ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

NON-MEDICAL PRESCRIBING

1. INTRODUCTION

1.1. Legislative changes have enabled appropriately trained and qualified healthcare professionals to prescribe as part of NHS services. This is intended to improve patients' access to medicines and maximise the use of healthcare professionals' skills.

1.2. Legislation governs what may be prescribed, by whom, and in what circumstances. This is an expanding area with regular changes to the range of professionals who can undertake non-medical prescribing roles.

1.3. This document has been written with reference to current guidance and defines the Trust's governance framework for non-medical prescribing.

1.4. It should be used in conjunction with the Trust's overall Procedural Guidelines for the Safe and Secure Handling of Medicines (CLPG13), in particular the sections relating to prescribing.

1.5. The Trust holds vicarious liability for the non-medical staff they employ who are eligible to prescribe, provided they are appropriately trained, act in good faith within the boundaries of their professional code of conduct and have the Trust's permission to prescribe.

2. TYPES OF PRESCRIBER

2.1. Non-medical prescribing refers to prescribing by a range of healthcare professionals defined in legislation as able to prescribe, working within their clinical competence as either independent or supplementary prescribers.

Only members of these professions who have successfully completed an educational programme approved by the relevant regulatory body and who are annotated on their professional register are able to prescribe.

2.2. Independent Prescribing

Independent prescribing is prescribing by a practitioner who is responsible and accountable for the clinical assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing. An independent prescriber who may prescribe any licensed or unlicensed medicine for any medical condition within their clinical competence.

Currently doctors, dentists, nurses, pharmacists, optometrists, podiatrists and physiotherapists can be independent prescribers, although NHS England has recently consulted on extending independent prescribing to paramedics and radiographers.

2.3. Community Practitioner Nurse Prescribing

Community Practitioner Nurse Prescribing is a distinct form of non-medical independent prescribing. Community practitioner nurse prescribers (CPNPs) can prescribe independently from a limited formulary of preparations - the Nurse Prescribers' Formulary (NPF).

This type of prescribing is aimed at registered nurses where prescribing from the NPF would improve patient care and service delivery. Examples include district nurses, health visitors or school nurses who have undertaken the relevant qualification.

2.4. Supplementary Prescribing

Supplementary prescribing is a voluntary prescribing partnership between a doctor or dentist and a supplementary prescriber to implement an agreed, patient-specific, written clinical management plan (CMP), with the patient's agreement.

Currently nurses, pharmacists, optometrists, podiatrists, physiotherapists and radiographers can be supplementary prescribers, although NHS England has recently consulted on extending supplementary prescribing to dieticians.

3. TRAINING

3.1. Eligibility for training

3.1.1. Practitioners wishing to become an independent / supplementary prescriber must successfully complete an education programme which is approved by their qualified (regulatory) body. Each regulatory body may stipulate slightly different entry requirements, and course providers may apply additional requirements; however generally entrants are required to:

- Be registered with the relevant regulatory body
- Have a minimum number of years patient-orientated experience as a practicing healthcare professional
- Have worked in the clinical area in which they intend to practice for a minimum period preceding application
- Be able to demonstrate support from the employer, including access to appropriate supervised practice in the area in which they expect to prescribe
- Have an identified Designated Medical Practitioner (DMP) to provide supervision, support and shadowing opportunities

- Provide evidence of a Disclosure and Barring Service (DBS) check

The prospective non-medical prescriber must be able to demonstrate competence in taking a clinical history, conducting a clinical assessment and making a diagnosis within the relevant area of practice. This may need the successful completion of an approved programme in assessment and diagnostic skills or be demonstrated through equivalent qualification(s) and/or experience.

3.1.2. Practitioners wishing to become a community practitioner nurse prescribers must successfully complete an education programme which is approved by the NMC. Entry requirements are similar to those for independent/supplementary courses, although a prescribing mentor or supervisor will be required rather than a DMP.

