### Non Medical Prescribing

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**Lead Officer**: Medical Director

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1. Introduction

1.1. This policy will describe the governance arrangements to support non-medical prescribing within Northumberland, Tyne and Wear NHS Foundation Trust (NTW/the Trust) and will include identification of non-medical prescribing roles, educational preparation for the role and ongoing support in the role.

1.2. This policy should be read in conjunction with existing Trust policies with regard to the Trust’s policy NTW(C)17, Medicine Management and practice guidance notes. This policy will relate to non-medical prescribers working in all areas of the Trust.

2. Purpose

2.1 Non-medical prescribing is intended to provide service users with quicker and more efficient access to medicines, making the best use of the skills of qualified nurses, pharmacists and allied health professionals.

2.2 This policy applies to the activities of all non-medical prescribers (NMPs) employed by or providing NHS services to the Trust.

2.3 The non-medical prescribing activities covered by this policy include:
   - Supplementary prescribing by pharmacists
   - Supplementary prescribing by nurses
   - Independent prescribing by pharmacists (IPP)
   - Independent prescribing by nurses (IPN)
   - Supplementary prescribing by appropriate Allied Health Professionals (AHP)

2.4 Clinical activities not covered by this policy include:
   - Prescription transcribing
   - Service user Group Directions
   - Emergency nurse prescribing

3. Definitions:

3.1 Supplementary prescribing is defined as a voluntary partnership between an independent prescriber and a supplementary prescriber, to implement an agreed service user specific clinical management plan with the service user’s agreement (DOH, 2003).

3.1.1 A supplementary prescriber is:
   - A first level nurse
   - A pharmacist
   - A registered midwife, or
• A person whose name is registered in the part of the register maintained by the Health Professions Council in pursuance of article 5 of the Health professions Order 2001 relating to:
  o Chiropodists and podiatrists;
  o Physiotherapists;
  o Radiographers: diagnostic or therapeutic
  o Registered optometrists
• Against whose name is recorded in the relevant register an annotation or entry signifying that he/she is qualified to prescribe drugs, medicines and appliances as a supplementary prescriber.

3.1.2 Independent Prescribers
3.1.2.1 Independent prescribers are defined as appropriate healthcare professionals (currently only nurses, pharmacist and optometrists) who are on a certain register, or who have their registration annotated to allow them to prescribe medication for any medical condition within their competence without the need for a clinical management plan. NTW allows nurse and pharmacist independent prescribers to prescribe controlled drugs in schedules 2-5 (except cocaine, diamorphine or dipipanone for the treatment of addiction) as long as it is within their area of practice and competence. The independent prescriber takes full responsibility for clinical assessment, establishing the diagnosis and prescribes from a legally controlled formulary, for example the British National Formulary (BNF).

4. Legal Framework
4.1 There are no legal restrictions on the clinical conditions that may be treated under supplementary and independent prescribing, although the DoH expects the process to be used for the management of chronic medical conditions and health needs.

4.2 Supplementary Prescribers, within NTW can prescribe:
• All General Sales List (GSL) medicines and all Pharmacy (P) medicines
• Appliances and devices prescribable by doctors
• Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
• All Prescription Only Medicines (POMs)
• Controlled Drugs
• Medicines for use outside of their licensed indications (i.e. ‘off label’ prescribing) ‘black triangle’ drugs, and drugs marked ‘less suitable for prescribing’ in the BNF
Please note:

1) Unlicensed drugs may not be prescribed unless:

(a) They are part of a clinical trial that has a clinical trial certificate or

(b) Exemption has been approved by both the local Ethics Committee and the Medicines Management Committee.

(c) Whereby the unlicensed product is a result of two or more schedule 2-5 controlled drugs being mixed together (e.g. syringe driver in palliative care.) The prescriber may mix this themselves or instruct other, suitable qualified staff, to do so.

In addition, the supplementary prescriber should not prescribe any medicine that they do not feel competent to prescribe. NMP’s must work within their legal and professional frameworks.

4.3 Independent Prescribers, within NTW can prescribe:

- Nurse independent prescribers can prescribe the same as a supplementary prescriber (see BNF Nurse Prescribers’ Formulary – Nurse Independent Prescribing.)

