TRUST POLICY

NON MEDICAL PRESCRIBING

The review date for this Policy has been extended until July 2017 whilst this Policy is being reviewed and updated. Please continue to follow this guidance until the release of the updated Policy.

Any hard copy of this document is only assured to be accurate on the date printed. The most up to date version is available on the Trust Policy Site.

All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

FAST FIND:

Key parts of this document can be accessed in:

- Section 8 - Registration and Authority to Prescribe
- Section 9 - Prescribing Practice
- Section 10 - Prescribing Responsibilities

DOCUMENT OVERVIEW:

- This policy sets out the selection criteria and application process for nurses, midwives and allied health professionals wishing to become non medical prescribers.
- This policy also sets out the process for the prescribing of medicines by appropriately trained and registered non medical prescribers employed by the Trust.

This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000
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Training Needs Analysis
1. INTRODUCTION

The Crown report (DH, 1999) enabled experienced professionals working within multidisciplinary teams to extend and utilise their skills to improve patient care, make efficient use of resources and enhance their job satisfaction, including prescribing treatment where appropriate. This approach was supported within the NHS Plan (DH, 2000) with detailed guidance included in “Improving Patient’s Access to Medicines” (DH, 2006). A national curriculum underpins prescribing competency, agreed and accredited by the relevant Royal Colleges and delivered by a number of Higher Education Institutes.

In this policy the term “non medical prescribers” applies to registered nurses and midwives (hereafter referred to generically as nurse prescribers) and Allied Health Professionals including chiropodists, podiatrists, physiotherapists, radiographers and pharmacists (hereafter referred to as AHPs).

Non medical prescribers are those who have completed a nationally approved and professionally accredited course to support prescribing and have this qualification annotated on their relevant professional register.

This policy sets out the selection criteria and application process for nurses, midwives and allied health professionals wishing to become non medical prescribers.

This policy also sets out the process for the prescribing of medicines by appropriately trained and registered non medical prescribers employed by Gloucestershire Hospitals NHS Foundation Trust.

Non medical prescribers must prescribe within their relevant codes of conduct and guidance:

- Health Professions Council, Standards of Conduct, Performance and Ethics (2008)
- The Royal Pharmaceutical Society of Great Britain Medicines Code of Ethics and Standards (RPSGB 2009)

Non medical prescribing regulations do not affect the Exemptions for midwives and certain AHPs under the Medicines Act legislation, which allow them to supply or administer certain listed medicines (DH, 2006).

Gloucestershire Hospitals NHS Foundation Trust will support non medical prescribing by appropriately trained and registered non medical prescribers only in circumstances where a clearly identified service need and demand has been identified.

2. DEFINITIONS

<table>
<thead>
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<tr>
<td>Independent Prescriber (IP)</td>
<td>Doctors, dentists, nurses and pharmacists who are responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing (DH 2006).</td>
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**Supplementary Prescribing (SP)**
A partnership between an independent prescriber (who must be a doctor or dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan (CMP) (Annexe 1) for an individual patient with that patient's agreement.

**Off License Medicines**
Also sometimes referred to as 'Off Label Medicine' is where a medicine is prescribed for the treatment of a condition outside of its licensed indication.

**Unlicensed Medicines**
Medicinal products that are not licensed for any medicines indication or age group, and do not have a valid marketing authorisation (licence) in the UK.

**'Compounding' of Medicines**
The 'mixing' of two or more drugs, which can include controlled drugs.

**Controlled Drugs (CDs)**
Those drugs as defined in Schedules 2-5 of the Misuse of Drugs Regulations 2001 *(Statutory Instrument No. 3998)*

**Patient Group Directions (PGDs)**
A written instruction for the supply or administration of medicines to groups of patients who may not individually be identified before presenting for treatment. It is NOT a form of prescribing. A separate policy describes PGD development, use and management (POPAM).

### 3. PURPOSE
This policy applies to all Non Medical Prescribers who are employed by this Trust. It also applies to all registered nurses and allied health professionals employed by this Trust who are considering becoming a Non Medical Prescriber.

This policy aims to ensure that:

- All Non Medical Prescribers practice within the boundaries of local strategy, professional guidance and the law
- Correct procedure is followed when a Non Medical Prescriber practices outside of the boundaries of local strategy, professional guidance and/or the law.
- The clearly defined application process is adhered to, for those registered nurses and allied healthcare professionals considering becoming a Non Medical Prescriber.

