WORCESTERSHIRE ACUTE HOSPITALS NON-MEDICAL PRESCRIBING POLICY

Department / Service:	Trust wide
Originator:	Daniel Hastie Non-Medical Prescribing Lead
Accountable Director:	Sarah Shingler, Chief Nursing Officer
Approved by:	Medicines Safety Committee
Date of approval:	13th September 2023
Document not to be used after:	13th September 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trust wide
Target staff categories	Non-medical Independent prescribers and staff wishing to register/practice as such

Policy Overview:

This Non-Medical Prescribing Policy sets out the process and systems to ensure the safe and accurate prescribing of medicines by registered non-medical prescribers at Worcestershire Acute Hospitals NHS Trust.

The document supports the development, registration and prescribing practice of appropriately trained, registered non-medical prescribers employed by Worcestershire Acute Hospitals NHS Trust by defining:

1. The criteria and prescribing standards for Non-Medical Prescribers
2. Governance arrangements for Non-medical prescribing
3. The process for registration on the WAHT Non-medical prescribers register
4. Continuous professional development requirements for Trust registered Non-medical prescribers

Key amendments to this Document:

Date	Amendment	By:
14/7/10	Alteration to section 5 (page 5) Unlicensed medicines following changes in the law	Alison Smith
August 2010	Reformat in line with Trust Policy for Key Documents. Reformat approved by Nick Hubbard, Chairman of Medicines Safety Committee 8/9/10	Alison Smith
April 2012	Updated to Controlled Drug Regulations SI 2012 No 973 The Misuse of Drugs (Amendment 2) Regulations 2012	Alison Smith
July 2012	Update to incorporate National Prescribing Centre single competency framework May 2012	Alison Smith
Aug 2012	Remove section on CDs and links added to reference section.	Nick Hubbard
July 2014	Professional definitions updated to reflect changes in legislation	Phil Goode
July 2014	Removal of supplementary/independent role descriptors from section 4 – covered elsewhere	Phil Goode
July 2014	Section 5 updated with changes for verification of prescribers.	Phil Goode
July 2014	5.2.5 changed to show documentation guidelines issued by individual bodies.	Phil Goode
August 2014	Section 5.2 update to include signpost to MedPolSOP27 Outpatient Prescribing	Alison Smith
August 2014	Appendix 4 updated to note the forthcoming update of the NPC prescribing framework as part of the NICE Medicines Optimisation Guideline, due March 2015.	Alison Smith
June 2015	Removal of reference to NPC single competency framework as principles incorporated into NICE medicines optimisation guidance.	Phil Goode
June 2015	Definitions updated and addition of transcribing section to policy.	Phil Goode
June 2015	Prescribing by hospital based prescribers updated to clarify stationary and systems that are approved.	Phil Goode
June 2015	References to NMC Code of conduct exchanged for The Code to reflect NMC change.	Phil Goode
June 2015	Clinical Updates and continuing professional development (CPD) updated to link to NICE and provide examples of employer responsibility.	Phil Goode
June 2015	Appendices updated to include transcribing and reordered to reflect transcribing to prescribing progression	Phil Goode
June 2016	Addition of HPCP Prescribers	Sian Midwinter
August 2016	Changes throughout (as per Medicines Policy 7.1 August 2016) • Medicines Safety Committee replaced by Medicines Optimisation Committee	Alison Smith

	• Clinical Director of Pharmacy replaced by Associate Director – Medicines Optimisation • Medicines Management replaced by Medicines Optimisation	
August 2016	5.3.7 Revision of section on prescribing and dispensing – separation of duties to include all NMPs.	Alison Smith
August 2016	5.3.10 Budget setting and monitoring clarified 5.3.9 All prescribers should ensure that they have sufficient professional indemnity arrangements	Rachael Montgomery
June 2018	Document extended for 3 months as per TLG recommendation	TLG
Nov 2018	5.2 Supplementary prescribing removed from the policy	Louise Pearson
September 2019	Significant review to include the following elements: • Inclusion of supplementary prescribing according to current legislation • Current national and professional standards for non-medical prescribing • Review of definitions of key roles • Introduction of responsibilities and duties for Trust NMP lead, Trust NMP Committee, Trust NMP forum, key staff involved in the management, supervision and training of NMPs, the NMP • Revision of safe and secure handling to reflect updated MedPolSOP33 • Substantial updated section on the independent prescribing of controlled drugs according to HCP group • Removal of information detailed under 'Adverse Drug Reactions' replacing with referencing to MedPolSop15 • Extra requirements for NMP CPD to include attendance at NMP forum and review/validation of CPD at PDR • Wholescale of review of process for NMP applications and approval to practice within the Trust • Requirements for an NMP resource intranet page as part of policy implementation	Rachael Montgomery
August 2023	Significant review to include the following elements: • Removed Transcribing from the independent and supplementary prescribing policy • Policy restructured and reviewed to reflect new changes intrust and national policy	Daniel Hastie
October 2023	Amended the Accountable Director from Dr Christine Blanshard, CMO, to Sarah Shingler, CNO. Change approved the MSC this month.	Jo Howden