- Pharmacist Independent Prescribers can prescribe any drug for any condition, within area of competence including schedule 2-5 controlled drugs (except cocaine, diamorphine or dipipanone for the treatment of addiction).

- Optometrist Independent Prescribers cannot prescribe any controlled drug but can prescribe other medicines the same as for supplementary prescribers, within their area of competence

5. Trust Criteria for Non-Medical Prescribers

5.1 This would consist of a partnership between the Trust and higher education provider to select those individuals who were likely to demonstrate competence in the role whilst receiving support from the Trust to establish the role.

5.1.1 Nurse Non Medical Prescribers

Selection criteria will be based upon standards laid down in the Nurse and Midwifery Council’s (NMC)(2006) Standards of proficiency for Nurse and Midwife Prescribers. Selection will assess competence in the following areas:-

- Level 1 registration
- Ability to study at level 6
- Have at least 3 years post registration experience
• Have at least 1 year's current experience in the clinical area where prescribing practice will be developed
• Knowledge of issues related to independent/supplementary prescribing role
• Competence in history taking; clinical assessment and diagnosis of mental health syndromes
• Competency in numeracy skills to support prescribing practice
• Experience of collaborative relationships
• Reflection on clinical supervision
• Ability to work in a team context
• Role development during and following the course
• Identification and commitment of designated medical supervisor
• Support from senior manager to develop role within area of practice

5.1.2 Pharmacist Non Medical Prescribers.

Any pharmacist wanting to become a non medical prescriber must get approval from their line manager and must have the role in both their job description and their JDR/PDP. The pharmacist will also be expected to have considered where NMP will fit within their current role.

5.1.3 Allied Health Professional Prescribers.

An AHP will be assessed in the following areas:

• Have at least 3 years post registration experience
• Have at least 1 year’s current experience in the clinical area where prescribing practice will be developed
• Knowledge of issues related to independent/supplementary prescribing role
• Competence in history taking; clinical assessment and diagnosis of mental health syndromes/area of specialism.
• Competency in numeracy skills to support prescribing practice
• Experience of collaborative relationships
• Reflection on clinical supervision
• Ability to work in a team context
• Role development during and following the course
• Identification and commitment of designated medical supervisor
• Support from senior manager to develop role within area of practice

6. Application Process

6.1 Potential applicants need to complete with their line manager an internal application form (Appendix 1) to ensure that they meet the above
competencies. In addition, nurses and AHPs will need to complete a case study to ensure that they meet standards laid down in the NMC (2006) Standards of proficiency for Nurse and Midwife Prescribers. A copy of these guidelines is found in Appendix 2. This will be sent for verification to the respective Non Medical Prescribing Leads who will make a recommendation for the applicant to access training at a provider university.

6.2 The non medical prescribing steering group will be responsible for approval of potential non medical prescribing candidates; monitoring Continuous Professional Development of non medical prescribers; provision of mentors to non medical prescribers; monitoring action plans for non medical prescribers who fail to achieve agreed standards and removal from the Trust register as a non medical prescriber.

6.3 Trust leads for both pharmacist and nurse mental health non medical prescribing has been established In order to maintain a coherent approach to the development of the strategy, and co-ordinate access to training and the ongoing support and monitoring required to sustain the approach across the Trust. This would involve liaison with key stakeholders within the Trust, with higher education providers, regional networks and national groups.

7. Designated Medical Practitioner

7.1 The designated medical practitioner will work with the trainee prescriber during the course to supervise and assess competency in each of the prescribing areas. It will be essential to continue this supportive relationship following qualification to integrate the prescribing role into practice to fully embed the approach. The National Prescribing Centre (NPC) has produced a useful guide to help doctors prepare and carry out the role (http://www.npc.nhs.uk/resources/designated_medical_practitioners_guide.pdf) to become a designated medical practitioner, individuals should meet the following criteria:-

7.2 A registered medical practitioner, who:-

- Has had at least three years recent experience within the speciality
- Would usually hold the post of either Specialist Registrar or Consultant within the Trust (from here on only referred to as consultant but can equally be a Specialist Registrar)
- Has the support of the organisation to undertake the role
- Has had some of experience of teaching and supervision using the principles of adult approaches to learning and development
- Usually works with the trainee prescriber
8 Registration with Trust

8.1 Non-medical prescriber register

On successful completion of the course and following registration with the respective professional body, the non-medical prescriber will register on the organisation’s live database held by the NMP Steering Group. The non-medical prescriber must complete a registration form (Appendix 3) to advise the non-medical prescribing leads of their qualifications, professional registration and intention to prescribe before they start prescribing. This will be used to monitor the process and facilitate the authorisation of prescription pads.

