University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR NON MEDICAL PRESCRIBING (NMP)

Reference Number CL = Clinical	**Version:** V2	**Status** Final	**Author:** Jennifer Riley **Job Title:** Trust NMP lead Advanced Clinical Practitioner (ACP)

Version / Amendment History	Version	Date	Author	Reason
	V1	April 2015	Clare Sutherland	Change from procedure to Policy
	V2	March 2021	Jennifer Riley	Unified sovereign site Policy documents.

Intended Recipients: Non-medical prescribers (NMPs), clinicians and managers supporting NMPs, designated medical practitioners (DMP), designated prescribing practitioners (DPP), pharmacists, student NMPs.

Training and Dissemination: Qualified NMPs must have successfully completed a nationally approved and accredited Non-Medical Prescribing programme. At the time of NMP qualification their line manager must ensure NMPs are signposted to this Policy and are advised to become familiar with its contents.

To be read in conjunction with:

- Trust Medicines Code (2017)
- Trust Medicines Policy

- Self-Prescribing and Prescribing of Medicines for Family Members and Colleagues - Trust Policy and Procedure
- Trust Controlled Drug Policy (2021)
- Information Governance Policy
- Royal Pharmaceutical Society (2018) Professional Guidance on the safe and secure handling of medicines
- Royal Pharmaceutical Society (2016) A Competency Framework for all Prescribers
- Royal Pharmaceutical Society (2019) A Competency Framework for Designated Prescribing Practitioners.

In consultation with and Date: Non-medical prescribing sub group, Medicine Safety Group (previously known as 'Medicines Optimisation Group') February 2021

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Contact for Review	Trust Non-Medical Prescribing Lead
Executive Lead Signature	Medical Executive Director
Approving Executive Signature	Medical Executive Director

Contents

INTRODUCTION

Non-medical prescribing is the term used to describe prescribing undertaken by a suitably qualified healthcare professional other than a doctor or dentist and aims to improve patient access to treatment and medicines.

The Non-Medical Prescribing Policy summarises the processes used within University Hospitals of Derby and Burton NHS Foundation Trust (the Trust) for those staff members wishing to extend their role to become a Non-Medical Prescriber (NMP).

It will identify the roles and responsibilities of non-medical supplementary and independent prescribers and the wider healthcare community involved in the process of non-medical prescribing.

PURPOSES AND OUTCOMES

This Policy will ensure that:

- The changes benefit patient care and improve access to appropriate medicines
- NMPs meet the governance requirements of the Trust
- NMPs are aware of their legal and professional responsibilities and boundaries
- Prescribing practice is compatible with the service development plans of the Trust and clinical speciality and is deemed an appropriate extension of the practitioner's role
- New NMP's are appropriately qualified for their role, work within the agreed national and local Policies, and are identified in the Trust so that they can be kept up to date on prescribing issues both locally and nationally
- NMP's are supported in their role and continued professional development.

STATUTE HISTORY

For a professional group to attain the authority to become NMPs this requires a change in statute and is governed by The Commission on Human Medicines. The wider workforce continues to evolve and develop with new roles constantly emerging within the National Health Service (NHS), therefore this is unlikely to remain static. The most recent professional group to attain legal rights to prescribe are paramedics, as of April 2018 they are able to access non-medical prescribing. It is therefore advisable to consult the relevant professional governing body website, alongside The Commission on Human Medicines web pages for clarity on current guidance.

At time of writing, Appendix 1 summarises the professional groups able to access non-medical prescribing.

SCOPE

This Policy applies to all NMP's operating as supplementary or independent prescribers in the Trust.

This Policy does not include the supply and / or administration of medicines under a patient group directive (PGD) which has its own Policy and governance arrangements.

This Policy does not apply to the function of transcribing, guidance for this can be found within the Trust Medicines Policy.

DEFINITIONS OF PRESCRIBERS

Independent Medical Prescriber (IMP)

A General Medical Council (GMC) registered doctor or a dentist.

Designated Medical Practitioner / Designated Prescribing Practitioner (DMP / DPP)

The individual identified as responsible for clinical supervision of the training NMP. The term DPP will be utilised throughout the document for ease referring to GMC registered doctors or dentists, Health and Care Professions Council (HCPC), General Pharmaceutical Council (GPhC) and Nursing and Midwifery (NMC) registrants who meet the requirements to act in the DPP role.

Independent Non-Medical Prescriber (INMP)

Independent prescribing is the process by which a NMP is responsible and accountable for the assessment, diagnosis and treatment of a patient's condition and for decisions about the clinical management required, including prescribing.

Legislation ascertains the professions whom may work as INMPs. Qualification must be completed at a validated UK higher education institute (HEI) undertaking an accredited programme followed by annotation on the appropriate professional register indicating approval from the professional body (please see Appendix 1 for a current table indicating those eligible for independent non-medical prescribing).

For the purpose of this document Nurse is interchangeable with Midwife as per NMC correspondence.

There are different types of non-medical nurse prescribers:

- **Nurse Independent Prescribers** (V300) are registered nurses who have completed an approved non-medical prescribing course allowing them to prescribe any licensed and

unlicensed drugs within their clinical competence. Nurse independent prescribers have full access to the British National Formulary (BNF), are able to prescribe controlled drugs within their competence, and regularise the practice of mixing medicines that include controlled drugs (Specialist Pharmacy Service 2018)

- **Community Practitioner Nurse Prescribers** (V 100 or V150) are a distinct group. They consist of district nurses, health visitors and school nurses who are allowed to independently prescribe from a limited formulary called the Nursing Formulary for Community Practitioners which includes over-the-counter drugs, wound dressings and applications

- **Nurse Supplementary Prescribers** - see Supplementary Prescribing section.

SUPPLEMENTARY PRESCRIBING

Supplementary prescribing is not suitable for emergency, acute or urgent prescribing situations because an agreed Clinical Management Plan (CMP) must be in place before prescribing can begin.

Supplementary prescribing is a voluntary partnership between:

- A doctor or dentist
- A supplementary NMP
- A patient.

The process requires an initial diagnosis by a doctor or dentist followed by an agreed patient-specific CMP which is unique to the patient and professionals named on the CMP. The supplementary NMP has the ability to prescribe any drug listed in a patient-specific CMP. There are no legal restrictions on the clinical conditions where the supplementary NMP cannot prescribe.

All professions legally entitled to independently prescribe and who successfully complete an NMC, HCPC or GPhC qualification can prescribe independently as well as in a supplementary capacity.

At time of writing diagnostic radiographers and dieticians are the only professions in the UK who have supplementary non-medical prescribing rights **ONLY**. This is not to be confused with therapeutic radiographers who are able to complete independent non-medical prescribing.

THE NON MEDICAL SUPPLEMENTARY PRESCRIBING (NMSP) PROCESS

Whilst most non-medical prescribing within the Trust will be independent prescribing, supplementary prescribing remains a useful option for:

- Patients with stable long-term conditions being managed by a supplementary prescriber between reviews by a doctor or dentist
- Situations where adhering rigidly to a guideline (or CMP) is beneficial
- Some situations involving controlled drugs or unlicensed drugs.

NMSPs prescribe in partnership with an IMP (who is responsible for the initial clinical assessment of a patient and establishing a diagnosis). The IMP (after consultation and agreement with the NMSP) will specify the medicines that may be prescribed under a patient-specific CMP. The NMSP is responsible for the assessment of patients and for decisions made about their clinical management via a CMP.

NMSPs may prescribe for the full range of medical conditions.