### 4. ROLES AND RESPONSIBILITIES

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<th>Details</th>
<th>Resources</th>
<th>Review/Monitoring</th>
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<td>Responsible for maintaining an accurate Trust Register</td>
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<td>Responsible for chairing the NMP Forum and for provision of Continuous Professional Development.</td>
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<td>Line Managers of Non Medical Prescribers</td>
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5. IDENTIFYING THE SERVICE NEED

It is the responsibility of the applicant, supported by the Divisional Lead Nurse and Clinician or relevant Professional Head of Service to:

- Identify the service need for non medical prescribing
- Describe/forecast the benefits of non medical prescribing within specialty
- Secure funding
- Identify a Designated Medical Practitioner (DMP) to mentor and assess during training and beyond.

The Nurse, Midwife, Pharmacist or AHP is responsible for completing the relevant University application and declaration forms for non medical prescribing and returning them to the Trust Non Medical Prescribing Lead.

The Divisional Lead Nurse and Clinician or relevant Professional Head of Service should agree to support the practitioner to use the qualification after completing the course and agree an outline role to carry out when trained.

The Divisional Lead Nurse or relevant Professional Head of Service will identify the number of prescribing course places required within its annual training and education demand forecast and will notify the Trust non medical prescribing lead of the names of individuals requiring places.

6. ELIGIBILITY FOR TRAINING

Practitioners agreeing to undertake a non medical prescribing course should have relevant and sufficient post registration experience (no less than three years) and at least one year in the clinical specialty within which they intend to prescribe. They should be able to:

- Study at level 6 (degree level)
- Fulfil the time commitment required by the course
- Have an appropriate level of IT competence and access to a computer
- Engage an appropriately medically qualified Designated Medical Practitioner (DMP) and provide their DMP with relevant information about the role.

Nominees and nominators must ensure that:

- Practitioners are willing and able to undertake the preparation for non medical prescribing
- The DMP is able to provide the required amount of prescribing supervision both during training and for a specified period following qualification.
- Subsequent prescribing practice will be of benefit to patients
- Best value is obtained from the training resource.

7. THE APPLICATION PROCESS

See Annexe 1 for a flowchart representation of this process.

- The applicant forwards all forms to the Trust non medical prescribing lead.
- The Trust non medical prescribing lead signs off all forms, communicates this to the Trust Education Coordinator and forwards to the relevant University.
- Confirmation of a place is given by the University to the applicant and the Trust non medical prescribing lead.
The applicant applies for study leave following Trust study leave policy.
The Trust non medical prescribing lead will report on progress with non medical prescribing to the Director of Nursing and Senior Nurse Committee.
Support for staff undertaking prescribing training and following qualification is available from the Trust non medical prescribing lead and the Trust Non Medical Prescribing Forum which meets five times per year.

8. REGISTRATION AND AUTHORITY TO PRESCRIBE

On successful completion of prescribing training the Higher Education Institute will notify:

- The individual
- The relevant professional body

The non medical prescriber will forward relevant registration documentation to their professional body which will annotate the register to indicate that the individual has qualified as a non medical prescriber (either as an independent and supplementary prescriber or solely as a supplementary prescriber).

If a professional registration fee is required, payment is the responsibility of the non medical prescriber.

The non medical prescriber will complete the following with the Trust non medical prescribing lead:

- Letter of Authorisation/Specimen Signature form (annexe 2)
- Non Medical Prescribing Register (annexe 3)
- Trust Area of Practice Form (annexe 4)
- Trust Affirmation of Competence Form (annexe 5)

The Trust NMP Lead will place the original Letter of Authorisation, Specimen Signature Document, NMP Register, Area of Practice Form and Affirmation of Competence Form in the non medical prescriber’s personnel file and will then forward copies of the Letter of Authorisation and Specimen Signature Document to the Chief Pharmacist to support pharmacists in dispensing against the individual’s prescriptions.

Non medical prescribers must identify ongoing training and development needs at appraisal and they must undertake continuing professional development activity as required by their professional bodies.

Individual practitioners must ensure their prescribing registration remains current.

For supplementary prescribers, if the independent prescriber (doctor) changes, then the supplementary prescriber cannot continue to prescribe until a new prescribing partnership has been negotiated with a new independent prescriber.

Non medical prescribers changing roles or areas of practice must notify the Trust non medical prescribing lead and exercise professional accountability in respect of safe practice. They must also identify a medical practitioner who will provide mentorship and clinical supervision.

Non medical prescribers working in the Trust as a result of Agency bookings are not allowed to prescribe.

The Trust will supply non medical prescribers with copies of the British National Formulary (BNF), in line with arrangements for medical prescribers.

Non medical Prescribers must notify the Trust non medical prescribing lead if they are leaving the Trust.