8.1.2 It is the responsibility of the NMPs line manager to check the qualifications and confirm registration for new prescribers and for those qualified prescribers joining the Trust. These details should be copied to the non-medical prescribing leads, as above.

8.1.3 Confirmation of a nurse’s Supplementary Prescribing/Independent Nurse Prescribing registration can be obtained by contacting the Nursing and Midwifery Council (NMC) confirmation interactive voice response system. Tel No: 020-7631-3200 from 06:00 – 21:00 hours 7 days a week or online at www.nmc-uk.org

8.1.4 Confirmation of a pharmacist’s Supplementary / Independent Prescribing registration can be obtained from www.pharmacyregulation.org

8.2 Certificate to practice within the Trust

8.2.1 The non-medical prescriber will receive a certificate from the Trust, signed by their line manager, the chair of the medicines management committee and the relevant Trust lead for non-medical prescribing. This can be found in appendix 5.

8.3 Authorised prescriber signature

8.3.1 It is essential that the non-medical prescriber register their signature with the pharmacy within the locality they are working, to enable medication to be supplied. Each division will have different forms to enable the prescriber to do this; therefore the prescriber should contact the pharmacy department directly.

9. Prescribing and Dispensing

9.1 Scope of prescribing

9.1.1 - Supplementary Prescribing

- The non-medical prescriber, and the independent prescriber, must agree that there is a supplementary prescribing role in the clinical management of the service user. They form a prescribing partnership with the service user and initiate supplementary prescribing. This must
be in conjunction with a Clinical Management Plan (CMP), for each service user.

9.1.2 - The CMP is:
- A lawful requirement. Supplementary prescribing cannot occur without a CMP.
- Must be service user specific which relates to an individual.

9.1.3 - The CMP will be drawn up as follows:
- The NTW CMP Template (Appendix 6) will be used for each individual service user

- The CMP will be drawn up with and agreed by the Consultant and the supplementary prescriber. This arrangement must be endorsed by the service user. This will enable the supplementary prescriber to manage the treatment of individual service users (including prescribing) within identified parameters. The CMP may be “broad” or “specific” depending on the circumstances in which the supplementary prescribing is to take place

9.1.4 The CMP must contain enough detail to ensure service user safety and must:
- Specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency and formulation of the medicines. Medicines may be listed by class, formulation or specific product, at the Consultant’s discretion, or be identified by reference to approved guidelines or protocols for a specific condition
- Specify when to refer from supplementary prescriber to independent prescriber
- Contain relevant warnings about known sensitivities of the service user to particular medicines.
- Include arrangements for notification of adverse reactions
- Contain the date of commencement of the arrangement and date for review. This would not normally be longer than one year.

9.1.5 - The Prescribing Partnership

9.1.5.1 The partners:
- The Consultant and the supplementary prescriber will form a voluntary prescribing partnership to ensure the viability of the supplementary prescribing process
- The prescribing partners should work in fairly close proximity
- Good prescribing practice requires that the service user is also considered an equal partner in order to ensure informed consent and improved concordance
9.1.5.2 - **Responsibilities of the prescribing partners:**

- Supplementary prescribing involves a team approach. Consultants and supplementary prescribers must develop a clear identification and common understanding of their individual roles and responsibilities. The prescribing partners must communicate frequently to ensure safe, effective prescribing. Supervision of the supplementary prescriber should be considered and recorded.