NMSPs can prescribe in accordance with the patients CMP:

- Controlled Drugs (CD) schedule 2 to 5 but not cocaine, dipipanone, diamorphine for addiction treatment. The address of the prescriber on form must be in the UK, except for schedules 4 and 5
- Unlicensed, off licence and off label medications subject to accepted clinical good practice, e.g. local policy or NICE approved use
- All ‘allowed’ prescribed items are subject to clinical competence and inclusion within a CMP
- Authorised emergency supply but items excluded include: CD schedule 1, 2 and 3 drugs and phenobarbital not indicated for epilepsy. (Royal Pharmaceutical Society 2019). Medicines Ethics and Practice, Edition 43.

IMP and non-medical supplementary prescribers (NMSP)

IMPs and NMSPs must be willing to work collaboratively and to assume the specific responsibilities listed below. IMPs and NMSPs may work in more than one prescribing partnership, providing that in each case they work as defined in this Policy (and a valid CMP exists for each partnership). There can be more than one named IMP (e.g. a consultant and a GP) or more than one named NMSP.

The IMPs responsibilities

- Initial clinical assessment of the patient, formulation of the diagnosis and determining the scope of the CMP
- Agreeing with the NMSP, the limits of their prescribing responsibility
- Providing advice and support to the NMSP as requested
- Reviewing the patient's progress at appropriate intervals, depending on the nature and stability of a patient's condition
- Sharing the patient's record with the NMSP
- Assuring that the patient is informed about and in agreement with participation in the prescribing partnership
- Recording that supplementary prescribing has been initiated in the medical notes.

The NMSPs responsibilities

- Prescribing for the patient in accordance with the CMP
- Monitoring the patient's progress and altering medicines if necessary, within the limits set by the CMP
- Passing prescribing responsibility back to the IMP if the agreed review is not carried out or if the patient's condition no longer falls within their competence
- Ensuring that the patient understands and agrees with the prescribing partnership arrangements (as such must have capacity).

The clinical management plan (CMP)

An agreed patient-specific CMP, drawn up using the Trust template (Appendix 2) must be in place before supplementary prescribing can commence and be available in the patient's medical notes. Wherever it is proposed to manage a patient's condition through the use of non-medical supplementary prescribing, the concept of the non-medical supplementary prescribing partnership must be explained in advance to the patient by the IMP or the NMSP and the patient's agreement obtained and recorded in the medical notes.

The IMP should be the clinician responsible for the patient's care at the time that supplementary prescribing is to start. If this responsibility moves to another IMP, the NMSP may not continue to prescribe unless a new agreement is negotiated and recorded in the medical notes. If the IMP wishes to set different prescribing conditions then a new CMP must also be drawn up and agreed.

The CMP must include:

- Patients name
- Illness or condition being treated
- A reference to the individual medicines that may be prescribed**
- The circumstances within which the NMSP can vary the dose, frequency and formulation of the medicine
- The circumstances in which the NMSP should refer back to the IMP
- Warnings about any known patient-specific sensitivities to particular medicines and known interactions with other medications
- Arrangements for the notification of adverse drug reactions
- The commencement date for supplementary prescribing
- The review date
- Formal agreement of the CMP by the IMP(s), NMSP(s) and the patient.

(The Human Medicines Regulations 2012).

** The CMP may refer to national or local evidence-based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. Where such a guideline exists there is no need to repeat information from the guideline in the CMP.

Either the IMP or the NMSP can draft the CMP but both must formally agree the document before supplementary prescribing begins.

Patient review must take place at the time determined in the CMP. The interval should not normally be longer than one year but is dependent on the length of treatment prescribed as well as the nature and stability of the patient's condition.

BOUNDARIES OF PRACTICE

Staff eligible to prescribe

In order for health care professionals to be eligible to prescribe at the Trust the following is required:

- Current registration with the professional body (ie Pharmacists GPhC, Paramedics HCPC)
- Completion of an accredited NMP academic module
- Annotation of the NMP qualification on the regulatory bodies register
- Meeting the requirements of the Trust for NMP
- Annotation on Trust NMP database.

Those professional groups eligible to prescribe currently are detailed within Appendix 1. It is **essential** that both the NMP and their line manger are aware of any exclusion that the practitioner has upon their prescribing. The eprescribing system currently in use will not distinguish between professions and permits open access to all independent NMPs.

SELECTION OF HEALTHCARE PROFESSIONALS SUITABLE FOR NON MEDICAL PRESCRIBING

NMPs may choose to apply to attend the non-medical prescribing programme independently but a stipulation of the programme is for an approved DPP to act as a supervisor throughout the programme. It is therefore recommended that NMPs discuss applications with their line manager **PRIOR** to application. Prospective NMPs should only apply when a service need is identified.

Line managers who support applications are encouraged to ensure staff meet criteria (see Appendix 3), and if unsure to seek advice from the Non-Medical Prescribing Strategy group prior to submission.

Upon qualification all NMPs will be required to gain approval from their line manager, senior professional lead (Divisional Nurse Director / Director of Allied Health Professionals / Chief Pharmacist) and Trust Lead for Non-Medical Prescribing prior to being given authority to prescribe within the Trust.

APPLICATION FOR NMP PROGRAMMES

Staff and line managers who are considering non-medical prescribing should ensure there is a need for NMP within their area of practice. Any queries over suitability of a member of staff or uncertainty about benefits should be made to the Trust NMP lead.

If the application is felt to be appropriate, the Trust professional development lead will authorise the release of LBR funding to the HEI. The Trust does not support self-funding of NMP. This is because the module requires a significant time and financial investment in supervision equating to an additional hidden cost of approximately £4500, this decision has been taken in conjunction with Executive Chief Nurse.

It is the responsibility of the line manager and the DPP to ensure that the healthcare professional planning to become a NMP has the knowledge and skills to provide the role. The

course does not teach clinical knowledge, or its application in practice. This is assessed by the DPP during the mandated supervised practice hours encompassed within the programme.

KEY RESPONSIBILITIES

Trust's Medicines Policy

In place currently is a medicines Policy for each sovereign site although this will become merged during the lifespan of this NMP Policy (check Koha for up-to-date Medicines Policies). These outline responsibilities for **all** prescribers including NMPs and doctors. This includes responsibilities for prescribing, administration and the security and safe storage of medicines and prescription pads.

Line Manager Responsibilities:

- To ensure there is a service need
- To ensure Divisional non-medical requirements are clearly documented within workforce plans
- To ensure that the healthcare professional planning to become a NMP has the knowledge and skills to provide the role (see Appendix 3)
- To confirm the qualifications and registration for new NMPs and for those qualified NMPs joining the Trust
- If a NMP has new learning requirements identified (i.e. due to a change in role or environment) a plan of assessment of competence and capability will need to be established and verified. A change of practice form (Appendix 4) should also be completed
- To ensure the healthcare professional applying to become a NMP has identified and gained agreement from a DPP to supervise through the programme
- To support the NMP in continuing competence for NMP to prescribe
- To support the NMP with ongoing personal and professional development
- Notify the Trust NMP lead of any NMP who has a period of absence of over three months in any twelve month period to ensure that where appropriate supportive measures are put in place to ensure the NMP is adequately prepared to return to prescribing practice
- Inform the NMP lead of any concerns related to a NMPs practice. The Trust NMP lead will liaise with the relevant professional lead and if appropriate can recall the approval to practice until such a time that the issues are resolved

- Through appraisal ensure that all NMP are updated and working to current practice and that registration remains valid.
- To ensure any NMPs undertaking the DPP role have adequate time allocated within their job plan to support the role.