Contents

Definitions

Non-Medical Prescriber	Non-medical prescribing relates to prescribing by professional groups other than doctors or dentist, as defined by the legislation, who have undertaken and successfully completed an accredited non-medical training programme and who are registered with their professional body.
Independent Prescribing	Described by the Department of Health (DH, 2006) as "prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing"
Supplementary Prescribing	A voluntary partnership between a doctor or dentist and a supplementary prescriber, to prescribe within an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement.
Clinical Management Plan (CMP)	The CMP is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, an agreed CMP must be in place relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber.

Community Practitioner Nurse Prescribers	Nurses prescribing from the Nurse Prescribers Formulary (NPF) for Community Practitioners (formerly NPF for District Nurses and Health Visitors), are known as Community Practitioner Nurse Prescribers and may prescribe independently only the dressings, appliances and licensed medicines listed in the Nurse Prescribers Formulary for Community Practitioners.

1. Scope of this policy

1.1 This policy sets out a framework for the development of non-medical prescribing (NMP) within Worcestershire Acute Hospital Trust (WAHT) in accordance with the NHS Herefordshire and Worcestershire Integrated Care System (HWICS), to establish a consistent approach for non-medical prescribing.

1.2 This policy applies to all registered nurses, pharmacists, and other allied healthcare professional employed by WAHT or other providers linked to the WAHT prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.

1.3 This policy relates to all non-medical prescribing activity within Worcestershire Acute Hospital Trust and should be used in accordance with the Trust Medicines Policy and relevant Medicines Policies and Medicine Policy SOPs (MedPolSOPs).

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2. Purpose

2.1 The purpose of this policy is to ensure that non-medical prescribing is undertaken within in a clinical governance framework and to ensure safety and quality through best practice in the area of non-medical prescribing. It covers the registration, practice and clinical governance of all non-medical prescribers.

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

2.3 This policy supports the practice of non-medical prescribing in WAHT commissioned primary care settings.

2.4 This includes:

- Nurse Independent Prescribers (formerly known as extended formulary nurse prescribers (EFNP) or nurse prescriber (NP – V300)
- Supplementary prescribing by nurses
- Community Practitioner Nurse Prescribers (formerly known as District nurse or Health Visitor prescribers – V100 or V150)
- Independent or Supplementary prescribing by Pharmacists
- Prescribing by other Allied Health Professionals e.g. physiotherapists, optometrists, paramedics.

3. Roles and Responsibilities

3.1 The Trust's Medicines Safety Committee is responsible for formulating the Policy and Procedures as an integral part of the Trust's Medicines Policy.

3.2 Prescribers must act in accordance with the standards set by their registering body for prescribing and comply with their registration requirements.

3.3 Practitioners must act within their own professional competence and expertise when prescribing.

3.4 Prescribing must be a recognised function of the job role and specifically included within the practitioner's job role.

3.5 WAHT NMP Lead will process and co-ordinate the new prescriber details and declaration of competence.

3.6 The NMP Lead will register new prescribers on ESR as a Supplementary role, thus adding them to the Trust NMP digital register. This can only be done by WAHT NMP Lead authorisation, please complete appendix 1 to activate registration procedure.

3.7 For NMPs it is important that competency areas are clear and kept up to date. To update the Pharmacy and Medicines Team must be informed of any changes, please complete appendix 2.

3.8 If an NMP leaves the Trust the NMP lead must be informed, please complete appendix 3, The NMP will be removed from the Trusts ESR records, thus, removing the NMP from the Trust NMP register.

3.9 Prescribing must be in accordance with the Area Prescribing Committee (APC) formulary. NMPs wishing to prescribe medicines or treatments outside of the approved formulary must seek appropriate approval in accordance with the Trust Medicines and APC prescribing policies. Prescribers must also comply with the Herefordshire and Worcestershire formulary.