- The prescribing partners are responsible for ensuring that the criterion for lawful supplementary prescribing is upheld. This involves ensuring that:
  - The independent prescriber is a Consultant employed by NTW.
  - The supplementary prescriber is a registered nurse, registered pharmacist or approved AHP employed by NTW.
  - A CMP has been drawn up relating to a named service user and to that specific service user’s conditions. Agreement to the plan has been recorded by the Consultant, the supplementary prescriber and service user before supplementary prescribing begins.
  - The Consultant and supplementary prescriber share, have access to, consult and use, the same service user record.

9.1.6 - **Maintaining the integrity of the prescribing Partnership**

9.1.6.1 **Managing potential conflict:**

- The following changes will need to occur in order for the potential of supplementary prescribing to be realised:
  - Accepting that roles and responsibilities will be challenged
  - New roles will need to be developed
  - New working relationships will have to be created between all concerned
  - All prescribers will have to view each other as equal partners

9.1.6.2 Although these changes will need to be addressed between the prescribing partners they will require the ongoing support and monitoring by their respective line managers.

9.1.6.3 Line managers should collaborate on a regular basis to enable a consistent approach to the overall process. The following indicators may be of use for monitoring potential conflict, including:

- Lack of Trust or credibility between individuals
- Organisational and service issues relating to the provision of training and development opportunities and/or infrastructures
• Perceived inequalities of power, accountability and responsibility within
  the prescribing partnership
• Responsibility for instigation, development, maintenance and review of
  the CMP

9.1.6.4 The following systems will be used to avoid potential conflict:
• Maintain effective communication
• Establish equitable working relationships
• Clarify working practices
• Facilitate clinical supervision and continuing professional development
  (CPD) opportunities

9.1.7 - Governance Arrangements for Non Medical Prescribing

9.1.7.1 Competency & Accountability
• All nurse non medical prescribers are, upon successful completion of a
  non medical prescribing course, qualified as both a supplementary and
  independent prescriber
• Pharmacists and AHPs will qualify as supplementary or independent
  prescribers and must work with the respective boundaries
• All non medical prescribers must operate within their sphere of
  professional practice and competence
• Line managers must review the NMP status of the individual at all
  appraisals and sign an approval form (appendix 4) at each KSF/JDR
  for return to the NMP steering group to ensure that the NMP database
  is up to date but also to ensure that the prescriber is still competent to
  remain on the register
• Independent non medical prescribers must complete the proforma in
  appendix 3 and have this signed off by their line manager and non
  medical prescribing lead

9.2 Writing a prescription

9.2.1 All prescriptions must be written following the practice guidance notes in
the Trust’s NTW(O)17 Medicines Policy. In some circumstances, in the
clinical judgement of the NMP, it may be necessary to advise the service
user’s doctor immediately of the medicine prescribed.

9.2.2 Prescribing must comply with both the local policies and guidelines in the
Trust governing the use of medicines, including the Trust formulary. It
must comply with national policies, guidelines and legislation governing
the use of medicines.

9.2.3 Access to Medicines Information:
NMPs must have access to a current British National Formulary (BNF)
when prescribing. BNF’s are available in all clinical areas and
electronically on the Trust intranet (via National Electronic Library for
Health – www.library.nhs.uk). Furthermore, the pharmacy department
offers a medicines information help line at St. Nicholas Hospital on
01912232303 or email medinfo@ntw.nhs.uk.
9.3 **Prescribing and dispensing.**

9.3.1 Non-medical prescribing pharmacists may legally prescribe and dispense prescriptions. However, the Trust encourages the separation of these duties for the benefit of service user safety. Therefore, pharmacists who prescribe a drug must ensure that the prescription is clinically screened or dispensed by another pharmacist and may not dispense it themselves if they have written the prescription.

9.3.2 The NMC have also recommended that prescribing and administration of medicines must be separated. Nurses must not prescribe and then administer the medication.

9.4 **Working with the pharmaceutical industry**

- Representatives from pharmaceutical companies must follow the relevant Trust policies.
- All prescribers must declare any interests in the pharmaceutical industry at relevant Trust meetings.