Designated Prescribing Practitioner Responsibilities

All regulatory bodies have amended their standards for non-medical prescribing supervision (NMC 2018, GPhC 2019, HCPC 2019), and support an appropriately trained registrant to act as DPP for the trainee NMP.

The titles used within the Professional regulatory bodies standards for NMP that are covered by the term DPP include designated medical practitioner, named practice supervisor, practice assessor and practice educator.

Responsibility for ensuring appropriate training lies with the HEI to ensure all DPPs meet the criteria required as set out within the RPS (2019) Framework for Designated Prescribing Practitioners.

In addition to the HEI preparation for DPPs, within the Trust to undertake the role of DPP the following criteria must be met:

- Registered with a Professional body
- Be an experienced NMP (minimum of 3 years' experience)
- Demonstrate supervision / education experience through attendance at a supervision course or equivalent
- Have the support of their line manager and clinical supervisor
- Be identified as a supervisor
- Ensure that the healthcare professional planning to become a NMP has the knowledge and skills to provide the role
- Have sufficient time and capacity within their job plan to fulfil the role of DPP.

Non-Medical Prescribing Group Responsibility

The Non-Medical Prescribing Strategy Group is a Subcommittee of the Medicines Safety Group set up to provide a governance framework to support the safe and appropriate practice of non-medical prescribing in the Trust.

In addition it should ensure a process for confirm and challenge is in place and robust for those areas identifying new staff members to undertake NMP, offering guidance on alternative approaches where NMP is not felt to be the solution, i.e. PGDs.

Existing Non-Medical Prescribers new to the Trust

Those joining the Trust with existing non-medical prescribing qualifications, either independent or supplementary NMP should:

- Discuss with their line manager the appropriateness of prescribing to their new role
- If employed within a new clinical area, identify any new learning or development that needs to take place with their line manager
- Identify a designated DMP / DPP for mentorship
- Complete multidisciplinary standards practice for prescribing medicines (Appendix 5), and submit signature to pharmacy
- Agree support for NMP in new role (Appendix 6), identify areas of competence within NMP approval to practice form (Appendix 10)
- Identify a plan for CPD within their personal development plan (PDP)

These forms should be forwarded onto the Trust Non-Medical Prescribing Lead who will notify the new NMP via email when they are permitted to commence prescribing.

NMP's who are required to extend their prescribing practice from supplementary to independent prescribing must be legally permitted to so. This involves successful completion of an approved higher education programme. Should a NMPs role change it is advised that a review of learning needs is performed and a plan for a period of supervised practice with a DPP is completed. The number of hours supervised practice should be agreed on an individual basis with the DPP. It is considered good practice to complete a reflective diary mapped against the RPS (2016) Competency Framework for all prescribers to evidence competency in clinical practice.

The DPP must confirm and document competence on the Change of Prescribing Practice Form (Appendix 4) once achieved. A copy of this form should be signed by the NMPs line manager and forwarded onto the Trust Non-Medical Prescribing Lead. Once the Trust lead has approved the submission notification will emailed to the NMP. It is recommended that NMPs maintain a copy within their personal portfolio for reference.

LEGAL LIABILITY

The Trust will hold vicarious liability for IMPs and NMSPs where the following criteria are met:

- They are registered with clear annotation of this qualification with their professional statutory regulatory bodies i.e. NMC, GPhC, HCPC.
- The role should have the approval of the prescriber and line manager
- They must be registered in the Trust via the NMP Strategy group to prescribe and entered onto the NMP database
- They must work within the legal framework of the role, or CMP (if a NMSP), and within Trust Policies
- The NMP needs to be in receipt of confirmation to practice from the Trust NMP lead; this provides the NMP with vicarious liability for prescribing actions and decisions made within the Trust
- All Pharmacist NMPs must also be able to evidence appropriate personal indemnity cover as per GPhC.

REGISTRATION WITHIN THE TRUST

NMPs must only commence prescribing after they receive notification of approval via email from the Trust Non-Medical Prescribing Lead or nominated deputy.

Once the NMP has successfully completed the approved programme and has received notification of annotation from their regulatory body, NMPs should complete the Multidisciplinary Standards of Prescribing Practice (Appendix 5), and NMP Application to Practice (Appendix 6) and NMP approval to practice (Appendix 8). These should be sent to the Trust Non-Medical Prescribing Lead who will verify all signatures have been provided. Once the Non-Medical Prescribing Lead agrees, notification of approval to commence prescribing will be sent to NMPs via email. **ONLY** once a NMP is in receipt of this email should they commence prescribing.

Staff joining the Trust who are already qualified as a NMP (and who will be continuing to prescribe in their area of expertise) must be authorised as above and be listed on the NMP database and have received notification from the NMP Trust Lead before they can prescribe within the Trust.

Staff already qualified as a NMP planning to extend their prescribing to a new clinical speciality must undertake a period of supervised practice with a DPP within their new speciality. It is considered good practice to complete a reflective practice diary during this time to ensure training needs are identified and met. Following this period of supervision a Change of Practice form (Appendix 4) should be completed with their line manager, DPP and own signature. This

provides confirmation that all three parties are happy that relevant learning and competency has been achieved.

Once this is completed this should be sent to the Trust NMP Lead for entry onto the database, email confirmation will be sent to the NMP acknowledging the change in practice. It is at this point that the NMP may prescribe from the newly identified area of competence.

EDUCATION, TRAINING AND REGULATION

Registered Nurses and Registered Midwives

Following successful completion of a NMC accredited programme, verification that the required annotation is present on the individual's entry on the NMC register should be made by their line manager. The Registered Nurse / Midwife cannot legally prescribe until this annotation has been made.

At present the UK nursing regulator will only accept practitioners qualified through UK Universities whom follow the NMC's curriculum.

Registered Pharmacists

Pharmacist Independent Prescribers must successfully complete a General Pharmaceutical Council accredited programme (GPhC), receive a practice certificate in independent prescribing, and ensure annotation on the register.

Allied Health Professionals

Allied Health Professionals for whom legislation permits NMP, must complete an accredited programme and / or complete additional post registration training for those individuals wanting to 'top up' their NMSP qualification to independent prescribing. Following successful completion the NMP's line manager should ensure annotation is present on the register.

A NMP must have an active prescribing role that is integral to their role to remain on the Trusts NMP database. The Trust NMP Lead should be informed of any NMP no longer active for a period of more than three months in writing by the NMP and or line manager.

The NMP Strategy Group will maintain the database of IMPs / NMSPs working within the Trust. The database will be available to the NMP Trust Lead, NMP lead for CPD, line managers of NMP's, Chief Pharmacist and Pharmacy technicians responsible for allocation of FP10 prescription pads.

CONFIRMATION OF REGISTRATION

This is best obtained via the relevant professional regulatory body website.

- Nurse / midwife – NMC www.nmc.org.uk
- AHPs – HCPC www.hcpc-uk.org
- Pharmacists - GPhC https://www.pharmacyregulation.org/

LEAVING THE TRUST

When a NMP leaves the Trust it is theirs and their line managers' responsibility to inform the Non-Medical Prescribing Lead of the last day of practice. All unused FP10 prescription pads/sheets which were being used by the NMP and which were issued by the Trust **must** be returned to the Hospital Pharmacy department (Level 1 Main Pharmacy Dispensary, Royal Derby Hospital or the Main Pharmacy, Queens Hospital Burton).

RECORD OF CURRENT NMPS

An NMP database is managed and maintained via the training passport system which includes data of all NMPs. This can only be accessed by agreed personnel but includes Lead for Non-Medical prescribing, NMP CPD Leads, line managers, pharmacy support and Chief Pharmacist.