4. Process for Non-Medical Prescriber Training

The following key principles should be used to prioritise potential applicants for non-medical prescribing training:

- patient safety;
- maximum benefit to patients by quicker and more efficient access to medicines for patients;
- better use of the health professional's skills;
- understanding and acceptance from potential applicants of the higher level of clinical responsibility associated with prescribing;
- a clear service need for non-medical prescribing.

4.1 The selection of nurses, pharmacists and allied health professionals to be trained as non-medical prescribers should be carried out after an assessment of service and patient need and the suitability of the applicant to undertake the academic training. (From 2025, NMP will become part of the Pharmacist academic programme, therefore this will only apply to pharmacists pre 2025).

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

4.3 The therapeutic area(s) in which they prescribe should have been identified before they begin training and should be in the field in which they already hold the required level of expertise.

4.4 All applicants must meet the following selection criteria for training:

- They must fulfil the legal criteria for eligibility to prescribe.
- Have a valid and current registration with the appropriate professional body.
- Have the ability to study at the required level.
- Normally have three years post-registration experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe. Pharmacists should have at least two years' experience practicing as a pharmacist in a clinical environment, in a hospital or community setting, following their pre-registration year after graduation (From 2025, NMP will become part of the Pharmacist academic programme, therefore this will only apply to pharmacists pre 2025).
- Independent and supplementary prescribing applicants should have an identified medical supervisor prior to commencement of the training.
- It is recommended that applicants have an understanding of health assessment in clinical practice.

5. Newly Qualified Staff

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

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

5.3 Evidence of the change of their professional register entry must be presented to their line manager and to the NMP lead before the NMP can commence prescribing.

5.4 Newly qualified non-medical prescribers must complete a *'Competence and Scope of Practice Declaration'* (Appendix 1) to declare their competence to prescribe and define their scope of prescribing practice.

5.5 This proforma must be sent along with confirmation of registration with their professional body to the NMP lead. The NMP lead will then add the applicant to the NMP register via ESR. ESR will be up-dated showing NMP as a supplementary role on the applicants ESR record.

5.6 For prescribers requiring FP10 prescription, these should be obtained from the hospital pharmacy at the Alexandra Hospital or Worcestershire Royal Hospital according to **MedPolSOP33**.

5.7 Outpatient prescribing must comply with **MedPolSOP27**, which describes the arrangements the Trust has agreed with our commissioners. This includes the use of Treatment Advice Notes as the first-line option, and the use of pre-packed medicines where available.

5.8 To allow accurate recording of administration or computer-generated printing of FP10 prescription forms, the non-medical prescriber must keep a record of who the FP10 is for and what they are prescribing.

6. Security of Prescriptions and Completing a Prescription

6.1 **Non-medical prescriber's responsibility**

- It is always the responsibility of the non-medical prescriber to ensure the security of prescription pads. Under no circumstances should blank prescription forms be pre-signed before use.

- The prescription pad should only be produced when the need to prescribe has been identified. Prescription pads should never be left unattended or accessible to others and must never be left on a desk but placed in a locked drawer.

- All non-medical prescribers should be aware of the organisations procedures and systems relating to prescription pads.

- The Prescriber must keep a record of the serial numbers of prescriptions issued to him or her. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining

prescription form of an in-use pad at the end of the working day. Such steps will help to identify any prescriptions that are either lost or stolen overnight.

- Prescription pads must be returned to the practice manager/line manager before the last day of employment, commencement of maternity leave or anticipated long-term sickness leave. (It is the responsibility of the line manager to ensure that prescription pads are retrieved from non-medical prescribers).

6.2 Loss of prescription pads

- In the events of a loss or suspected theft, an NHS trust-employed prescriber should report this immediately to whoever issued the prescription forms (normally the hospital pharmacy). They will inform the local counter fraud specialist at the Trust. The prescriber should give details of the number of scripts stolen, their serial number, and where and when they were stolen.
    - The non-medical prescriber will be required to order a new pad following the process outlined above and following the loss or theft of a prescription pad, the non-medical prescriber may be required to write all prescriptions in red ink for a period of two months.
    - If the missing pads are found, they should be returned to the prescriber's line manager who must arrange for their destruction. Trust Pharmacy must also be notified.

6.3 Completing the prescription

Prescriptions must be written by non-medical prescribers in accordance with prescription writing requirements laid down by the Prescription Pricing Authority (PPA) as outlined in the British National Formulary (BNF) and the Trust Medicines Policy.