10. **Risk Management**

10.1 **Handling medication incidents and adverse drug reactions**

10.1.1 All non-medical prescribers must report any relevant medication incidents in accordance with Trust policies, NTW(O)05 - Incident Reporting, NTW(C)17 Medicine Policy and UHM-PGN-19 Reporting Medication Errors. All non-medical prescribers must review any incidents, and reflect if their future practice can be changed to reduce the risk of further incidents.

10.1.2 All adverse drug reactions should be reported in accordance with the guidance from the Committee on Safely of Medicines, using the Yellow Card system (www.mhra.gov.uk)

10.2 **Documentation and record keeping**

10.2.1 Non medical prescribers are subject to professional and legal responsibilities regarding service user records. It is important that service user confidentiality, disclosure of information, access to information, and accuracy of shared information are all maintained to the required standards as laid down by The Department of Health.

10.2.2 All NMPs must make records of all service user consultations directly in the service user’s medical record, when they are providing direct care, or prescribing medication within their approved remit. Copies of any clinic letters detailing the consultation should also be included/scanned in the service user’s medical record. Records must be made as close to the time of writing the prescription as possible and no later than 24 hours after the events to which they relate.

10.2.3 Supplementary prescribers must ensure there is a copy of the service user specific Clinical Management Plan in the service user’s medical notes. If RIO is being used then the CMP should be scanned and then filed in the purple RIO support file.
10.2 Security and handling of prescription pads

10.3.1 If a prescription pad is needed and a prescribing budget has been approved by the Chief Pharmacist then the NMP should contact the Pharmacy Department at St Nicholas Hospital to arrange for a prescription pad to be ordered.

10.3.2 All prescription forms are classified as ‘controlled stationery’. The security of prescription forms is the responsibility of the prescriber and Trust. Please refer to the Trust’s policy NTW(C)17 – Medicine Management, practice guidance note MM-PGN-15 – Controlled Stationery.

11 Clinical Governance Issues

11.1 The governance arrangements for non-medical prescribing will be managed by the Non-medical prescribing Group led by the Executive Director of Nursing and Operations. This group will also report to the Medicines Management Committee and Quality and Performance committee.

11.2 In addition the flow diagram in appendix 7 illustrates the governance arrangements to monitor the implementation of non-medical prescribing.

11.3 A system for audit, relevant to the NMPs practice, must be in place and available for review. It is the responsibility of the line manager to ensure that staff operating as NMPs continually audit their clinical practice and adhere to local and national guidance relating to non-medical prescribing.

11.4 NMPs are encouraged to meet regularly to review developments in prescribing and provide peer support especially to new prescribers.

11.5 An NMP intranet site has been created to allow the sharing of good practice (http://nww1.ntw.nhs.uk/services/?id=4101&p=2780&sp=3308).

12 Managing perceived poor prescribing practice

12.1 A difficult situation may arise when perceived poor prescribing practice is identified within a team. Individuals who identify poor prescribing practice will require support both from within the prescribing team and from the managerial structure within the Trust.

12.2 Poor practice can be minimised by:

- Adhering to the principles of good prescribing as specified by the National Prescribing Centre’s (1999) principles of Good Prescribing and the DOH guideline for Independent Prescribing (DOH 2006)
- Following established clinical guidelines such as those produced by the National Institute of Health and Clinical Excellence (NICE) and therapeutic protocols laid down in the NTW Medicines Management Committee.
- Maintaining Continuous professional Development with regard to prescribing practice.
• Maintaining effective clinical supervision
• Developing support networks
• Utilising senior and experienced colleagues.

12.3 Specifically regarding “high risk” and Controlled Drug (All schedules) prescribing, regular mandatory search and monitoring processes will operate and be performed by the Medicines Management/Pharmacy Directorate on behalf of the Trust Accountable Officer. This is to ensure compliance with Trust Policy and the updated legislation regarding the Shipman Review. Contravention to Controlled drugs policies and practices is a criminal offence under the Misuse of Drugs Regulations and as such the investigation will involve the Primary Care Trust (PCT) local intelligence network and the police.