New employees to the Trust who are already registered as non medical prescribers (and have been practising as such in their previous role) must:
9. PRESCRIBING PRACTICE

Non medical prescribers must only prescribe medicines for patients within the clinical specialty in which they have demonstrated competence. Non medical prescribers must never prescribe beyond their limits of competence and experience.

Non medical prescribers will be expected to recognise those situations when it would be inappropriate for them to prescribe.

Non medical prescribers must adhere to the Gloucestershire Hospitals NHS Foundation Trust Policy on Ordering, Prescribing and Administering Medicines (POPAM) and to the Trust drug formulary.

Non medical prescribers will only use approved Gloucestershire Hospitals NHS Foundation Trust prescribing stationary in the same way as medical prescribers including a bleep or contact number where appropriate.

A specimen signature (annexe 2) is held in pharmacy, against which pharmacists may dispense medication.

Before supplementary prescribing can take place, it is obligatory for the agreed CMP to be in place relating to a named patient and to that patient’s specific condition(s) to be managed by the supplementary prescriber. This must be included in the patients’ medical record.

Annexe 6 provides a CMP template which should be:

- Written in partnership between the independent and supplementary prescriber following patient/guardian agreement
- Drafted, agreed and signed by both independent and supplementary prescribers
- Kept as simple as possible
- Based on national or local evidence based guidelines or protocols where available.

There is no need to repeat the advice of these in the body of the CMP. When Trust approved guidelines or protocols are referenced they must be readily available to the supplementary prescriber.

Regulations specify the content of a CMP (DH, May 2005) which must include:

- The name of the patient to whom the plan applies
- The illness or conditions which may be treated by the supplementary prescriber
- The date on which the plan is to take effect and when it is to be reviewed by the doctor who is party to the plan
- Reference to the class or description of medicines which may be prescribed or administered under the plan
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan and any period of administration or use of any medicine which may be prescribed or administered under the plan
- Relevant warnings about known sensitivities of the patient to, or known difficulties of the patients with particular medicines
- The arrangements for notification of:
  - a) Suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other
Whenever the non medical prescriber makes a complex prescribing intervention it must be recorded in the patients' health care record. Where more than one record exists information must be entered into each record with the exception of Oncology patients.

Non medical prescribers must not prescribe for themselves, members of staff, or members of their family or friends.

Monitoring of prescribing and appropriateness of prescribing will be subject to clinical monitoring/audit in accordance with Trust procedures.

10. PRESCRIBING RESPONSIBILITIES

There are two types of non medical prescribers:
- Independent prescribers (nurses and pharmacists)
- Supplementary prescribers (nurses, pharmacists and AHP’s)

Independent Prescribers
- Independent prescribers are professionals (e.g. doctor, dentist, nurse and pharmacist) who are responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing (DH 2006).
- Nurse Independent Prescribers may prescribe any licensed medicine for any medical condition and unlicensed medicines within the guidance of ‘The Use of Unlicensed Medicines and Use of Licensed Medicines for Unlicensed Applications (DH 2010).
- Nurse independent prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the NMC’s “The Code – Standards of Conduct, Performance and Ethics for Nurses and Midwives”.
- Pharmacy independent prescribers may prescribe any licensed medicine for any medical condition and unlicensed medicines within the guidance of ‘The Use of Unlicensed Medicines and Use of Licensed Medicines for Unlicensed Applications (DH 2010).
- Pharmacist independent prescribers must only prescribe within their own level of competence and in accordance with “Medicines, Ethics and Practice – A Guide for Pharmacists (RPSGB)”

The independent prescriber is responsible for:

- The clinical assessment of the patient, the formulation of a diagnosis and identifying if an appropriate prescription for medicines can be made from the BNF.
- Prescribing from the BNF in accordance with the specified medical condition.
- Recording, prescribing and monitoring activity in the shared patient record contemporaneously.
- Monitoring and assessing the patients’ progress as appropriate to the patient’s condition and the medicines prescribed.
- Providing advice and support to the multidisciplinary team caring for the patient.
- Working within their clinical competence and professional code of conduct at all times and consulting with the medical practitioner responsible for the patient’s care as necessary.
- Accepting professional accountability and clinical responsibility for their prescribing practice.
- Adhering to Trust clinical incident policy and all other policies related to medicines management.
- Safe and secure handling of prescriptions/prescription pads.

Supplementary Prescribers
- Supplementary prescribing is a voluntary partnership between an independent prescriber (who must be a doctor or dentist) and a supplementary prescriber, to implement an agreed patient specific Clinical Management Plan (CMP) (Annexe……) with the patient’s agreement.
- The CMP will be drawn up with the patients/guardians agreement, following diagnosis of the patient by the independent prescriber and following discussion and agreement between the
independent and supplementary prescribers.

