD

APPENDIX 2 - NMP APPROVAL TO PRACTICE FORM

NON-MEDICAL PRESCRIBER APPROVAL TO PRACTICE FORM			
Status of non-medical prescriber within the Trust			
New starter with existing NMP Qualification			Yes/No
Newly Qualified NMP			Yes/No
Transfer of staff member with NMP qualification			Yes/No
Bank Staff/Agency/ Staff working on SLA with regular shift pattern confirmed			Yes/No
Transferring from:		Transferring to:	
Name (print)			
Job Title		Contact Number	
Specialty		Base	
Line Manager (Name)			
DPP (Name)			
Divisional NMP Lead (Name)			
PLEASE DELETE AS APPROPRIATE : Supplementary Prescriber (SP); Independent Prescriber (IP)			

Registration Number		**Date**	
Signature			
Do you intend as a non-medical prescribe To supply or administer treatment that you have prescribed?	**Yes/No**	**If yes, you will need to complete and submit the risk assessment for NMP's issuing/administering prescribed treatment**	
The individual named above is qualified to practice as a supplementary/independent prescriber and the NMP lead has received evidence of annotation on the appropriate register and support this practice in their current role			
Division NMP Lead (Print name)		**Date**	
Division NMP Lead Signature			

APPENDIX 3 - RISK ASSESSMENT FOR NMP PRESCRIBING AND ADMINISTERING / ISSUING TREATMENT

RISK ASSESSMENT FOR NMP PRESCRIBING AND ADMINISTERING / ISSUING TREATMENT
This form is to be completed for those non-medical prescribers who undertake the practice of prescribing treatment and then needing to administer or supply this treatment within the same transaction**. All sections must be completed**
Circumstances in which prescribing and administering / issuing are required
Frequency of instance in which prescribing and administering / issuing are required
What clinical environment and staff does this involve

Alternative options considered and outcomes? (explanation of why these options could not be considered)

Processes in place to provide clinical governance in relation to prescribing when supplying and administering as one intervention

Signature of candidate		Date	
Name in Full			
Signature of Designated Mentor		Date	
Name in Full			
Signature of Line Manager		Date	
Name in Full			

Completed Form should be returned to the Trust NMP Lead with Approval to Practice Form

APPENDIX 4 - CLINICAL MANAGEMENT PLAN FOR SUPPLEMENTARY PRESCRIBERS

<table>
<tr><td colspan="2">Name of Patient:</td><td colspan="2">Patient medication sensitivities/allergies:</td></tr>
<tr><td colspan="4">Patient identification e.g. ID number, date of birth:</td></tr>
<tr><td colspan="2">Independent Prescriber(s):
Name:

Designation:</td><td colspan="2">Supplementary Prescriber(s):
Name:

Designation:</td></tr>
<tr><td colspan="2">Condition(s) to be treated:</td><td colspan="2">Aim of treatment</td></tr>
<tr><td colspan="4">Medicines that may be prescribed by SP:</td></tr>
<tr><td>Preparation</td><td>Indication</td><td>Dose schedule</td><td>Specific indications for referral back to the IP</td></tr>
<tr><td colspan="4">Guidelines or protocols supporting Clinical Management Plan:</td></tr>
<tr><td colspan="4">Frequency of review and monitoring by:</td></tr>
<tr><td colspan="2">Supplementary prescriber
Every 3 months</td><td colspan="2">Supplementary prescriber and independent prescriber
Annually</td></tr>
</table>

Process for reporting ADRs: Document on patient's electronic record Report to Independent prescriber Report to MHRA BNF yellow card Follow local clinical governance process for Trust
Shared record to be used by IP and SP:

Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

APPENDIX 5 - NMP ANNUAL DECLARATION

NON-MEDICAL PRESCRIBERS ANNUAL DECLARATION TO PRESCRIBE			
Name (print)			
Job Title		Contact Number	
Specialty/ Division		Base	
Line Manager		Registration Number	
DPP Name (Printed)			
Do you intend as a non-medical prescriber to Supply or administer treatment that you have prescribed?	Yes/No	If yes, you will need to complete and submit the risk assessment for NMP's issuing/administering prescribed treatment annually	
Have you been made aware that you made any prescribing errors in the last year?	Yes/No		
If so, have you discussed with your DPP and reflected on the error	Yes/No/NA		

Please record below at least 1 reflection in relation to your prescribing practice over the last 12 months. Map against your reflections how they link to the RPS Competency framework. All 10 competencies MUST be linked/covered by the reflective statements

Reflection/Case Based Discussion ***Continue separate paper if required <u>EXAMPLE</u>*** ***Reflection on positive prescribing decision:*** *I had attended the ward to review a patient with active diabetic foot disease. Upon reviewing their prescription chart I saw they were often missing their lunchtime dose of their antibiotic (pip/taz), when I approached the nurse caring of the patient to query why this was regularly being omitted she explained that three times a day was a lot to manage on a busy ward for this patient and requested switch him to IV co- trimoxazole instead as is only BD.* *I explained the two antimicrobials provide different coverage and that since starting the pip/ taz he had improved well and was only having a spike in temperature when doses were missed. I attended the patients' bedside to review him and discuss his antibiotic therapy. The patient explained he was often 'wheeled off the ward' as was having dialysis on the 'kidney unit down stairs'. When I consulted his drug chart again I noticed he was missing his pip/ taz only on the days he was off the ward for dialysis.* *I re-wrote the prescription amending the timings of administration from 8am, 4pm and 12am to 6am, 1pm and 10pm to account for his afternoon slot for dialysis. I liaised with the specialist renal pharmacist and team on the inpatient dialysis unit to ensure he would receive the same time for his appointment to avoid future clashes. I relayed my decision to the nursing team and ward doctors and documented the Consultation in the notes. The nurse thanked me for fixing the prescription to make it easier and better for the patient.*	**Link to RPS Competency Framework**

RPS Competency Framework • *1 – Assess the patient – 1.1, 1.2, 1.6, 1.7* • *2 – Consider the options – 2.2, 2.3, 2.4, 2.5, 2.6, 2.10* • *3 – Reach a shared decision – 3.1, 3.2, 3.3, 3.5* • *4 – Prescribe – 4.1, 4.2, 4.3, 4.6, 4.8, 4.10, 4.12,* • *6 – Monitor and Review – 6.1, 6.2, 6.4* • *7 – Prescribe safely – 7.1, 7.2, 7.4* • *8 – Prescribe professionally – 8.2, 8.3, 8.4, 8.5* • *9 – Improve prescribing practice – 9.2*	

Reflection/ Case Based Discussion 1. **Continue on separate paper if required**	**Link to RPS Competency Framework**
NMP Signature	**Date of discussion**
DPP Signature	

APPENDIX 6 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Non-Medical Prescribing Policy (PAT/MM 11)	**Corporate**	**Stacey Nutt**	**Existing policy**	**September 2023**

1) Who is responsible for this policy? Trust NMP Lead

2) Describe the purpose of the service / function / policy / project/ strategy? To set the standards, academic, experiential and procedural requirements to facilitate a safe, effective and clinically valid framework for non-medical prescribing practice to take place in the Trust

3) Are there any associated objectives? Crown report (review of prescribing, supply and administration of medicines 1999) NMC Standards of proficiency for nurse and midwife prescribers 2006

4) What factors contribute or detract from achieving intended outcomes? – none

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? no

- **If yes, please describe current or planned activities to address the impact** N/A

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1✓	Outcome 2	Outcome 3	Outcome 4

Date for next review: October 2026

Checked by: Heather Jackson Date: September 2023