13 Monitoring Prescribing and Budget Setting

13.1 The Chief Pharmacist will monitor prescribing trends in all areas of non-medical prescribing, and report directly to the NMP Steering Group; Medicines management Committee as part of the overall Medicines Management process

13.2 A medicines budget must be set for any prescribing by a non-medical prescriber. In many cases this will be encompassed by the independent prescriber or supervising consultant’s budget. The chief pharmacist must be notified in writing of any new NMP developments, which will involve the prescription and supply of medicines and hence require a medicines budget.

13.3 Detailed analysis of medicines usage and expenditure will provide useful management information for the Medicines Management Committee and for budgetary setting purposes.

14 Formulary Submission (New Drug Applications)

14.1 All new drug applications must be submitted in accordance to the current Medicines Management Committee. Currently NMPs may not currently submit new drug applications.

15 Legal Liability and Indemnity Insurance

15.1 The Trust will hold vicarious liability for NMPs where the following criteria will be met:

• The NMP is registered for this qualification with their professional body
• The prescribing role of the NMP must, with the approval of the NMP and line manager, be included in their job description
• The NMP must be registered in the Trust via the Medicines Management Committee and NMP Steering Group
• The NMP must work within the legal and professional framework of the role, within their CMP, and within local and Trust policies
• Maintain up to date Continuing Professional Development (CPD)
16 Maintaining competency in Prescribing and Service Developments

16.1 All NMPs have a professional responsibility to keep themselves abreast of developments within their profession. NMPs will be expected to keep themselves up to date with best practice in the management of conditions for which they will prescribe. All areas of NMP prescribing practice for supplementary prescribers must be assessed and approved by the non-medical prescribing lead(s).

16.2 It is the responsibility of the NMP, their line manager and the supervising clinician/ independent prescriber to ensure that the NMP has the knowledge, skills and competence to provide this role. Any training needs should be addressed in their Personal Development Plan.

16.3 It is essential that non-medical prescribers are confident and competent in their practice. The prescriber should identify and meet their individual continuing professional development needs in order to fully exercise their professional accountability and duty of care.

16.4 NMPs are required to maintain a portfolio of their (CPD) as prescribers. A competency framework for this is provided in Appendix 8. It is the responsibility of the individual non-medical prescriber to maintain their continuous professional development portfolio and competency in prescribing utilising this framework. CPD of the prescribing role should be linked to identified national competencies and this needs to be linked to the Trust annual appraisal system.

16.5 The organisation will provide support for non medical prescribing by facilitation of prescribing audits and developing a non medical prescribing CPD Forum which will meet on a quarterly basis and aim to promote an additional full day programme annually. NTW recognises that it has a responsibility to support NMP’s in the development of safe prescribing practices. The Forum will produce a timetable of activity, which aims to support NMP in practice. The Forum aims to support the development of safe and competent non-medical prescribing to all our service users. The Forum will promote good practice, share knowledge, education and develop an evidence base for non-medical prescribing. The work carried out by the Forum will support the NMP Steering group, which will report to the NTW Medicines Management Committee.

16.6 The Forum will identify and promote the many formal and informal ways in which non-medical prescribers across NTW can keep their knowledge and skills up to date. Including

- Development of practise skills
- Assist in the identification of training needs
- Develop a timetable/action plan for NMP for the coming 12 months
- Sharing good practice on the implementation of guidance and technical appraisals issued by National Institute for Health and Clinical Excellence (NICE)
• Sharing of information on relevant conferences
• Promoting National Prescribing Centre (NPC) and other membership to relevant bodies
• Development of clinical supervision
• Updating training
• Reviewing and advising on barriers to non medical prescribing within mental health speciality
• Supporting post registration mental health non medical prescribers
• Influencing local and national agendas on the development of non medical prescribing
• Celebrate and share successes

16.6 A process will be developed to monitor the continual professional development of NMPs within the Trust. It is anticipated that in order to be maintained on the live register that prescribers will participate in 50% of the Forum meetings.

16.7 A register will be kept of attendance (appendix 8) and there will be a requirement of the NMP to attend 50% of these meetings. Failure to meet this standard will result in their prescribing status being withdrawn and their manager notified. This will trigger a review with the relevant non-medical prescribing lead, the non-medical prescriber and their manager, where a remedial action plan will be developed.