- Supplementary prescribers are able to prescribe all medicines specified on the CMP, including controlled drugs and unlicensed medication.
- There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although DH expects that supplementary prescribing will support management of chronic medical conditions.

The supplementary prescriber is responsible for:

- Prescribing for a patient in accordance with the CMP
- Monitoring and assessing the patient’s progress as appropriate to the patient’s condition and the medicines prescribed.
- Working within their clinical competence and professional code of conduct at all times and consulting the independent prescriber as necessary.
- Accepting professional accountability and clinical responsibility for their prescribing practice.
- Passing prescribing back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval or if they feel that the patient’s condition no longer falls within their competence.
- Recording, prescribing and monitoring activity in the shared patient record contemporaneously.
- Adhering to Trust clinical incident policy and all other policies related to medicines management.

11. OFF LICENSE MEDICATION ('OFF LABEL” MEDICATION')

Independent prescribers can prescribe medicines outside their licensed indications, where this is accepted clinical practice. “They must however, accept professional, clinical and legal responsibility for that prescribing and should only prescribe “off label” where it is acceptable clinical practice” (DH 2006). The prescriber should explain the situation to the patient/guardian, where possible, but where a patient/guardian is unable to agree to such treatment, the prescriber should act in accordance with best practice.

12. UNLICENSED MEDICINES

Independent prescribers are permitted to prescribe unlicensed medicines (DH 2010). Reference should be made where necessary to the Trust “Guidance for Staff on the Use of Unlicensed Medicines and Use of Licensed Medicines for Unlicensed Applications” (POPAM Appendix 17).

13. CONTROLLED DRUGS

Nurse Independent Prescribers (NIPs)

The Statutory Instrument (SI) 2012 No. 973 inserts a new Regulation 6B into the 2001 Regulations and removes the current limitations on the prescribing authorities for nurse independent prescribers (NIPs), following similar changes to medicines legislation.

- NIPs are now able to prescribe any controlled drug listed in schedules 2-5 for any medical condition, except diamorphine, cocaine and dipipanone for the treatment of addiction (NIPs will be able to prescribe other controlled drugs for the treatment of addiction)
- The authority to prescribe any controlled drug is given on the basis that NIPS, set out in professional guidance, must only prescribe within their competence
- NIPs are able to requisition controlled drugs under Regulation 14 and will be authorised to possess, supply, offer to supply and administer the drugs they are able to prescribe
- Persons acting in accordance with the directions of a NIP will be authorised to administer any schedules 2-5 drugs a NIP can prescribe

This Statutory Instrument also amends Regulation 6A (2) by adding NIPs to the list of professions authorised to supply articles for administering or preparing controlled drugs.
Nurse independent prescribers working in substance misuse now have authority to supply articles for administering or preparing controlled drugs. Pharmacists already have authority to supply articles for administering or preparing controlled drugs.

**Pharmacist Independent Prescribers (PIPs)**

This Statutory Instrument also introduces pharmacist independent prescribing of controlled drugs under the new Regulation 6B, with authorities similar to those given to nurse independent prescribers.

- PIPs are now authorised to prescribe all controlled drugs listed in schedules 2-5 to the 2001 Regulations for any medical condition, except diamorphine, cocaine and dipipanone for the treatment of addiction (PIPs will be able to prescribe other controlled drugs for the treatment of addiction)
- This authority is given on the basis, set out in professional guidance that PIPS must only prescribe within their competence
- PIPs will be able to requisition controlled drugs under Regulation 14 of the 2001 Regulations and will be authorised to supply or administer the drugs they are able to prescribe. The existing authorities for pharmacists to possess and supply schedules 2-5 controlled drugs are adequate

Persons acting in accordance with the directions of a PIP will be authorised to administer the schedules 2-5 drugs a PIP can prescribe.

PIPs will be able to requisition controlled drugs under Regulation 14. The authorities given to PIPs, particularly to prescribe and requisition, are given on the basis that, as set out in professional guidance - prescribing/requisitioning and dispensing roles of pharmacists must be separate.

**'Compounding' of medicines which include controlled drugs**

This Statutory Instrument amends regulations 8 and 9 to regularise the 'compounding' of medicines that include controlled drugs prior to administration to a patient. Practitioners – doctors, dentists, veterinary surgeons and practitioners – and pharmacists already have authority to 'compound' any drugs in schedules 2-5 to the 2001 Regulations.