3.1.3. The practitioner will require the approval of their line manager and service director that independent prescribing is appropriate to the role they are undertaking.

3.2. **Accredited programmes**

3.2.1. Independent/Supplementary Prescribing (V300)

An accredited independent prescribing programme is typically run over a period of 6 months. The programme is part-time and often delivered through a combination of face-to-face teaching sessions (often one day per week) and self-directed study.

Some universities offer a programme with a larger distance learning option; however, all programmes will involve a minimum of 26 days of teaching and learning activity. In addition to this, each practitioner must successfully complete at least 12 days of 'learning in a practice' under the supervision of by a Designated Medical Practitioner (DMP).

Universities also offer conversion programmes to allow supplementary prescribers to become qualified independent prescribers. The conversion course consists of at least two days' teaching and learning activity and two days' learning in practice.

3.2.2. Community Practitioner Prescribing (V100/150)

An accredited community practitioner nurse prescribing programme is typically run over a single academic semester as a short course. The programme is part-time and often delivered through a combination of face-to-face teaching sessions and self-directed study.

The V100 module is for those nurses currently undertaking or already registered with a Specialist Community Public Health Nurse or Specialist Practitioner qualification. Students are required to complete a minimum of 18 hours of supervised practice from a practicing prescriber.

The V150 module is for those nurses who do not hold a Specialist Community Public Health Nurse or Community Specialist Practitioner qualification but whose role includes assessment, care and management of clients in a community setting. Students are required to complete a minimum of 65 hours of supervised practice from a practicing prescriber.

3.3. Potential trainees must ensure that they meet the entry requirements of the specific course they are considering before making an application for study leave within the Trust.

3.4. Applicants must be willing and able to undertake the course, including being released from other duties for the taught component and supervision, and willing to prescribe on successful completion of training.

3.5. Applications should be submitted using the Extended Study Leave process for the Trust, and will be considered by the Non-Medical Tutor as well as the Workforce Development and Training department prior to approval.

3.6. **Designated Medical Practitioner (DMP)**

The period of learning in practice must be directed by a DMP who is responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. Learning in practice should relate to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.

The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the regulatory body's requirements and learning outcomes for the NMP programme.

The DMP must be a registered medical practitioner who:

- has normally had at least three years recent clinical experience in the relevant field of practice
- is a specialist registrar, clinical assistant, staff grade, associate specialist, specialty doctors or consultant within an NHS Trust or other NHS organisation,

  or

  is within a GP practice and is vocationally trained, or has a certificate of equivalent experience from the Joint Committee on Postgraduate Training for General Practice (JCPTGP)

- normally works with the trainee prescriber
- has some experience or training in teaching and/or supervising in practice.

3.7. Further information on the role and responsibilities of the DMP can be found in the electronic resource *Training non-medical prescribers in practice. A guide to help doctors prepare for and carry out the role of designated medical practitioner* (National Prescribing Centre, 2005).

4. REGISTRATION AND AUTHORITY TO PRESCRIBE

4.1. Annotation of the Professional Register

Once the approved course has been successfully completed, the Higher Education Institution will provide confirmation that the trainee has qualified. This must be provided as evidence to the professional's regulatory body so that an annotation (mark) is added to the professional register.

A practitioner cannot legally prescribe until this annotation has been made on the register of the regulatory body to indicate that the individual is able to practice as an independent or supplementary prescriber.

4.2. Newly Qualified NMPs

The newly qualified NMP must provide evidence of the change to their professional registration to their line manager before they can be entered onto the Trust's Register of Non-Medical Prescribers, order a prescription pad, or start prescribing.

The Line Manager must meet with the newly qualified NMP to agree their role and scope of practice, and update their job description to reflect their prescribing role (see Annex 1).

4.3. Appendix 1 of CLPG13-MHJS must be completed and sent to the specified pharmacy contacts and NMP administrator for addition to the Register of Non-Medical Prescribers.