17. Consultation and Communication with Stakeholders

17.1 The consultation of this policy has been carried out in line with Section 7 within the Trust’s policy, NTW(O)01–Development and Management of Procedural Documents

18. Policy and Administrative Process

18.1 The development, consultation and dissemination of this policy have been undertaken in accordance with the Trust’s policy NTW(O)01 Development and Management of Procedural Documents and in conjunction with the policy administration process.

18.2 It has been circulated within the Chief Executive weekly bulletin via a link to the Trust Clinical Policy Bulletin and is available on the Trust Intranet site and also from policy administration.

18.3 Archiving of this policy will be in accordance with the Trust’s policy NTW(O)01 - Development and Management of Procedural Documents.

19. Equality and Diversity

19.1 In conjunction with the Trust’s Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.
20. Implementation

20.1 This will be monitored by the Quality and Performance Committee during the review process. If at any stage there is an indication that the target date cannot be met, then the Quality and Performance Committee will consider the implementation of an action plan.

21. Monitoring Compliance

21.1 Regular Audits will be carried out to ensure compliance with the Trust policy. These audits will relate to prospective non medical prescribers seeking Trust approval to access a suitable non medical prescribing course; Trust registration as a non medical prescriber; attendance at continuous professional development events to maintain prescribing competency and that non medical prescribers review their prescribing practice with their line manager on annual basis as part of their JDR. These audits will be undertaken on an annual basis and reviewed at the Non Medical Prescribing Steering Group where action plans will be formulated and implemented.

21.2 The Trust NMP database show the status of NMPs by way of a traffic light system.

- Red – Not qualified, not practicing and in training.
- Amber – Qualified and registered but not practicing within NTW.
- Green – Qualified, registered and practicing within NTW.

22. Standards/Key Performance Indicators

22.1 The NMC has identified key standards that determine: access to approved non medical prescribing courses; curriculum provided by education providers and standards for continuous professional development for non medical prescribers. Similar standards have been developed by the Royal Pharmaceutical Society of Great Britain. These standards have been incorporated within the policy. In addition to meet the requirement of the NHS Litigation Authority all Non medical prescribers must have this role written into their job descriptions and this has been incorporated within the Trust registration procedures.

23. Fair Blame

23.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.
24. Associated Documentation

- NTW(O)01 - Development and Management of Procedural Documents
- NTW(O)05 – Incident Policy and practice guidance notes
- NTW(C)17 - Medicines Policy and practice guidance notes

25. References

- Department of Health (2005) Improving mental health services by extending the role of nurses in prescribing and supplying medication: Good Practice Guide.
## Appendix A

### Equality and Diversity Impact Assessment Screening Tool

<table>
<thead>
<tr>
<th>Names of Individuals involved in Review</th>
<th>Date of Initial Screening</th>
<th>Review Date</th>
<th>Service Area / Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angus Forsyth</td>
<td>July 2007</td>
<td>Jan 2008</td>
<td>All</td>
</tr>
<tr>
<td>Paul Courtney</td>
<td></td>
<td>Oct 2011</td>
<td></td>
</tr>
<tr>
<td>Anthony Young</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy or Service to be Assessed</th>
<th>Is this a new or existing Policy or Service?</th>
<th>Service Area / Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Medical Prescribing</td>
<td>Existing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe the aims, objectives or purposes of the Policy or Service</th>
<th>The safe introduction of non-medical prescribing within Northumberland, Tyne and Wear NHS Foundation Trust</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are there any associated objectives of the Policy or Service?</th>
<th>New Ways of Working CNO Review of Nursing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the policy unlawfully discriminate against equality target groups?</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the policy promote equality of opportunity for equality target groups?</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the policy or service promote good relations between different groups within the community, based on mutual understanding and respect?</th>
<th>Yes</th>
</tr>
</thead>
</table>
Equality and Diversity Impact Assessment Screening Tool

Which equality target groups of the population do you think will be affected by this policy or function?