- Nurse and pharmacist independent prescribers and supplementary prescribers are now authorised to ‘compound’ any drugs listed in schedules 2-5 prior to administration as part of a clinical management plan for a patient
- This Statutory Instrument also regularises the compounding of medicines that include controlled drugs by any person acting in accordance with the written directions of a doctor, a dentist, a nurse independent prescriber, a pharmacist independent prescriber or a supplementary prescriber when acting under and in accordance with the terms of a clinical management plan prior to administration to a patient as part of a clinical management plan

In practice 'compounding' relates to the 'mixing' of two or more drugs, which include a controlled drug(s), for instance for palliative care. The authorities given by the SI will complement the authorities provided under the POM Order which enables the 'mixing' of medicines in clinical practice by healthcare professionals and persons acting on accordance with their written directions.

**14. PRESCRIBING IN CLINICAL TRIALS**

Independent prescribers must first make sure that the trial sponsor permits non medical prescribing for the trial within which they wish to prescribe. Once this has been confirmed, independent prescribers may prescribe medication for patients participating in the trial provided that they have undertaken Good Clinical Practice (GCP) Training, are identified on the Delegation Log by the Principal Investigator, and have been appropriately trained regarding the trial protocol and reportable adverse events.
15. TRANSCRIBING MEDICATION FOR DRUGS TO TAKE HOME (TTO’S)

Non medical prescribers may transcribe medication (NMC 2008) from a Trust in-patient drug chart to a Trust TTO chart provided that the non medical prescriber has undertaken Infoflex Training and that the items on the drug chart have been:

- prescribed by a medical prescriber
- or prescribed by a non medical prescriber (within clinical specialty)
- and checked by a pharmacist

Non medical prescribers accept professional accountability and clinical responsibility for transcribing medication in this situation.

16. PATIENT CONSENT

All patients will be aware that the Trust encourages, supports and employs non medical prescribers and this may form part of their care.

When supplementary prescribing is required to manage the patients’ condition; patient or guardian consent should be obtained where possible and a CMP completed.

17. PRESCRIBING FOR CHILDREN AND NEONATES

Only nurses with relevant knowledge, competence and experience in nursing children and neonates should prescribe for children and neonates.

18. RECORD KEEPING

Non medical prescribers must adhere to procedures for record keeping defined for prescribing in the Policy on Ordering, Prescribing and Administering Medicines (POPAM).

Nurse prescribers must adhere to the guidance for “Record Keeping” (NMC, 2007).

All medicines prescribed by a non medical prescriber should be marked to indicate that it is the prescription of a non medical prescriber by annotating SP (supplementary prescriber) or IP (independent prescriber).

19. GOVERNANCE AND RISK MANAGEMENT

All non medical prescribing errors must be reported using the Trust adverse clinical incident reporting system.

If a patient suffers harm due to an adverse incident or if harm could have been caused to the patient (near miss), the incident or near miss must be reported using the Trust adverse clinical incident reporting system.

The Trust Non Medical Prescribing Lead will make arrangements to audit non medical prescribing on an annual basis.

All non medical prescribers will be required to complete an annual ‘Affirmation of Competence Form’.

20. LEGAL AND CLINICAL LIABILITY

Non medical prescribers are individually accountable to their own professional regulatory bodies and must at all times act in accordance with the relevant professional codes.

Non medical prescribers are accountable for their own practice and are responsible for ensuring they maintain the necessary knowledge, skills and clinical competence to practice.
The Gloucestershire Hospitals NHS Foundation Trust will accept vicarious liability as an employer for the actions of non medical prescribers providing:

- They have successfully completed an approved training course
- The required professional registration process is complete and current
- The Trust registration process is complete and current
- The prescriber has Trust authorisation to prescribe within a specific clinical domain and this is reflected in the current job description.
- An “Area of Practice“ form has been completed.
- An annual ‘Affirmation of Competence’ form has been completed.
- The prescriber has followed this and other relevant Medicines Management policies

- The prescriber can demonstrate they have met continuing professional development requirements

The Gloucestershire Hospitals NHS Foundation Trust will not accept vicarious liability for the actions of prescribers if they prescribe outside their “sphere of clinical competence”.

Disciplinary action will be taken where the prescriber is in breach of the Non Medical Prescribing Policy. The prescriber will be suspended from prescribing practice and removed from the Trust Register pending the outcome of the investigation.

All prescribers should ensure they have sufficient indemnity insurance (e.g. membership of a professional organisation or trade union which provides this cover).

21. CONTINUING PROFESSIONAL DEVELOPMENT

Clinical supervision should be arranged by the prescriber to enhance their continuing professional development (CPD). The National Prescribing Centre has produced a document to support CPD: A Single Competency Framework for all Prescribers (2012)

The Non Medical Prescribers Forum meets 5 times a year to support continuing professional development.

