journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – to be published on the Trust external site

Title: Non-Medical Prescribers (NMPs) Policy and Procedure to Practice

Ref: PHARM-0001-v11

Status: Ratified
Document type: Policy
Overarching policy: Medicines Overarching Framework

Contents

1 Introduction....4
2 Why we need this policy....4
2.1 Purpose....4
2.2 Objectives....4
3 Scope....4
3.1 Who this policy applies to....5
3.2 Roles and responsibilities....5
4 Governance framework....7
4.1 Service Needs....7
4.2 Managing Non-Medical Prescribers....7
4.3 Non-Medical Prescriber Register....8
4.4 Concerns related to practice....8
4.5 Driver, Vehicle & Licensing Agency (DVLA)....9
5 Starting practice as a Non-Medical Prescriber....9
5.1 Professional registration....9
5.2 Trust Registration....10
5.2.1 Approval to Practice....10
5.2.2 Scope of Practice....10
6 Supervision / CPD / On-going Learning....11
7 Levels of practice....13
7.1 Practicing at level 1 (Novice)....13
7.2 Practicing at Level 2 (Competent)....14
7.3 Practising at Level 3 / DPP....14
8 Controlled Drugs (CDs)....17
9 Clinical Management Plans....17
10 Record keeping....18
11 Professional Responsibility and Accountability....18
12 Annual Declaration....18
13 Prescription Pads, prescribing and dispensing....19
14 Separation of prescribing, dispensing, and administering of medicines....19
15 Writing prescriptions on behalf of another (transcribing)....19
16 Patient Information....19
17 Definitions....19
18 Related documents....21
19 How this procedure will be implemented....21
19.1 Training needs analysis....21
20 How the implementation of this procedure will be monitored....22
21 References....22

21.1 Useful websites....22
22 Document control (external) 24

Appendix 1 - Equality Analysis Screening Form 26

Appendix 2 – Approval to practice form....28
Appendix 3 – Job descriptions 30
Appendix 4 – Accessing FP10 prescriptions pad flowchart 32
Appendix 5 - Non-medical Prescribing CPD workbook....33
Appendix 6 – CPD and supervision Log for Non-nursing NMPs (for nurse NMPs use the NMC CPD Log 46
Appendix 7 - Non-Medical Prescribers – Supervision contract (from the TEWV Clinical supervision policy) 47
Appendix 8 – NMP Supervision Session Recording Sheet....51
Appendix 9 – Decision Tree – Prescribing CPD Independently....52
Appendix 10 - Template 1 (Blank): for teams that have full co-terminus access to patient records CMP for completion by Medical Prescriber....53
Appendix 11 – Template CMP2 (Blank) for teams where the NMP does not have co-terminus access to the medical record 55
Appendix 12 – Level 3 / DPP NMP Application form....57
Appendix 13 – Example Job plan....61
Appendix 14 – Terms of Reference Template 63
Appendix 15 - Physical healthcare Nurse Scope of Practice....65
Appendix 16 - Pharmacist Scope to prescribe Lithium and Clozapine....67

Appendix 17 – Approval checklist (for procedure review)....69

1 Introduction

This document sets out the policy for Non-Medical Prescribing (NMP) for the Trust, informing health care professionals and patients of the process of non-medical prescribing.

The policy is required to provide a clear structure and framework for our non-medical prescribers to enable them to practice as safely as possible within their individual scopes, with support and assurance.

This policy supports Our Journey to Change as set out in the Medicines Overarching Framework.

2 Why we need this policy

2.1 Purpose

The policy and associated procedures provide guidance on both becoming a non-medical prescriber and on good practice for independent and supplementary prescribers their Designated Prescribing Practitioner (DPP) and Practice Assessor.

2.2 Objectives

Following this procedure will help the Trust to achieve the following objectives:-

• Ensure NMP takes place within a clinical governance framework
• Ensure NMPs are aware of their legal and professional responsibilities and boundaries
• Improve the patient experience
• Improve use of time for the patients', nurses and medical staff
• Clarify professional responsibilities leading to improved communication between team members
• Develop new ways of working and opportunities to modernise services and processes

3 Scope

3.1 Who this policy applies to

- Non-medical prescribers (NMPs) employed within the Trust, who carry out the duties as either an independent or supplementary prescriber, or both, where the Trust supports their prescribing role.
- Prospective NMPs who have the support of the Trust to access appropriate training
- DPP and Practice Supervisor involved in the supervision of NMPs both pre and post registration
- Managers with NMPs working within their area of responsibility

3.2 Roles and responsibilities

Role	Responsibility
Trust NMP Lead	Responsible for leading and developing NMPs practice and monitoring individuals' adherence to governance frameworks
Chief Pharmacist	Responsible for the co-ordination of supply of the prescription pads, monitoring of NMPs prescribing and subsequent costs and support of their practice through pharmacological and prescribing advice and education; authorising and supporting pharmacist NMPs and managing the Trust NMP lead
Professional Heads	Responsible for authorising and supporting NMPs within their profession areas of responsibility
NMP Line Managers	Responsible for ensuring this policy is implemented and monitored within their area of responsibility and remain responsible for the support and supervision of their staff practising as NMPs
Lead NMP	Each speciality has a lead NMP who will attend meetings and be involved in policy procedure development for their speciality and coordinate NMP activity.
Designated Prescribing Practitioner (DPP)	Responsible as the designated prescribing practitioner required throughout the NMPs training and the assessor required during the NMPs registration with both the professional body and the trust. The DPP must work in the same field of practice as the NMP. **Within TEWV this role can only be undertaken by a Medic or Level 3/DPP Prescriber.**
Practice Supervisor	Responsible for support and supervision in the practice learning environment and to provide feedback to the DPP. The Practice supervisor must be working in a prescribing role.
NMP	Responsible and accountable for all aspects of their prescribing decisions, and to their employers and regulatory bodies for their actions. They should only prescribe those medicines they know are safe and effective for the patient and condition being treated within their sphere of competence. All NMPs should have a working knowledge of this policy

	and ensure they always work within the parameters set down, and adhere to requirements.