4.4. Non-Medical Prescribing Register

A register of non-medical prescribers will be held by the Trust and maintained by the NMP administrator(s). This register is kept and regularly updated to ensure that NMPs retain liability cover from the trust.

Where a non-medical prescriber is appropriately trained and qualified, and prescribes as part of their professional duties with the consent of their employer, the employer accepts vicarious liability for their actions.

It is the NMP's responsibility to ensure that the details on the register are accurate and up to date. The NMP must notify the NMP administrator of a change to any of the following:

- Change of name
- Change of base and contact number
- Change of registration number with the professional body

The line manager of an NMP must notify the NMP lead of any of the following:

- Termination of employment
- Suspension from practicing
- Appointment of a qualified NMP not currently on the EPUT register

4.5. **NMPs transferring from another area / organisation**

If a non-medical prescriber transfer from one location to another within the trust they may continue to prescribe provided that their line manager has ensure that:

- The NMP is moving to a similar role or area of practice to that they previously performed
- That the NMP has submitted information of the changes to the NMP administrator(s) who will update the register.

The NMP will need to discuss with the lead pharmacist for the area whether they need to return any old prescription pads and receive new ones before starting to prescribe.

If an already qualified non-medical prescriber is employed their line manager must request evidence that the practitioner:

- Has trained in accordance with the Trust's requirements
- Is registered with their regulatory body as a non-medical prescriber
- Has undertaken recent prescribing in a relevant area and is competent

Prior to commencing prescribing practice the line manager must ensure that the NMP has:

- Undertaken a period of supervised practice with a DMP and/or experienced prescriber
- Provided details to the NMP administrator(s) who will update the register.

Extended formulary nurse prescribing (V200) is no longer delivered as a course although some holders of this qualification may still be employed. It did not cover supplementary prescribing.

5. PRESCRIBING PRACTICE

5.1. Prescribing (including Controlled Drugs)

An independent non-medical prescriber may prescribe for any Trust patient who they have assessed and are providing care for. They may prescribe any licensed or unlicensed medicines in line with **Annex 2** of this document and Appendix 4 of CLPG13-MHJS.

Within mental health services prescribing should be undertaken in line with the Trust's Formulary and Prescribing Guidelines. Prescribers wishing to prescribe drugs which are not included within the formulary are referred to Appendix 5 of CLPG13-MHJS.

Prescribers within community health services must prescribe in line with the relevant commissioners' formulary. Prescribers wishing to prescribe drugs which are not included within the formulary are referred to Appendix 5 of CLPG13-CHS.

Nurse and pharmacist independent prescribers, and supplementary prescribers working within an agreed CMP, may prescribe most controlled drugs within schedules 2 – 5 of the Misuse of Drugs Act 1971, but are not able to prescribe cocaine, diamorphine, or dipipanone for the treatment of addiction. Restrictions apply to those controlled drugs which may be prescribed by other independent prescribers (see **Annex 2** of this document).

Accountability for any prescription or order for medicines rests with the non-medical prescriber who issued that prescription or order. If a non-medical prescriber issues a repeat prescription for a medicine initiated by another they must still undertake an assessment of the patient.

All prescribers need to be familiar with the requirements for prescribing which are set out in Section 7 of CLPG13-MHJS and Section 11 of Appendix 3 of CLPG13-MHJS in relation to prescribing controlled drugs. These apply to all prescribers regardless of type.

5.2. Mixing of medicines

Mixing two licensed medicines where one is not a vehicle for the administration of the other, results in a new, unlicensed product.

Nurse and pharmacist independent prescribers may mix medicines prior to administration and provide written directions for others to do so. This includes schedule 2 – 5 controlled drugs.

Supplementary prescribers may mix medicines prior to administration and provide written directions to others to do so as part of an individual's clinical management plan. This includes schedule 2 – 5 controlled drugs.