<table>
<thead>
<tr>
<th>Equality Target Group</th>
<th>What positive and negative impacts do you think there may be for each equality target group(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black and Minority Ethnic People (including gypsy/travellers, refugees and asylum seekers) <strong>BME</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>Women and Men <strong>WM</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>People in Religious/Faith groups <strong>RF</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>Disabled People <strong>DP</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>Older People <strong>OP</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>Children <strong>C</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>Young People <strong>YP</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>Lesbian Gay Bisexual and Transgender People <strong>LGBT</strong></td>
<td>Quicker access to medication and medication reviews. Improved choice for service users.</td>
</tr>
<tr>
<td>People involved in the criminal justice system <strong>CJS</strong></td>
<td>Access to methadone programmes</td>
</tr>
<tr>
<td>Staff <strong>S</strong></td>
<td>Greater use of staff skills Increased capacity within services</td>
</tr>
<tr>
<td>Any other group(s) <strong>AOG</strong></td>
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</tbody>
</table>
### Equality and Diversity Impact Assessment Screening Tool

#### Screening Tool Checklist : Summary Sheet

<table>
<thead>
<tr>
<th>Positive Impacts (Note the code of groups affected)</th>
<th>Negative Impacts (Note the code of groups affected)</th>
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<tbody>
<tr>
<td>Improved access to medication</td>
<td></td>
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<tr>
<td>Improved choice for service users</td>
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</tbody>
</table>

**Additional Information and Evidence Required**

**Recommendations**

**From the outcome of the Screening, have negative impacts been identified for race or other equality groups?**

No ☐

If yes, has a Full Impact Assessment been recommended? If not, why not?

**Manager’s signature:**

Date: October 2011
Audit/Monitoring Tool Guidance

Statement

The Trust will work towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance regular audits must be carried out. Policy authors are encouraged to attach audit tools to all policies. Audits will need to question the systems in place as outlined in the policy. It is suggested that each policy will list between five and eight standard statements which can then be audited in practice and across the Trust.

<table>
<thead>
<tr>
<th>Standard Statement</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td><strong>Statement 1</strong></td>
<td></td>
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<tr>
<td>All prospective non medical prescribers follow the procedure for obtaining Trust approval to access a Non Medical Prescribing Course.</td>
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<tr>
<td><strong>Statement 2</strong></td>
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<tr>
<td>All non medical prescribers follow the procedure for registering with their professional body.</td>
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<tr>
<td><strong>Statement 3</strong></td>
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<tr>
<td>All non medical prescribers follow the procedure for registering with the Trust as non medical prescriber.</td>
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<tr>
<td><strong>Statement 4</strong></td>
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<tr>
<td>All non medical prescribers attend the statutory Continuous Professional Development days as part of development of their prescribing practice</td>
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<tr>
<td><strong>Statement 5</strong></td>
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<tr>
<td>All non medical prescribers review their prescribing practice with their line manager at the annual JDR.</td>
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<tr>
<td><strong>Statement 6</strong></td>
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<td><strong>Statement 7</strong></td>
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<tr>
<td><strong>Statement 8</strong></td>
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</table>

The author(s) of each policy to complete the audit/monitoring template and ensure that the results are taken into consideration by the appropriate Committee at each review date.
<table>
<thead>
<tr>
<th>Policy number</th>
<th>NTW(C)28</th>
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<tbody>
<tr>
<td>Policy title</td>
<td>Non-Medical Prescribing</td>
</tr>
<tr>
<td>Date issued</td>
<td>V03.1 - Jul 2012</td>
</tr>
<tr>
<td>Date of implementation</td>
<td>Jul 2012</td>
</tr>
<tr>
<td>Directorate/Service/Ward/Department</td>
<td></td>
</tr>
<tr>
<td>Received by</td>
<td></td>
</tr>
<tr>
<td>Date received</td>
<td></td>
</tr>
<tr>
<td>Date placed in policy file</td>
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</tbody>
</table>

I have read the above policy and understand its contents.

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Signature</th>
<th>Designation</th>
<th>Service/Ward/Dept.</th>
<th>Date</th>
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This form is to be kept up to date at all times to act as a clear record that all relevant staff have received notification of the existence of the above policy, that they have read it and understood its contents. Form to be retained in the policy file in front of the policy specified.

Policies and policy index lists are available via Trust Intranet. Index lists are continually updated and current lists should be retained in the front of policy files.