The non-medical prescriber must ensure that the prescription:

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

7. Prescribing Practice and Ethics

7.1 Prescribing practice

- All non-medical prescribers are at all times professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to another person.

- Non-medical prescriber must only prescribe within their level of expertise and competence and where they can satisfy themselves that a full assessment of the patient has been undertaken. Including a thorough medical history and access to the medical record.
- All non-medical prescribers are responsible for acting in accordance with their own professional bodies guidance and codes of conduct, including issues of patient consent
- Non-medical prescribers should provide no more than one calendar month, unless direct supply of medication is agreed for a dedicated service.
- Non-medical prescribers must ensure that the prescription is cost-effective, meets the clinical needs to the patient and is within agreed guidance and procedures.

7.2 Prescribing for family and others

- Non-medical prescribers must not prescribe for themselves
- Non-medical prescribers must avoid prescribing for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. As recommended for doctors and dentists, this advice is based on the view that judgement may be impaired.

7.3 Prescribing Controlled Drugs

- A non-medical prescriber must only prescribe controlled drugs if they are legally entitled to do so. They must not prescribe beyond their limits of competence and experience.
- Non-medical prescribers who are entitled to prescribe controlled **must ensure** that all legal requirements for prescribing are met. Controlled drug prescriptions are only valid for 28 days from the date stated next to the signature or in the body of the prescription whichever is later; quantities prescribed should not exceed 30 days supply.

7.4 Repeat Prescribing

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

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

- Are competent to prescribe the medication(s) required and have a full understanding of the pharmacology involved.
- Have completed a comprehensive assessment of the patient need prior to issuing a prescription

- They have sufficient information about the patient to confirm that the medication is still part of current treatment and that a repeat prescription supports continuity of care.
- There is suitable provision for ongoing monitoring and assessment in place

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

7.5 Prescribing Unlicensed Medicines

Section XV11B(ii) of Drug Tariff states that pharmacist and nurse non-medical prescribers can prescribe unlicensed medicines, within their competence provided that:

- MHRA Guidance is considered.
- The non-medical prescriber is prepared to take responsibility for prescribing the unlicensed medicines and is satisfied that an alternative licensed medication would not meet the patients' needs and has agreed that patients care management plan to that effect.
- The unlicensed status of the medicine must be recorded in the patient's records
- The non-medical prescriber must be satisfied that 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 related to it.

7.6 'Off License' or 'Off Label' Prescribing

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

- Be satisfied that it would better serve the patients' needs than a licensed alternative.
- Be satisfied that there is sufficient evidence base to demonstrate the medicine's safety and efficacy.
- Explain to the patient/carer the reasons that the medicines may not be licensed for their proposed use.
- Make clear, accurate and legible records of all medicines prescribed and the reason for prescribing 'off label'.
- Please refer to Medicines Policy MedPolSOP6 Unlicensed and Off-label Use Medicines Policy

7.7 Borderline Substances

In line with the Department of Health guidance prescribing should be restricted to the substances of the Advisory Committee on Borderline Substances Approved List, in part XV of the Drug Tariff. Prescribers should also follow any additional locally approved guidance. Please refer to the Trust Formulary and the ACBS approved list.

Prescribing of products not allowed on the NHS

- Items listed in Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 cannot be prescribed for patients. This list is published in Part XVIIIA of the Drug Tariff.
- Drugs listed in Part XVIIIB of the Drug Tariff may not be prescribed at NHS expense except in the specified circumstances and prescriptions must be endorsed 'SLS'

7.9 **Prescribing for Children**

- Only non-medical prescribers with relevant knowledge, competence, skills and experience in caring for children should prescribe for children.
- Anyone prescribing for a child must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence.
- Prescribers should utilise the BNF for Children and relevant national guidance for paediatric services within their practice as appropriate.

7.10 **New Medicines**

- All prescribers (including non-medical prescribers) cannot automatically prescribe new medicines on the market even if they are licensed for use in the area of expertise practiced by the prescriber.
- Non-medical prescribers should only prescribe medicines that have been approved by the Medicines Safety Committee. Medicines not approved by the committee can only be prescribed after completion and approval of an application by the Medicines Safety Committee.

8. Record Keeping

8.1 All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care. Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the shared patient record immediately, or failing that, as soon as possible after the consultation.

- Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. This information should also be entered at the same time onto the

patient record and onto the nursing or pharmacy patient record (where a separate record exists).