22. TRAINING

Details of all training requirements are available in the Training Needs Analysis.

23. MONITORING OF COMPLIANCE

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<thead>
<tr>
<th>Objective</th>
<th>Frequency/timescale</th>
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<td>Safe prescribing practice</td>
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<tr>
<td>Prescribing within individual sphere of clinical competence</td>
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<td>Audit/retrospective collection of data by Non Medical Prescribing Lead</td>
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24. REFERENCES


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| **VERSION AMENDMENTS** | V2 – June 2012  
V2.1 – March 2013  
V2.2 – March 2017 (Extension to Review Date) |
| **SPONSOR**          | Maggie Arnold |
| **AUTHOR**           | Lindsey Coulthard  
(technical authoring support, Kym Ypres-Smith) |
| **ISSUE DATE**       | June 2012 |
| **REVIEW DETAILS**   | July 2017 – Extension Agreed by TPAG E-Approval 22nd March 2017 |
| **ASSURING GROUP**   | Non Medical Prescribers Forum |
| **APPROVING GROUP**  | Trust Policy Approval Group |
| **APPROVAL DETAILS** | 12/06/12 TPAG |
| **COMPLIANCE INFORMATION** | Statutory Instrument 2012 No. 973: Dangerous Drugs, England and Wales, Dangerous Drugs, Scotland  
The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 |
| **CONSULTEES**       | Senior Nursing Midwifery Committee  
Hospital Medicines Management Committee |
| **DISSEMINATION DETAILS** | Upload to Policy Site  
Cascaded via Divisional Nursing Directors  
Cascaded via Non Medical Prescribers |
| **KEYWORDS**         | Non Medical Prescribers (NMPs); Nurse Independent Prescribers (NIPs); Pharmacist Independent Prescribers (PIPs); Independent Prescribing; Supplementary Prescribing |
| **RELATED TRUST DOCUMENTS** | Policy on Ordering, Prescribing and Administering Medicines, (POPAM) |
Nursing Midwifery Council (2006) Standards for Medicines Management  
Nursing Midwifery Council (2006) Standards of Proficiency for Nurse and Midwife Prescribers  
Health Professions Council (2008) Standards of Conduct, Performance and Ethics  
Gloucestershire Hospitals
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT

INITIAL SCREENING

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<td>Non Medical Prescribing Lead</td>
</tr>
</tbody>
</table>

2. Is this a new or existing policy, service strategy, procedure or function?
- New
- Existing ✓

3. Who is the policy/service strategy, procedure or function aimed at?
- Patients
- Carers
- Staff ✓
- Visitors
- Any other Please specify: 

4. Are any of the following groups adversely affected by this policy:
   - Disabled people: No ✓ Yes 
   - Race, ethnicity & nationality: No ✓ Yes 
   - Male/Female/transgender: No ✓ Yes 
   - Age, young or older people: No ✓ Yes 
   - Sexual orientation: No ✓ Yes 
   - Religion, belief & faith: No ✓ Yes 

   If the answer is yes to any of these proceed to full assessment.
   If the answer is no to all categories, the assessment is now complete.

Date of assessment: 22.5.2012
Completed by: Lindsey Coulthard
Signature: Job title: Non Medical Prescribing Lead
Director: Maggie Arnold Signature:

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIAs are completed in accordance with this procedure.
Non Medical Prescribing Policy

Appendix 1: Pharmacist Independent Prescribers

1. Summary

Pharmacists working as Independent Prescribers will practise in accordance with this policy when undertaking their prescribing role. It should be recognised however that as pharmacists, their scope of practice will be extended in accordance with the Role of the Pharmacist as outlined in the Trust Policy on the Prescribing, Dispensing and Administration of Medicines (POPAM). The guidelines by which pharmacists may amend, discontinue or write prescriptions which are taken from POPAM Section 17 are summarised below. Pharmacists must only practice within their own level of competence and in accordance with “Medicines, Ethics and Practice – A Guide for Pharmacists (RPSGB)”

2. Pharmacists Amending Prescriptions

A pharmacist is authorised to amend a prescription in the following circumstances:

1. To clarify ambiguities by referring to other sources of information e.g. medical notes, patient’s own medicines, GP surgery. This may include drug name, dose or frequency.

2. To alter the times of drug administration if this is indicated:
   - to avoid interactions with food or other medication
   - because of the effect or side effect of the drug
   - to reconcile ambiguities e.g. when directions state bd but only one time is ringed.