5.3. **Unlicensed medicines**

Non-medical prescribers considering prescribing an unlicensed medicine or a licensed medicine for an unlicensed indication ('off-label') should refer to **Annex 2** of this document and Appendix 4 of CLPG13-MHJS.

5.4. **Prescription Forms**

The systems and processes in place to ensure the security of prescription forms against theft and misuse are set out in Section 20 and Appendix 8 of CLPG13-MHJS. The security of prescription forms is the responsibility of the individual prescribers who use them, and all new prescribers should make sure that they are familiar with the content of this Appendix.

The arrangements for ordering and receipt of prescription forms are different in each community health services locality and for mental health services. Therefore non-medical prescribers should refer to the relevant version of Appendix 8 for details of how to obtain their initial and subsequent supplies of prescription forms.

When a prescriber leaves the Trust it is the responsibility of their line manager to make sure that any remaining FP10 or other prescription forms issued to them are returned in line with Appendix 8.

5.5. **Record keeping**

All prescribers are required to keep contemporaneous records that are unambiguous and legible in accordance with the record keeping standards of their regulatory body and the Trust.

6. SUPPLEMENTARY PRESCRIBING

6.1. Supplementary prescribers may only prescribe in line with an agreed Clinical Management Plan (see Annex 3). Consent to supplementary prescribing must be sought from the patient or their representative and recorded in the clinical management plan and healthcare record. Supplementary prescribers must ensure that patients are aware of the scope and limits of their prescribing and how the patient can obtain other items necessary for their care.

6.2. The supplementary prescriber is responsible for the ongoing care of patients who has been clinically assessed by a doctor. This may include:

- prescribing, informed by clinical guidelines, and consistent with the individual treatment plan
- continuing established treatments by issuing repeat prescriptions, with the authority to adjust the dose according to the patient's need

The supplementary prescriber has the discretion in choice of dosage, frequency and product within the limits set out in the CMP.

6.3. **The Clinical Management Plan (CMP)**

The CMP is the foundation stone of supplementary prescribing, and may refer to local or national guidelines which identify the relevant medicines to be used in the treatment of the patient. Regulations specify that the CMP must include the following:

- the name of the patient
- 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
- the class or description of medicines or types of appliances which may be prescribed or administered under the plan
- any restrictions or limitations 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 or appliance which may be prescribed or administered under the plan;

  The CMP may include a reference to published national or local guidelines. However these must clearly identify the range of the relevant medicinal products to be used in the treatment of the patient, and should draw attention to the relevant part of the guideline. Any guideline referred to also needs to be easily accessible
- relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances
- 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 medicine taken at the same time

  b) incidents occurring with the appliance which might lead, might have led or has led to the death or serious deterioration of state of health of the patient
- the circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.
- a specified review date

The specified review date must be no longer than six months from the inception of the CMP. There should be regular contact between the doctor who agreed the CMP and the supplementary prescriber.

The doctor and supplementary prescriber must share access to, consult, and use the same common patient record. The CMP may need to contain an additional level of detail if this is not possible (for example a hospital-based doctor and an outreach supplementary prescriber).

The CMP comes to an end if:

- At any time at the discretion of the doctor
- At the request of the supplementary prescriber or patient
- At the time specified for the review of the patient, unless renewed by both prescribers at that time
- Where the supervising doctor leaves their post. In these circumstances the CMP must be reviewed by their successor.

7. CONTINUING PROFESSIONAL DEVELOPMENT

7.1. Continuing professional development (CPD) is a requirement for all registered healthcare professionals, although the requirements of their regulatory body will vary.

7.2. All non-medical prescribers have a professional responsibility to ensure that they undertake CPD that addresses their needs as a prescriber and is relevant to their area of practice.

7.3. All prescribers should be familiar with the competency requirements central to effective prescribing performance. These can be found in Prescribing Competency Framework (Royal Pharmaceutical Society, 2016)

7.4. NMPs should ensure that their prescribing forms part of their regular supervision and annual appraisal. This may involve receiving clinical supervision

Annex 1: Addition to Job Description / Person Specification to reflect Non-medical Prescribing role.