- It is recommended that the record indicates clearly:
  - The date of the prescription
  - The name of the non-medical prescriber
  - The name of the item prescribed, together with the quantity (or dose, frequency and treatment duration).

- To aid safe administration of medicines, the record should include:
  - The name of the item prescribed, the strength (if any) of the preparation, the dosing schedule and route of administration, e.g. 'paracetamol oral suspension 120mg/5mls to be taken every four hours by mouth as required for pain, maximum of 20mls in any 24 hours.
  - In the case of topical medicines, the name of the prescribed item, the strength (if any), the quantity to be applied and the frequency of the application should be indicated.
  - In the case of dressings and appliance prescriptions details should be included of how they are to be applied and how frequently changed.

9. Legal and Clinical Liability

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

9.2 Non-medical prescribers may wish to consider whether they require additional indemnity arrangement, appropriate to their role and scope of practice, available through a professional body or trade union.

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

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

10. Reporting Adverse Reactions

10.1 If a patient suffers a suspected adverse reaction to a prescribed, over the counter (Pharmacy or General Sales List) or herbal medicine, the adverse reaction should be reported via the Yellow Card Scheme (www.yellowcard.mhra.gov.uk). The Yellow Card Scheme is a voluntary scheme through which healthcare professionals notify the

Medicines and Healthcare Products Regulatory Agency (MHRA) of suspected adverse drug reactions.

The MHRA encourages the reporting of all suspected adverse drug reactions (ADR) to newly licensed medicines that are under intensive monitoring (identified by an inverted black triangle both on the product information for the drug and in the BNF and MIMS) and all serious suspected adverse drug reactions to all other established drugs. Serious reactions include those that are fatal; life threatening, disabling, incapacitating or which result in, or prolong hospitalisation and/or are medically significant.

See **MedPolSOP15** 'Reporting Adverse Drug Reactions'

11. Working with the Pharmaceutical Industry

11.1 Prescribers must act within their professional code of conduct. The advertising and promotion of medicines is strictly regulated under Part 14 of the Human Medicines Regulations 2012. Prescribers should make their choice of medicinal products considering current evidence-based practice, local guidelines and formularies, clinical suitability and cost.

12. Clinical Supervision and Continuing Professional Development (CPD)

12.1 Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing

12.2 The non-medical prescriber is responsible for their own on-going professional development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may lead to fitness to practice concerns, which may be raised with the non-medical prescriber's professional body.

12.3 Continuing professional development requirements should be identified at least annually, during the non-medical prescriber's appraisal process (See appendix 4).

12.4 The non-medical prescriber is required to maintain a continuing professional development portfolio, including a review of prescribing related critical incidents and learning from them.

12.5 Evidence for CPD should include;

- Self or guided identification of learning needs and access to appropriate resource, maintenance of a personal portfolio demonstrating evidence of updates.
- Appropriate and relevant education and training attended to support maintenance of core knowledge/skills/competency. This may be represented by time for study, e-learning resource or locally delivered education.
- How on-going competency has been monitored – e.g. via professional development plans, departmental audit where appropriate and personal portfolios.

13. Mandatory Training

13.1 The non-medical prescriber is required to annually undertake the antimicrobial stewardship update via ESR.

14. References and Further Information

- The Department of Health https://www.gov.uk/government/organisations/department-of-health
- Information and Guidance on Non-Medical Prescribing is available from www.dh.gov.uk/health/2012/04/prescribing-change
- The NHS Business Services Authority http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx
- The Nursing and Midwifery Council www.nmc-uk.org
- The General Pharmaceutical Council www.pharmacyregulation.org
- The Royal Pharmaceutical Society of Great Britain https://www.rpharms.com
- The Health & Care Professions Council https://www.hcpc-uk.org/check-the-register/
- NMC- Standards of proficiency for nurse and midwife prescribers: https://www.nmc.org.uk/standards/standards-for-post-registration/standardsfor-prescribers/standards-of-proficiency-for-nurse-and-midwife-prescribers
- A Competency Framework for all Prescribers- Royal Pharmaceutical Society DPP competency framework Dec 2019.pdf (rpharms.com)

BACKGROUND

Equality requirements

This Policy and Procedures for independent and supplementary prescribing have been assessed by the Medicines Safety Committee as having NO IMPACT on equality and diversity on the grounds of race, religion/belief, or disability and NO IMPACT on Race Relations.

Financial Risk Assessment

This Policy and Procedures for independent and supplementary prescribing have been assessed by the Medicines Safety Committee as requiring no financial support that

is additional to that already in place.