SCOPE OF PRESCRIBING

- NMPs can only prescribe for patients under the care of one of the Trust consultant physicians or surgeons or a delegated service provision arrangement
- Nurse Independent Prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the Nursing and Midwifery Council's (2018) The Code Professional standards of practice and behaviour for nurses, with attention to standards 6 and 13
- Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence and in accordance with Medicines, Ethics and Practice – A Guide for Pharmacists, published by the Royal Pharmaceutical Society of Great Britain (RPSGB 2017)
- AHPs must only ever prescribe within their own level of experience and competence, acting in accordance with the HCPC (2016) Standards of conduct, performance and ethics, with attention brought to standard 3
- A prescription can only be issued by a NMP for a patient who he / she has assessed for care
- NMPs wishing to prescribe antibiotics must have current level 4 infection control training

- A Nurse or Pharmacist Independent Prescriber may prescribe any licensed or unlicensed medicine (including controlled drugs) for any medical condition within their own level of professional competence and expertise however they must accept professional, clinical and legal responsibility for that prescribing, and must only prescribe an unlicensed medicine where it is accepted clinical practice
- NOTE: All other HCPC registered Independent Prescribers have restrictions on prescribing unlicensed medicines and some classes of Controlled Drugs
- Independent non-medical Prescribers may prescribe medicines for uses outside their licensed indications/UK marketing authorisation (so called “off-licence” or “off-label”). They must however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe “off-label” where it is accepted clinical practice
- If a NMSP is operating within the framework of a CMP, they must not deviate from the prescribing parameters determined in the CMP
- The information that must be contained within a CMP is specified by the Department of Health and Social Care
- Only NMPs with relevant knowledge, competence, skills and experience in child health should prescribe for children
- For safety and governance, except in exceptional circumstances, the following functions must not be carried out by the same NMP without a second healthcare professional being involved:

    1. prescribing **and** administration
    2. prescribing **and** dispensing

- Non-compliance with Trust Policy must be reported via the datix incident reporting system.

NON-MEDICAL PRESCRIBING PROCEDURE

Accountability and Professional Indemnity

All registered non-medical independent and non-medical supplementary prescribers are personally and professionally accountable for their prescribing decisions. When prescribing medicines they must work to the same standard and competence that applies to all other prescribers. Each non-medical prescriber is expected at all times to work within the standards and code of professional conduct as set out by their own professional regulatory and statutory bodies, as well as Trust Policies, procedures and guidelines.

All Non-Medical Independent and Non-medical supplementary prescribers must:

- Only prescribe within their level of experience and competence
- Report adverse incidents according to local and national requirements
- Be aware of the potential for interaction with any other drugs (outside their area of clinical expertise) that the patient is taking and take appropriate action.

PRESCRIBING LIMITATIONS AND GUIDANCE

NMPs are legally able to prescribe medicines within the Trust formulary within current legislation and guidelines for any medical condition they are competent to treat, this includes drugs used off label. NMPs are to only prescribe within their areas of professional competence and prescribing rights. These differ between professional groups. Clarification for each profession can be found via the link below

http://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/

Non-medical supplementary prescribers are permitted to prescribe any licensed, unlicensed or off label drug as long as it is in accordance with a CMP agreed by an IMP (see below). Again there are some exclusions relating to controlled drugs.

Unlicensed Medicines

Non-medical supplementary prescribers are permitted to prescribe unlicensed medicines as part of a CMP providing:

- The IMP is prepared to take responsibility for the prescribing of the unlicensed medicine
- The IMP is satisfied that an alternative licensed medication would not meet the patient's needs
- The IMP has agreed the patient's CMP to that effect
- The medication chosen and the reason for choosing it are documented in the CMP
- Non-medical prescribers are satisfied there is sufficient evidence to demonstrate the medications safety and efficacy for that particular patient
- The patient agrees to the prescription and understands the implications of this. **As such CMP cannot be used in patients who do not have capacity.**

Prescribing off-label medicines

Independent NMPs may prescribe medicines for uses outside their licensed indications (so called 'off-label' or 'off-licence'). They are required to accept professional, clinical and legal responsibility for their prescribing, and should only prescribe off-label where it is accepted clinical practice. In order to do so the following conditions must be met:

- The NMP is satisfied that it would better serve the patient's needs than a licensed alternative
- The NMP is satisfied that there is sufficient evidence base and or experience to demonstrate its safety and efficacy
- The NMP should explain to the patient / carer in broad terms why the medicines are not licensed for their proposed use
- The NMP must make clear, accurate, and legible record of all medicines prescribed and the reason for prescribing off-label.

The aim of this good practice is to increase the patients understanding of their treatment and minimise confusion and anxiety caused by reading the Patient Information Leaflet (PIL) supplied with the medication e.g. some anti-epileptic drugs are used "off label" to treat pain but the PIL only includes the use for epilepsy.

Non-medical supplementary prescribers can prescribe off-label in partnership with an IMP, where agreed within a patient's CMP.

CONTROLLED DRUGS (CD)

Registered Nurse, Midwife and Pharmacist Independent Prescribers are legally permitted to prescribe ***any*** CD listed in schedules 2-5 for any medical condition within their competence, **EXCEPT** diamorphine, cocaine and dipipanone for the treatment of addiction (Specialist Pharmacy Service 2018).

At time of writing the following is correct, although there is an ongoing consultation in progress to expand CD prescribing and therefore latest legislation will need to be referred to for contemporary permissions.

Physiotherapist independent prescribers are legally able to prescribe a limited number of CDs for the treatment of organic disease or injury. These include:

- Diazepam by oral administration
- Dihydrocodeine by oral administration

- Fentanyl by transdermal administration
- Lorazepam by oral administration
- Morphine by oral administration or by injection
- Oxycodone by oral administration
- Temazepam by oral administration.

Chiropodist / podiatrist independent prescribers are legally able to prescribe the following CDs for the treatment of organic disease or injury:

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

Therapeutic Radiographers are currently awaiting a decision on legislation change to permit them to prescribe from a restricted list of CDs following recommendation from the Advisory Council on the Misuse of Drugs (ACMD).

Paramedics are not currently permitted to prescribe any CDs. This is currently under consultation.

Approval to prescribe controlled drugs

Approval to prescribe CDs should be on an individual basis, following the guidance within the flowchart (Appendix 6). Once agreed with the DPP, this will then be annotated on the Trust database. It is expected that the novice prescriber may choose to limit CD prescribing practice, should changes be made in the future these should be submitted via the notification of change of practice form or annual review of prescribing practice (Appendix 4).

Audit of prescribing practice and annotation of CDs on the database will be randomly performed with feedback to individuals.

Supplementary non-medical prescribers are permitted to prescribe CDs in partnership with a doctor, where the doctor agrees within a patient's CMP.

All non-medical prescribers must know who the Accountable Officer is in the Trust, (locally it's the Chief Pharmacist), and also be aware of the audit requirements and local policies / procedures for the prescribing of CDs.

PRESCRIBING FOR PREGNANT PATIENTS

When treating women of child bearing age, NMPs should ensure they know whether the patient is pregnant or not. Non-medical prescribers must prescribe within their own level of experience and competence and should be very cautious when treating pregnant patients. They need to be aware of:

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

Each NMP is accountable for their own actions so the decision to treat pregnant patients or not should be made on an individual basis.

The NMC (2013) state:

"Independent and supplementary nurse prescribers are likely to see pregnant women in GP surgeries and walk in centres who present with common minor illnesses such as headaches, upper respiratory tract infections, urinary tract infections and vaginal candida albicans. Many seemingly minor illnesses can have major implications for a pregnant woman. For example, the Eighth Report of the Confidential Enquiries into Maternal Deaths, Saving Mothers' Lives , found that infection was the main cause of death in 2006-2008.