3. To change a dose or frequency of a drug after consultation with the doctor

4. To cross off a drug which has been continued beyond its stop date, or after consultation with the doctor, e.g.
   - Antibiotics where a course of treatment has been specified
   - In case of documented allergy
   - Potassium supplements when the potassium level is at high end of range

A pharmacist may stop a drug without consulting a doctor when there is considered to be a risk to the patient.

In all cases, reasons for stopping the drug will be documented.

5. To alter route of administration in cases of clear error e.g. inhaler prescribed orally.

6. To alter the formulation and/or dose to something more appropriate for an individual patient in line with the Trust Enabling Protocol for Pharmacist Substitution.

7. To prescribe a new drug following a verbal order from a doctor (the pharmacist will sign the prescription and add "pc Dr Name” to indicate the authorisation).

8. Pharmacists acting as part of a multidisciplinary team, e.g., on a ward round, may cross off or amend items when this decision has been taken by the team.

9. Pharmacists may substitute medicines in accordance with the Trust’s Pharmacist
10  Designated pharmacists are able to transcribe discharge prescriptions (TTOs) onto Infoflex®.

Nurses are authorised to administer or supply discharge medications from such prescriptions without a doctor's countersignature.

3. **Scope of Practice**

Pharmacist Independent Prescribers will have 2 elements within their scope of practice:

Their practice as a clinical pharmacist (as defined above) will constitute their core scope of practice which will continue when acting as an Independent Prescriber.

The second element will be their specialist practice within their defined area of specialist competence. Within their specialist scope of practice, a pharmacist will take on the full responsibilities of an Independent Prescriber as defined by legal and local guidelines.

In order to differentiate between practice as a Prescriber and that as a pharmacist, the prescription will be endorsed as in section 4.

4. **Endorsement of Prescription**

Pharmacists sign or initial any changes made to prescriptions within their core scope of practice. If acting in the role of Independent Prescribers, the pharmacist will add “IP” to their signature whenever documenting information in the care records or when writing a prescription.
Annexe 1

Gloucestershire Hospitals NHS Foundation Trust
Non-Medical Prescribing Programme
Application Procedure for NHS Staff

- Consider the benefit / service need of being a Non-Medical Prescriber within your clinical role and discuss with your line manager and Trust Non Medical Prescribing Lead.
- Obtain agreement from your line manager to attend the Programme and determine who will fund your place.
- Identify your Designated Medical Practitioner.
- Decide which level you would like to study at (Degree or Masters Level)

Complete the funding application form and the University application form. Both of these are available from the NMP Lead for your organisation.

Send both the completed forms to the NMP Lead for your organisation

The NMP Lead for your organisation will make a decision as to whether to support your application – this may require an audit of your current practice and/or an interview.

Financial support will be identified and confirmed by the NMP Lead for your organisation

The NMP Lead will forward your Application to the University

Place confirmed by University and course information sent out direct to you.

Start Course
Mr. Martin Pratt  
Director of Pharmacy  
Gloucestershire Royal Hospital  
Great Western Road  
Gloucester  
GL1 3NN

Date: 

Dear Martin, 

Re: NAME, TITLE – NON MEDICAL PRESCRIBING

I write to inform you that (name) has now completed a period of training to prepare him/her for the role of non medical prescribing. 

(Name) is clear that he/she will conform to the Trust’s policies and procedures, together with the legal requirements of prescribing, which include:

- Policy on Ordering, Prescribing and Administering Medicines (POPAM) 
- Any Controlled Drug listed in Schedules 2-5 for any medical condition within the individuals sphere of clinical competence (except diamorphine, cocaine and dipipanone for the treatment of addiction) (Home Office Circular 009/2012).
- Unlicensed drugs may be prescribed (DH 2010) within the guidance of “The Use of Unlicensed Medicines and Use of Licensed Medicines for Unlicensed Applications” (POPAM Appendix 17).
- Where a drug is prescribed outside of its’ licensed indications (“off license/off label”) then the responsibility lies with the prescriber.
- Length of prescribing is 28 days on discharge, for both inpatients and outpatients.
- FP10 (HP) prescriptions for dispensing by outside community pharmacies will/will not be included.
- Where supplementary prescribing occurs, an agreed patient specific clinical management plan will have been completed before prescribing occurs.

(Name) will be prescribing drugs for Inpatients/ Outpatients or both. I attach a copy of the applicant’s signature for your records.
I anticipate him/her being able to take forward independent prescribing and/or supplementary prescribing as from the date of his/her signature.

Yours sincerely,

Lindsey Coulthard  
Non Medical Prescribing Lead  
Gloucestershire Hospitals NHS Foundation Trust.

**Non Medical Prescribing**

Specimen Signature: ........................................

Print Name and Job Title ...........................................................