Consultation Process

When the Policy and Procedures are reviewed by the Medicines Safety Committee, all non-medical prescribers in the Trust are consulted and have opportunity to comment

Approval Process

This Policy and Procedures are approved by the Medicines Safety Committee

Appendix 1 Competence and Scope of Practice Declaration

Non-Medical Prescriber Details

Name…… Mr / Mrs / Miss / Ms / Sister

Role ……..……

Work Location ……..…… Cost/Practice Code ……..

Date of Registration with the appropriate Professional Body ……..
(Please attach copy of Statement of entry)

Professional Identification Number (PIN): …….

Signature of Non-Medical Prescriber	
Type of Qualification Held	
Disease area to be prescribed for and /or types of medicines to be prescribed e.g. asthma, palliative care, mental health	**Evidence of competence to prescribe in these areas** e.g. asthma diploma/experience in clinical field
Will FP10 prescription forms be needed? **Yes / No**	

These are the agreed parameters for this individual's prescribing activity within the practice			
	Name	Signature	Date
Line Manager			
Non-Medical Prescribing Lead			

Please send this form with a copy of confirmation of registration with professional body to the Non-Medical prescribing lead

Appendix 2 - Notification of change of circumstance of Non-Medical Prescriber

Non-Medical Prescriber Details

Name…… Mr / Mrs / Miss / Ms / Sister

Role ……..……

Work Location ……..…… Cost/Practice Code ……..

Date of Registration with the appropriate Professional Body ……..
(Please attach copy of Statement of entry)

Professional Identification Number (PIN): …….

Signature of Non-Medical Prescriber		
Type of Qualification Held		
Details of change required (tick as appropriate): Change of NMP Code ☐ Change of Surname/Title/Initials ☐ Change of Qualification ☐ Change in competency scope ☐	**Existing Details**	**New Details**

Date of Change			
These are the agreed parameters for this individual's prescribing activity within the practice			
	Name	Signature	Date
Line Manager			
Non-Medical Prescribing Lead			

Please send this form to the Non-Medical Prescribing Lead

Appendix 3 - Leaver Notification of Non-Medical Prescriber

Non-Medical Prescriber Details

Name…… Mr / Mrs / Miss / Ms / Sister

Role ……..……

Work Location ……..……Cost/Practice Code ……..

Date of Registration with the appropriate Professional Body …….. (Please attach copy of Statement of entry)

Professional Identification Number (PIN): ……..

Leaving Date	
Signature of Non-Medical Prescriber	
Practice Name and Address of Previous Work Location	**Practice Name and Address of New Work Location**
Date from (insert intended date of commencement at new work location)	

These are the agreed parameters for this new individual's prescribing activity within the practice

	Name	Signature	Date
Line Manager			
Non-Medical Prescribing Lead			

Please send this form to the Non-Medical Prescribing Lead

Appendix 4 – PDR Update

Part 1 - Annual Intention to Prescribe - Scope of Practice Statement

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

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

Name of Practitioner:	
Job Role:	
Professional Registration (PIN)	

Regularly Practicing Prescribing: Yes ☐ No ☐

(If not prescribed within 1yr; review scope of practice/ competence with line manager)

Maintaining Continuing Professional Development (CPD) portfolio: Yes ☐ No ☐

Attended a least one Non-Medical Prescribing Forum per year: Yes ☐ No ☐

I confirm that I remain fit to practice, competent to prescribe, have discussed any training/ development needs with my line manager and have evidence of on-going professional development;

Signature of Non-Medical Prescriber: _____

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

Name of Line Manager:	
Job Role:	
Professional Registration (PIN):	
Signature:	
Date:	

……see overleaf for completion of Prescribing Parameters

Part 2 - Non-Medical Prescribing Scope of Practice and Prescribing Parameters

One copy of this completed form (Part 1 and Part 2) should be kept in the practitioners prescribing portfolio and one copy retained by the Line Manager for practitioners personal file. The NMP Lead can ask for a copy if required.

Areas of competence can be listed as disease areas/prescribing speciality or refer to specific section(s)/sub-section(s) of the BNF/Prescribers portfolios.

This agreement must be reviewed yearly as part of the practitioners Professional Development Review (PDR) or updated when the practitioners' scope of practice changes.

Prescribing Scope of Practice:	
Disease area to be prescribed for or category of medicines to be prescribed e.g., palliative care, antibiotics	Evidence of Competence to Prescribe in this Area**

** Evidence of competence will be requested by line manager