Independent and supplementary nurse prescribers must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly. A member of the midwifery or obstetric team is available 24 hours a day by contacting local maternity units. A record of any treatment prescribed should be made in the woman's hand held notes and the woman's GP and named midwife should also be informed of any treatment prescribed."

The Trust supports the above NMC guidance in relation to prescribing in pregnancy.

The Trust supports the RCN guidance in relation to prescribing in pregnancy, which can be accessed via the link below:

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

PRESCRIBING FOR FAMILY AND FRIENDS

Non-medical prescribers must NOT prescribe any medicine for themselves or for anyone with whom they have a close personal or emotional relationship, other than in an exceptional

circumstance (NMC's Standards for Prescribing (2006), RPS Standards of Conduct, Ethics and Performance 2010).

Refer to Self-Prescribing and Prescribing of Medicines for Family Members and Colleagues - Trust Policy and Procedure

Remote prescribing.

Increasingly the Trust is utilising remote consultations via telephone, video link or online to asses and subsequently prescribe medications for patients. NMC (2006) and GMC (2020) guidance has been reviewed, if the NMP is to utilise remote prescribing methods the NMP is advised to adhere to the standards documented within the GMC document accessed via the link below:

https://www.gmc-uk.org/-/media/documents/prescribing-guidance-before-cie_pdf-85470847.pdf?la=enPolicyhash=EBC2C2FCDD5F7481667629E891F4BFB8A792F59D

DOCUMENTATION

The Prescription Form / Electronic Prescribing

For the majority of the Trust sites electronic prescribing systems are utilised except in the failure of information technology (IT) systems. Once the NMP lead has been notified and has emailed agreement to a NMP to commence prescribing, the NMP lead will notify the IT department to allow appropriate access. For those whom still use paper prescription forms, and at times of system downtime the NMP is expected to utilise the approved Trust prescription form within their area of practice.

When using handwritten prescriptions the prescription must be signed with the prescriber's registration number i.e. NMC ******* or HCPC *******. This allows pharmacy to check the regulatory bodies' registration for permitted access.

PRESCRIPTION SECURITY

All stationery that can be used to obtain medicines and / or medical items is considered as controlled stationery. To take out (TTOs), outpatient, inpatient prescription forms and FP10 prescriptions are therefore all considered controlled stationery. The security of prescription forms is the responsibility of the employer **and** the prescriber using the controlled stationery.

FP10 PRESCRIPTIONS

An FP10 Prescription from the Trust, which is dispensed by a community pharmacist, can be used if appropriate and where this has been approved by the pharmacy department or in

conjunction with the Trust Management of FP10 prescription Policy (still being prepared at the time of publication). FP10 prescriptions must comply with the NHS Business Services Authority (NHSBSA) processing requirements and be printed with prescribing account codes approved by the NHSBSA.

It is recommended that those utilising FP10 prescriptions read the following document discussing guidance, management and control of prescriptions:

https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms_v1.0%20March%202018.pdf

For further details of what should be stamped/ printed on these forms prior to issue to the prescriber and the latest guidance on form use for hospital-based prescribers, see:

https://psnc.org.uk/dispensing-supply/receiving-a-prescription/is-this-prescription-form-valid/

Before a NMP can be authorised to have FP10 prescription pads printed and issued to them for their use by the NHSBSA, they must ensure that all the relevant Trust NMP paperwork has been completed, sent to the Trust NMP Lead for sign-off and that they have been added as an 'Active' prescriber on the Trust NMP database/ passport.

Personnel authorised as above may refer to the Policy for the management of FP10 prescriptions (or Trust pharmacy department if the Policy is not yet published who will advise on the ordering and distribution processes for FP10 prescriptions). In all cases, the person ordering or collecting the prescription pad must have with them proof of identity in the form of a Trust security badge with a photo.

Where the use of pre-printed FP10 prescription pads has been approved (e.g. outreach clinics or pre-stamped for specific community nurse prescribers):

- The Trust will ensure that records of the serial numbers of the FP10 prescription pads received, and subsequently issued to a NMP, are kept in the Hospital Pharmacy department (Level 1 Main Pharmacy Dispensary, Royal Derby Hospital or the Main Pharmacy, Queens Hospital Burton).
- It is the responsibility of the NMP to return any unused FP10 prescription pads/sheets when leaving the Trust gaining a signature from pharmacy indicating the serial numbers returned

- Line managers should ask for evidence of returning of any unused FP10 pads/sheets on departure from the Trust.

In accordance with best practice, NMPs should keep a record of the serial numbers of prescription forms issued to them. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining form in an in-use pad at the end of the working day – this will help to identify any prescriptions lost or stolen overnight.

To reduce the risk of misuse, blank prescriptions should never be pre-signed. Prescription forms should remain intact until a prescription is issued. Where possible, all unused forms should be returned to stock at the end of the session or day; they should not, for example be left in patients' notes. Prescription pads must be stored in a locked cupboard or drawer that can only be accessed by registered professionals.

Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.

HOME VISITS

When making home visits, NMPs working in the community should take suitable precautions to prevent the loss or theft of prescription forms, such as ensuring prescription pads are carried in a lockable carrying case (or kept in the NMPs bag and with them at all times). Prescription pads should never be left on view in a vehicle, they should be stored in a locked compartment such as car boot and the vehicle should be fitted with an alarm.

NMPs on home visits should before leaving the practice premises, record the serial numbers of any prescription forms / pads they are carrying. It is advised that only a small number of prescription forms should be taken on home visits – ideally between 6 and 10 – to minimise the potential loss.

SPOILED, UNWANTED OR EXCESS FP10 PRESCRIPTIONS OR LEAVING THE TRUST

It is the responsibility of both the non-medical prescribers line manager and the non-medical prescriber to ensure that any unused, spoiled or no longer needed FP10 prescription forms / pads are retrieved and returned to the Hospital pharmacy department (Level 1 Main Pharmacy Dispensary, Royal Derby Hospital or the Main Pharmacy, Queens Hospital Burton) when the member of staff leaves the Trust.

MISSING LOST OR STOLEN FP10 PRESCRIPTIONS

In the event of missing or stolen prescription forms / pads the NMP must inform his / her line manager immediately. It is the line manager's responsibility to ensure that the Trust NMP Lead and Chief Pharmacist are informed immediately to ensure appropriate escalation and action.

The NMP (or line manager if NMP unable to) must record the missing or stolen prescription forms / pads as a security incident on the Trust incident reporting system (datix). A copy of the datix must be forwarded to both the Trust NMP Lead and Chief Pharmacist for information and to ensure follow-up.

For further information, please refer to the Management and Control of Prescription Forms document via the link above (NHS Counter Fraud Authority 2018).

RECORD KEEPING

All health care professionals are required to keep, accurate, legible, unambiguous and contemporary records of patient care. All records will be maintained and stored as per Trust Policy on Information Governance and in line with their professional bodies' standard of practice. The prescription should be recorded in the patient health record at the time of writing the prescription.

Independent prescribing

The health record should identify the profession of the independent non-medical prescriber and should be signed, and the name printed. Details of the consultation should be recorded.

Supplementary prescribing

The health record should identify that it is a prescription issued by a supplementary non-medical prescriber under the CMP and should be signed, and the name printed. Details of the consultation should be recorded.

The patient record should contain the following details relating to the prescription:

- The date and time
- The name of the NMP
- The name, formulation and strength of the item prescribed
- The quantity, dose, frequency, treatment duration and route of administration of prescribed item

- The consultation with the patient, assessment, diagnosis etc.