Once a candidate has successfully completed the required period of training and supervised practice required by their regulatory body, the line manager will ensure that the job description / person specification is updated as follows:

Name:	
Position	

is now authorised to undertake non-medical prescribing duties as detailed in this addition to their job description / person specification as a

Supplementary Prescriber	
Independent Prescriber	

I have seen confirmation from the regulatory body that the staff member is suitably qualified		Y / N
I confirm that I support this person to undertake duties associated with non-medical prescribing as part of their role		Y / N
I confirm that they will be supported to undertake the required CPD and clinical supervision		Y / N
They can commence these duties from	date	
They may undertake these duties in their current place of work which is	location	
This will be reviewed at least annual as part of their appraisal or if the location of role of the person changes.		Y / N

Authorising Manager

Name:	
Signature:	
Date:	

Addendum to Job Description and Person Specification for Supplementary Prescribing

To work in partnership with an independent medical prescriber as a supplementary non-medical prescribers within the designated area of practice.

The following are inclusions in the job description under clinical duties:

- Preparation of clinical management plans with the patients' consent
- To prescribe any medicine, including controlled drugs which have been agreed with a doctor and which are listed in the clinical management plan.
- To write prescriptions in accordance with Trust policy, taking full responsibility within the terms of the clinical management plan for the patient as well as for the medicines prescribed
- Ensure that appropriate records are made in the patient's healthcare record which identify you as the supplementary prescriber
- To ensure that contemporaneous records which are unambiguous and legible are maintained and kept in accordance with Trust policy and professional Codes of Conduct
- To ensure that the GP is notified when a patient is seen as an outpatient, following discharge from hospital or in the event that the prescription is changed.
- To communicate fully with those patients who are unable to communicate or give consent ensuring that the benefits of non-medical prescribing are documented fully, and to provide reassurance to both the patient and the carer that you are fulfilling the role of the doctor.
- To undertake auditing and monitoring of prescriptions in your own designated areas of practice as appropriate.
- To be responsible for ensuring the security and safe handling of inpatient, out-patient and FP10 prescription forms and to report any loss or theft accordingly
- In the event of adverse drug reaction, to be accountable for ensuring that the GP/Consultant is advised accordingly and that the Trust's incident reporting process is followed
- To be accountable for ensuring that training, CPD and clinical supervision sustains supplementary prescribing status
- Undertake a period of assessment working as a supplementary prescriber in preparation to become an independent prescriber

The following are inclusions in the person specification:

- Have a certificate to demonstrate he/she has successfully completed a non-medical prescribing course at post graduate level.
- Hold current registration as an Independent and Supplementary non-medical prescriber with the relevant registration body
- Demonstrate track record of prescribing Practice
- Detailed working knowledge of medication management and the compliance issues
- In-depth understanding of the risks associated with NMP and the management side effects and errors
- Well-developed analytical and judgement skills

Addendum to Job Description and Person Specification for Independent Prescribing

Following training (and a period of actively prescribing as a supplementary prescriber if required), to work as an independent non-medical prescriber, within the designated areas of practice. Responsible and accountable for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing.

The following are inclusions in the job description under clinical duties:

- To work as an independent non-medical prescriber within areas of work as required, taking responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of any prescription issued.
- Independent prescribers will be responsible for prescribing a range of drugs within their competence in accordance with Trust / Commissioner formulary and British National Formulary.
- To write prescriptions in accordance with Trust policy, taking full responsibility for the patient as well as for the medicines prescribed
- Ensure the appropriate records are made in the patient's healthcare record which identify you as the independent prescriber.
- To ensure that contemporaneous records which are unambiguous and legible are maintained and kept in accordance with Trust policy and professional Codes of Conduct
- To ensure that the GP is notified when a patient is seen as an outpatient, following discharge from hospital or in the event that the prescription is changed.
- To communicate fully with those patients who are unable to communicate or give consent ensuring that the benefits of non-medical prescribing are documented fully, and to provide reassurance to both the patient and the carer that you are fulfilling the role of the doctor.
- Where it is recognised that a patient's needs are outside your clinical and professional experience, to take responsibility to make referrals to a specialist doctor, the multidisciplinary team or other agency.
- Take the lead on policy, procedural development and patient information relating to non-medical prescribing in designated areas of practice.
- To undertake auditing and monitoring of prescribing in your own designated areas of practice.
- To be responsible for ensuring the security and safe handling of inpatient, out-patient and FP10 prescription forms and to report any loss or theft accordingly.
- In the event of adverse drug reaction, to be accountable for ensuring that the GP/Consultant is advised accordingly and that the Trust's incident reporting process is followed

The following are inclusions in the person specification:

- Have a certificate to demonstrate he/she has successfully completed a non-medical prescribing course at post graduate level.
- Hold current registration as a Supplementary non-medical prescriber with the relevant registration body
- Demonstrate track record of prescribing Practice
- Detailed working knowledge of medication management and the compliance issues

- In-depth understanding of the risks associated with NMP and the management side effects and errors
- Well-developed analytical and judgement skills

Annex 2: Restrictions on Prescribing by Non-Medical Prescribers

Type of Prescriber	Controlled Drugs	Unlicensed Medicines	Other Considerations
Nurse independent prescriber	Schedule 2 – 5 (but not cocaine, dipipanone or diamorphine for the treatment of addiction)	Yes (subject to accepted clinical good practice)	May prescribe medicines for any medical condition within their competence
Pharmacist independent prescriber	Schedule 2 – 5 (but not cocaine, dipipanone or diamorphine for the treatment of addiction)	Yes (subject to accepted clinical good practice)	May prescribe medicines for any medical condition within their competence
Podiatrist independent prescriber	Only the following for oral administration: diazepam, dihydrocodeine, lorazepam and temazepam	Only 'off-label'* medicines (subject to accepted clinical good practice)	May prescribe medicines for any medical condition within their competence
Physiotherapist independent prescriber	Only the following: diazepam, dihydrocodeine, lorazepam, oxycodone and temazepam for oral administration; morphine for oral administration or injection; fentanyl for transdermal administration	Only 'off-label'* medicines (subject to accepted clinical good practice)	May prescribe medicines for any medical condition within their competence
Optometrist independent prescriber	No	Only 'off-label'* medicines (subject to accepted clinical good practice)	For ocular conditions affecting the eye and surrounding tissue only
Supplementary prescriber (nurse, pharmacist, podiatrist, physiotherapist, radiographer, optometrist)	Schedule 2 – 5 (but not cocaine, dipipanone or diamorphine for the treatment of addiction)	Yes (subject to accepted clinical good practice)	Subject to clinical competence and inclusion within an agreed Clinical Management Plan
Community Practitioner Nurse Prescriber	No	No (see note in NPF regarding 'off label' use of nystatin in neonates)	Dressings, appliances and licensed medicines listed in the Nurse Prescribers' Formulary (NPF)

* Licensed medicines used for an unlicensed indication

Annex 3: Supplementary Prescribing Clinical Management Plan

Name of Patient:	Date of Birth: Patient No: Allergies
Name of Supervising Doctor:	Name of Supplementary Prescriber(s):
Condition(s) to be treated	Aim of Treatment:

Medicines that may be prescribed by the supplementary prescriber(s)

Medicine:	Indication:	Dose Schedule (incl. dose range, if applicable & frequency):	Indication for referral back to doctor:

Guidelines or protocols supporting CMP
Review Date/frequency:
Process for reporting adverse reactions:
Shared record to be used by doctor and supplementary prescriber(s)

Agreed by doctor:	Date	Agreed by Supplementary prescriber(s)	Date	Date agreed with patient/carer