Date................................................

Signature of Non Medical Prescribing Lead:

Print Name: ........................................... Date.............................................
## TRUST NON MEDICAL PRESCRIBING REGISTER

Each Non Medical Prescriber will practice within the boundaries of local strategy, professional guidance and the Law.

<table>
<thead>
<tr>
<th>Prescriber’s Name and Signature</th>
<th>Band</th>
<th>Speciality</th>
<th>University of Training</th>
<th>Registration</th>
<th>Placed on Register by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td>Pin/Registration No:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
<td></td>
<td></td>
<td>Date Registered:</td>
<td>Print Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Removed from Register (please give reasons)

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Signature:</th>
<th>Non Medical Prescribing Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>………………………………………</td>
<td>………………</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>………………………………………</td>
<td>………………</td>
<td></td>
</tr>
</tbody>
</table>

### Readmitted to the Register (please give details)

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Signature:</th>
<th>Non Medical Prescribing Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>………………………………………</td>
<td>………………</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>………………………………………</td>
<td>………………</td>
<td></td>
</tr>
</tbody>
</table>
Prescribing within your Sphere of Clinical Competence

(Areas of Practice)

Name………… will prescribe within those areas of practice individually agreed with the Trust Non Medical Prescribing Lead.

The following areas of practice are proposed as appropriate for prescribing by Name………….. Nurse/Pharmacist Independent Prescriber. This list may be subject to change as the prescribers’ area of competence changes.

<table>
<thead>
<tr>
<th>Specialty:</th>
<th>Condition</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: Infections (including prophylaxis)</td>
<td>BNF Section 5</td>
<td>Trust antibiotic guidelines</td>
</tr>
</tbody>
</table>

Name:
Signature:
Job Title:
Date:
**Name of NMP:**

**Job Title:**

**Ward/Department or Area of Work:**

**Work Telephone/Bleep No:**

**E-mail Address:**

**Type of Prescriber:**  V300 SP  V300 SP/IP

**Currently prescribing?**  Yes/No

**If no, please state reason:**

**Frequency of prescribing:**  Daily/Weekly/Monthly

**Date of Registered Qualification:**

**Area of Prescribing Practice e.g. COPD, Asthma, Diabetes:**

---

Any expansion in areas of prescribing since last review?  Yes / No

If yes, please specify:

---

**I have undertaken the following activities:**

<table>
<thead>
<tr>
<th>Area to self certify</th>
<th>Response</th>
<th>If No, your intended actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read updates on prescribing</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Read and understood relevant NICE guidelines</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Read and understood relevant evidence and literature</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Been clinically supervised within NMP role and area of prescribing practice</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Undertaken an audit around non-medical prescribing</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Undertaken CPD around non-medical prescribing</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>
Where can your CPD evidence be found?
Case studies/reflection/evidence of competence in prescribing decisions (identify and attach)

If you have identified training needs during your PDP (professional development plan) or annual review (appraisal) in relation to non-medical prescribing please state them and how they will be addressed.

<table>
<thead>
<tr>
<th>Training need identified</th>
<th>Training resource identified and booked e.g. course, shadowing, reading etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Have there been any specific circumstances impacting upon your prescribing practice over the past year, i.e. long term sickness etc?

I declare that I am competent in the area where I am currently prescribing.

Signed .................................................Date ..................................

Line Manager’s signature .................................Date .............................

This form is to be completed in line with your PDR/appraisal. A copy should be kept in your personal file by your manager, and a copy sent to the Trust Non-medical Prescribing Lead.
# Clinical Management Plan
Gloucestershire Hospitals NHS Foundation Trust

## PAS label

<table>
<thead>
<tr>
<th>Independent Prescriber (IP):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary Prescriber (SP)</td>
<td></td>
</tr>
</tbody>
</table>

## Condition to be treated

<table>
<thead>
<tr>
<th>Aim of treatment</th>
<th></th>
</tr>
</thead>
</table>

## Medicines that may be prescribed by SP:

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Indication</th>
<th>Dose schedule</th>
<th>Specific indications for referral back to the IP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Guidelines or protocols supporting Clinical Management Plan:

<table>
<thead>
<tr>
<th>Frequency of review and monitoring by:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary prescriber</td>
<td>Supplementary prescriber and independent prescriber</td>
</tr>
</tbody>
</table>

## Process for reporting ADRs:

## Shared record to be used by IP and SP:

<table>
<thead>
<tr>
<th>Agreed by independent prescriber(s)</th>
<th>Date</th>
<th>Agreed by supplementary prescriber(s)</th>
<th>Date</th>
<th>Date agreed with patient/carer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>