It is recommended that advice given regarding over-the-counter preparations is recorded in the records.

CONTINUING PROFESSIONAL DEVELOPMENT

All NMPs within the Trust will be expected to maintain a portfolio of their CPD as prescribers. In line with National and regulatory guidance the Trust stipulates the use of The Royal Pharmaceutical Society (2016) A Competency Framework for all Prescribers to demonstrate ongoing competence.

Line managers

Line managers are required to discuss NMP CPD on an individual basis and agree a CPD plan as part of the PDP at appraisal. NMP's should complete the Non-Medical prescribing annual declaration (Appendix 8) at their annual appraisal and submit via the e-learning passport. This will be highlighted as mandatory for all registered as NMP once registered with the Trust. This additional activity is in the process of being established in the interim it is recommended that all NMP keep a copy within their personal file to demonstrate compliance with this policy.

Annual CPD activity which is relevant to the NMP prescribing area can be achieved in a variety of formats to suit individuals such as; attendance at conference, study days, participation in meetings, reflection, and audit.

It is the responsibility of individual NMPs to ensure they remain up-to-date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy. The Trust will support the NMP by ensuring that NMPs have access to continuing education. Line managers are encouraged to support NMP attendance at the Trust NMP CPD sessions for **a minimum of 2 half day sessions per year**. It is acknowledged that these sessions also facilitate communication with groups of staff who often work in isolation.

AUDIT

Non-medical prescribers are encouraged to regularly review their prescribing habits and consider the financial / budgetary implications of their prescribing. An opportunity to discuss audit relating to prescribing should form part of each NMPs appraisal. Pharmacy has a process for requesting reports from ePMA with a dedicated email address for these requests, any comments, queries or suggestions you may have via dhft.epmareportrequest@nhs.net

MONITORING COMPLIANCE AND EFFECTIVENESS

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement :	To ensure concordance with Trust Policy for Non-Medical Prescribing
Monitoring Method:	Review of datix involving any NMP Audit of prescribing of controlled drugs for addiction by NMPs Review of NMPs database Audit of NMP CD prescribing activity
Report Prepared by:	Lead for Non-medical Prescribing (Strategy group)
Monitoring Report presented to:	Medicines Safety Group
Frequency of Report	Annually

Deficiencies identified within the above reporting process will be reviewed by the Non-Medical Prescribing strategy group and an action plan identified and implemented. A further review will then occur within 6 months and results reported to Medicines Safety group.

REFERENCES

- Department of Health (2010) Nurse prescribing training and preparation: extended formulary nurse prescribing and supplementary prescribing.http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-edicalPrescribingProgramme/Nurseprescribing/DH_4123001
- General Optical Council: Core competencies for optometrists (2005)
- Health and Care Professions Council (2013) Standards for prescribing
- http://www.nmc-uk.org/Nurses-and-midwives/Prescribing/
- The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015 and the explanatory memorandum SI 2015/891
- National Prescribing Centre (2001) Maintaining Competency in Prescribing. An outline framework to help nurse prescribers
- National Prescribing Centre (2006) Maintaining Competency in Prescribing. An outline framework to help pharmacist prescribers
- NHS Protect - Security of Prescription Forms guidance (updated August 2013). Available at the following weblink: http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security_of_prescription_forms_guidance_Updated_August_2013.pdf
- NMC (2006) Standards of proficiency for nurse and midwifery prescribers. http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyForNurseAndMidwifePrescribers.pdf
- Nursing and Midwifery Council [2007] The Code: standards for conduct, performance and ethics for nurses and midwives
- Nursing and Midwifery Council [2006] Standards of proficiency for nurse and midwife prescribers
- Nursing and Midwifery Council [2007] Standards for medicines management

Pharmacy Standard Operating Procedure (SOP) titled: “Procedure for the safe and secure handling of FP10 prescription pads” – Appendix 5 and Appendix 6 of this NMP Procedure have been extracted from this Pharmacy SOP.

- Royal Pharmaceutical Society of Great Britain (2010): Standards of conduct, ethics and performance . London. www.pharmacyregulation.org
- Royal Pharmaceutical Society Medicine, Ethics and Practice document. Ed 38; July 2014.
- http://anp.org.uk/tag/controlled-drugs
- http://www.csp.org.uk/professional-union/practice/medicines-use-prescribing/independent-prescribing
- Human Medicines Regulations (2012) available at http://www.legislation.gov.uk/uksi/2012/1916/schedule/14/made

Appendix 1 - Professions able to access NMP

Independent and supplementary prescribers

- Nurses / Midwives
- Pharmacists
- Physiotherapists
- Podiatrist
- Paramedics
- Optometrists
- Therapeutic Radiographers

Supplementary prescribers only

- Diagnostic Radiographers
- Dieticians

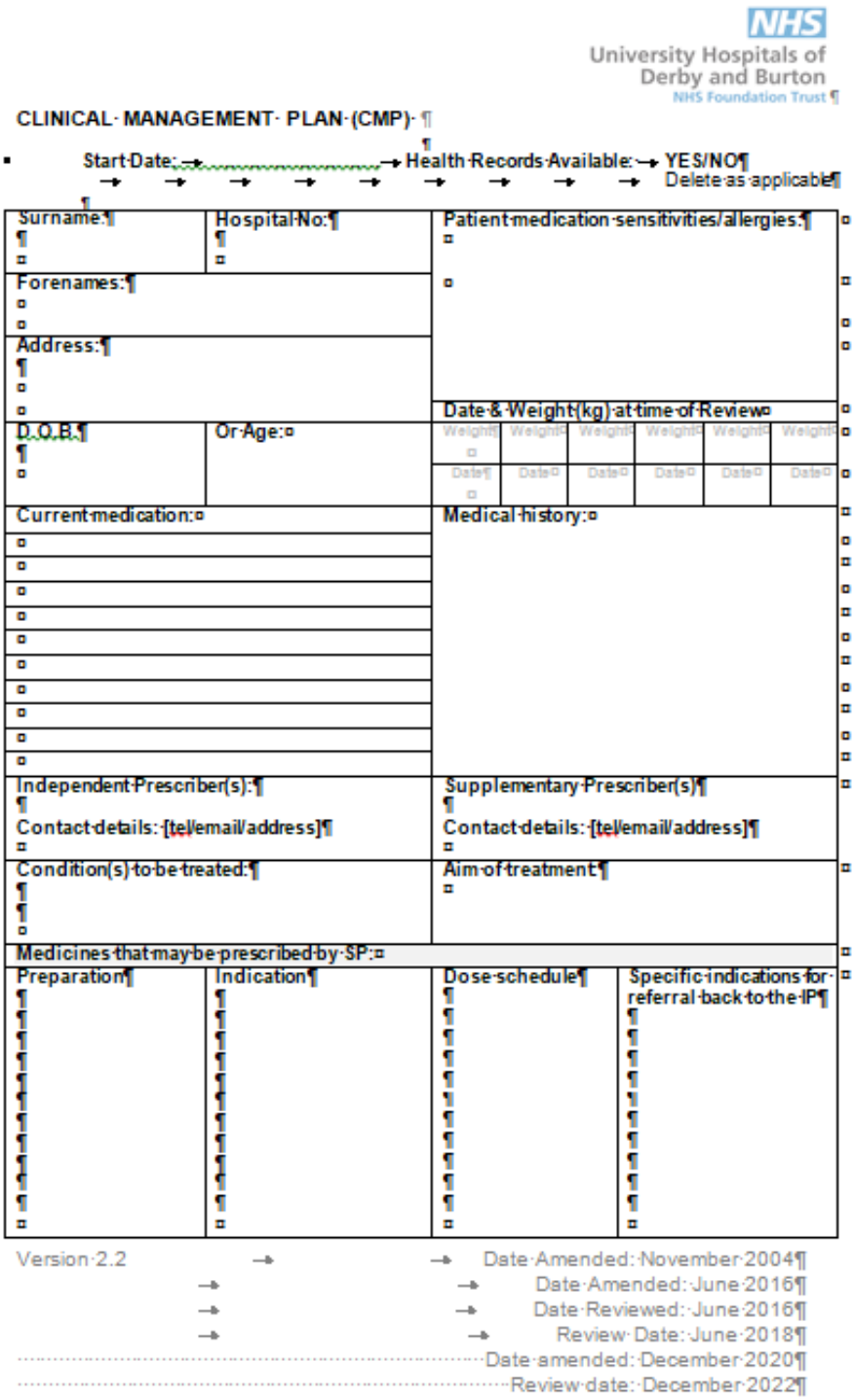
Community Practitioner Prescribers (V150)

- Nurses (Health Visitors and District Nurses)

HEE available at

https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers

Appendix 2 – Clinical Management Plan



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CLINICAL MANAGEMENT PLAN (CMP)

Start Date: → Health Records Available: → YES/NO
Delete as applicable

Surname:	Hospital No:	Patient medication sensitivities/allergies:
Forenames:		
Address:		
		Date & Weight (kg) at time of Review
D.O.B.	Or Age:	Weight / Date (6 columns)
Current medication:		Medical history:
Independent Prescriber(s): Contact details: [tel/email/address]		Supplementary Prescriber(s) Contact details: [tel/email/address]
Condition(s) to be treated:		Aim of treatment:

Medicines that may be prescribed by SP:

Preparation	Indication	Dose schedule	Specific indications for referral back to the IP

Version 2.2 → → Date Amended: November 2004
→ → Date Amended: June 2016
→ → Date Reviewed: June 2016
→ → Review Date: June 2018
Date amended: December 2020
Review date: December 2022

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University Hospitals of Derby and Burton
NHS Foundation Trust

Guidelines or protocols supporting Clinical Management Plan:

Supplementary prescriber	Supplementary prescriber and independent prescriber

Frequency of review and monitoring by:	Signature:	Date:
Review 1		
Review 2		
Review 3		
Review 4		
Review 5		
Review 6		

Process for reporting ADRs:
MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA)/CSM YELLOW CARD, DOCUMENT ADR IN PATIENT'S HEALTH RECORDS, REFER BACK TO IP

Shared record to be used by IP and SP:
PATIENT'S HEALTH RECORDS

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

Version 2.2 → → Date Amended: November 2004
→ → Date Amended: June 2016
→ → Date Reviewed: June 2016
→ → Review Date: June 2018
Date amended: December 2020
Review date: December 2022

Appendix 3 - Guide for Managers

In addition to fulfilling legal criteria for eligibility to prescribe, applicants for independent or supplementary prescribing will need:

1) The ability to study to a minimum of degree level (level 6) and to undertake self-directed learning

2) At least three years post-registration clinical experience (part-time equivalent) or at least two years' experience as a pharmacist following their pre-registration year

3) The ability to make a diagnosis (if working towards Independent Prescribing), with evidence of clinical examination / physical assessment skills within their intended area of prescribing

4) Access to an appropriately qualified supervisor, that meets the professional bodies requirements for supervision, to contribute to and supervise the regulatory 12 days 'learning in practice'. If unclear of these requirements please discuss with Trust NMP lead

5) Be employed within a post in which they will have the opportunity to work in partnership with a DPP(s) and to prescribe under patient-specific CMP

6) Supported by the division and have agreed access to regular Continuing Professional Development (CPD) opportunities specific to Non – Medical Prescribing

7) Approval from the Non-medical prescribing group

Appendix 4 - Notification of Change of Prescribing Practice

Name (PRINT): ……

Job Title: ……

Division: ……

Department / Ward: ……..

Registration Number of Professional Body: ……

I have read the Trust Procedure and understand my roles and responsibilities. I confirm that these duties are within my training and scope of professional practice.
I am also aware that further information concerning medicines procedures are contained in the Trust Medicines Code, available in all clinical areas and on the Trust Intranet.
I am aware of the Trust Formulary and will only prescribe within my limitations and competency.
I have also attached a copy of the record of Statement of Entry to the register for independent prescribing status. *****Delete if not relevant**

Prescribers Signature: …… Date……

Line Manager …….. Date……..…….

DPP …… Date……

Once completed copy and send to Janice James janice.james2@nhs.net. Keep 1 copy in personal file and 1 in portfolio.

Appendix 5 – Multidisciplinary Standards Practice for Prescribing Medicines

MULTIDISCIPLINARY STANDARDS PRACTICE FOR PRESCRIBING MEDICINES

Name: …… (Print)

Job Title: ……

Division: ……

Department/Ward: ……

Registration Number of Professional Body: ……

I have read the Trust Procedure and understand my roles and responsibilities. I confirm that these duties are within my training and scope of professional practice.

I am also aware that further information concerning medicines procedures are contained in the Trust Medicines Code, available in all clinical areas and on the Trust Intranet.

I am aware of the Trust Formulary and will only prescribe within my limitations and competency.

I have also attached a copy of the record of Statement of Entry to the register for non-medical independent/supplementary prescribing.

Signature: …… Date: ……

Copy to be kept by line manager (retained within personal file) and NMP

Appendix 6 - Non - Medical Prescribing Checklist.

The following checklist should be completed by the line manager of either the successful NMP or newly employed NMP within the Trust and forwarded to the Trust Non-Medical Prescribing Lead.

Name of NMP :		
Job Title:		
Area of Work:		
Email Address:		
Line manager please ensure that:		Signature
1. The NMP is registered as a prescriber with their professional body: 1a. Date registered: …… 1b. Registration No: …… 1c. Revalidation date: …… 2. Prescription pads have been obtained, where appropriate.		
3. You agree to support the NMP to access regular CPD activity, which is specific to NMP.		
4. Identification of a Designated Independent Medical Prescriber/ Designated Prescribing Practitioner to provide ongoing clinical supervision and support to the NMP		
Return the completed check list to Trust Non-Medical Prescribing Lead once all signatures obtained.		
Divisional Nurse Director / Midwifery Director , Chief pharmacist, Director for AHPs signature		Date

……	……
Trust Non-Medical Prescribing Lead signature ……	Date ……

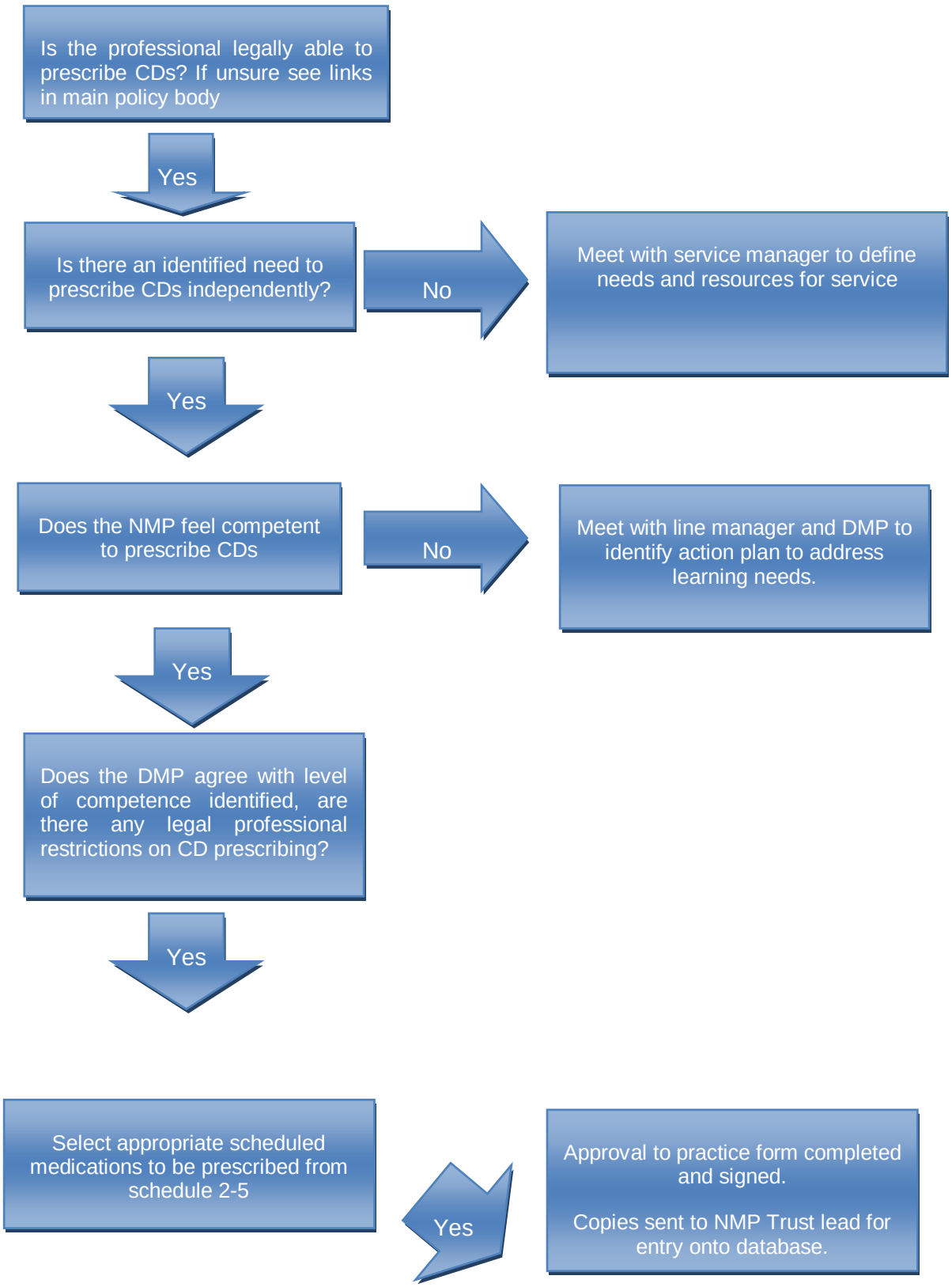
On completion send to Emma Blurton emma.blurton@nhs.net for entry onto NMP database.

A copy of this should be held in your personal file.

The NMP and their line manager will be notified via email with attached letter once this process is complete, they will then be eligible to commence prescribing within the Trust.

If prescribing electronically IT will need notification prior to access being given. This will be completed by Trust NMP lead. Any queries – please contact the Trust Lead (Jennifer.riley@nhs.net).

Appendix 7 - Prescribing CDs independently



Appendix 8 - Approval to practice form

To be completed to obtain entry onto NMP database and prescribing rights within the Trust.

Name of NMP :	
Job Title:	
Area of Work:	
Profession:	
Registration no:	
Email Address:	
Contact number:	
Line manager name:	
DPP Name:	
Senior Manager:	
University NMP completed:	
Date of completion:	
Type of prescriber:	Independent ☐ Supplementary ☐ Both ☐
Prescription forms:	FP10 ☐ Trust IP ☐ Trust OP ☐ ePrescription ☐
Which BNF do you prescribe from:	Adult ☐ Childrens ☐
Please identify areas of BNF you prescribe from:	GI system Cardiovascular Respiratory Central Nervous Infections Endocrine Obstetrics, gynaecology and urinary tract disorders Malignant disease and immunosuppression Nutrition and blood

	Musculoskeletal and joint diseases Eye Ear, nose and oropharynx Skin Immunological products and vaccines Anaesthesia Appendix 2: Borderline substances Appendix 5: Wound management and elasticated garments All BNF categories
Please identify all speciality areas of prescribing practice:	Accident and Emergency Anaesthetics Cardiology Chiropody Oncology Community midwives Colorectal surgery Community matrons Community nurses Community Occupational Therapy Community Physiotherapy Dermatology Diabetes Dietetics District Nursing Medicine for the Elderly Endocrinology Ear, nose and throat Fertility treatment Gastroenterology General Surgery General Medicine

	Genito-Urinary Medicine Gynaecology Haematology Imaging Intermediate care Maxillofacial Microbiology Neonatology Nephrology Nuclear Medicine Nutrition and Dietetics Obstetrics Opthalmology Orthodontics Occupational Therapy Paediatrics Pain Clinic Palliative Medicine Physiotherapy Plastic Surgery Radiology Rehabilitation Renal Rheumatology Speech Therapy Stroke Other- please specify: ……
Do you prescribe controlled dugs:	Yes ☐ No ☐
Please list agreed CDs:	

Signed:	
Date:	
Approved by Manager Name, date and signature	
Approved by DPP Name, date and signature	

Appendix 9 - Annual Declaration of Scope of Prescribing Practice

To be completed annually at appraisal with line manager and submitted to Trust Non-medical Prescribing Lead to ensure NMP database remains current. Any concerns highlighted during completion of the annual declaration should be discussed with the Trust NMP lead.

Non-completion of this form could lead to temporary suspension of NMP rights.

Name of NMP :	
Job Title:	
Area of Work:	
Profession:	
Registration no:	
Email Address:	
Contact number:	
Line manager name:	
DMP/ DPP Name:	
Senior Manager:	
Indicate any new areas of prescribing practice since initial application to practice:	
Any change to CD prescribing practice:	
Date of last development review:	
Appraisal checklist:	Utilising prescribing skills according to job description or agreed expectations of manager Yes/ No Using clinical management plans appropriately Yes/ No/ NA Understands the current controlled drug regulations and how

	they apply to their practice Yes/ No Has access to clinical supervision Yes/ No Reflected on CPD needs in last 12 months Yes/ No Accessed CPD relevant to prescribing in the last 12 months Yes/ No Attended the NMP CPD forum during the last year Number of forums attended: Demonstrates audit of practice Yes/ No Prescriber reports incidents and adverse reactions relating to prescribing Yes/ No/ NA Prescriber ensures prescription pads are kept secure and maintains a log of serial numbers Yes/ No/ NA
Declaration:	I confirm that: • I will prescribe within my role, declared scope of practice and competence. • I have relevant, up-to-date clinical and pharmaceutical knowledge relevant to the declared scope of practice. • I am aware of the additional requirements for prescribing controlled drugs in the Misuse of Drugs Act / Regulations (only applicable if you have indicated above that your scope of practice included controlled drugs). • I will prescribe according to the Trust's medicines management and non-medical prescribing Policy. • I have access to appropriate clinical supervision that includes reviewing prescribing practice. • All prescribing incidents of which I become aware (whether relating to my own prescribing or others' prescribing) are reported via Datix. I understand that I am responsible for maintaining my

	competency to prescribe and adhering to relevant Trust Policies.
Signed:	Date:
Line Manager:	Date:

Copies to personal file, and portfolio.

Please ensure updated on learning passport.