4 Governance framework

Patient safety and assurance must be paramount in any plan to implement NMPs practice. Non-medical prescribing should be an integrated part of organisational clinical governance arrangements and relevant action plans. The trust must consider the impact of non-medical prescribing on other related policies and procedures e.g., drug error reporting. The Department of Health has set out key steps for NHS organisations to have in place to ensure the implementation of clinical governance. These include:

- Clear lines of responsibility and accountability for overall quality of clinical care
- Management of risk
- Clear procedures to identify and remedy poor performance

4.1 Service Needs

In order to develop NMP in a consistent way at local and corporate level, it is essential that there is a strategic approach to the development of infrastructures including relevant training, clinical support and supervision, financial frameworks, and partnership agreements.

Any development should be service led, directed by service developments and modernisation requirements, not individual professional development requests. Specific requirements related to each service should be agreed within the Quality & Assurance framework (see appendix 1).

4.2 Managing Non-Medical Prescribers

The manager of services who employ NMPs must:

- Ensure that they have read and understand the NMP policy and understand the role within their services and their responsibilities around supporting and managing this.
- Ensure that all NMPs have the correct Job description with the role included - or that the addendum to these is completed (appendix 2)
- Ensure NMPs in their area of responsibility are supported to access a minimum of 14 hours per year protected time to attend the required number of supervision/CPD events as set out within this policy to allow maintenance and development of competence. By signing the Approval to practice form (appendix 1) for each NMP they are agreeing to this.
- Where at all possible you must support your NMPs to develop a job plan (Appendix 12 example job plan template) for the role and your service – in teams where this is not a straightforward process i.e., Crisis Teams as a minimum a partial plan should be developed to ensure that supervision and CPD requirements are agreed and timetabled.
- Notify the Trust NMP Lead and Chief Pharmacist of any NMPs who leave the service or cease prescribing as soon as possible in writing, ensuring prescription pads for these staff have been returned to the Trust pharmacy team for safe destruction
- Notify the Trust NMP Lead if any NMPs are absent from work for over three months within a twelve-month period to ensure on return to work, when appropriate, structures are put into place to ensure the NMPs are fit for practice to prescribe
- Provide appropriate storage facilities for the safety of prescription pads to ensure only the NMPs can access their allocated prescription pad

- Support NMPs in their clinical practice, ensuring they can access adequate clinical supervision with their DPP a minimum of 6 hours per year (unless NMP is newly qualified then hourly monthly supervision for the first 6 months as a minimum). These sessions should provide support and advice in any errors or clinical incidents.
- Ensure that NMPs take appropriate action in the case of lost or stolen prescription pads, support, advice and counsel staff as necessary.
- Through appraisal, ensure that all NMPs are updated and working to current practice and that registration to practice is renewed and valid.
- Raise any concerns related to the NMPs practice with the Trust NMP Lead to ensure structures may be put into place to overcome relevant issues. The Trust NMP Lead will liaise with the relevant professional lead and if appropriate can recall the Approval to Practice until such a time that the issues are resolve.

4.3 Non-Medical Prescriber Register

An electronic register will be held by the Trust NMP Lead including all non-medical professionals who are involved in NMP practice, this register will identify individual's scope of practice and approval to do so, alongside original signatures.

The register will be accessible by the Chief Pharmacist and the pharmacy administration team to enable issuing of prescription pads.

The electronic register will contain **all** information relevant to individual NMPs including name, registration/PIN number, qualification and specialty, date of qualification, base and contact details, approval to practice form, approved scope of practice, and revalidation of prescribing.


It is the responsibility of the individual NMP and their manager to inform the Trust NMP lead of any changes in circumstances immediately to ensure that the register is always up to date. This included 3 yearly renewals, change of name, DPP, base, scope of prescribing and role. They are also responsible for mi

4.4 Concerns related to practice

If there are any concerns related to NMP practices these should be reported to the Trust NMP Lead – linda.johnstone4@nhs.net. These concerns may include prescribing practices, lack of adherence to policy parameters, lack of adherence to CPD requirements, level of absence from work over a given period which could have a negative effect on their prescribing practice. All support necessary will be offered in these circumstances which may include occupational Health referrals and reasonable adjustments.

It is the NMPs responsibility to advise the Trust NMP lead of any absences from work which may impact on their ability to prescribe. These situations will be looked at on an individual basis and

plans will be agreed between the NMP, line manager, DPP, Practice Assessor where applicable and Trust NMP lead to assist the NMP back into practice.

The Trust NMP Lead will discuss with the relevant NMPs manager and if appropriate Professional Lead. The Trust NMP Lead can request to withhold or remove approval to practice if there are sufficient concerns via the appropriate Clinical Director. If an individual has their approval to practice removed an action plan should be developed if the intention is to reapply for approval at a future date.

Prescribers must take responsibility for notifying the Trust NMP Lead of any absences from work for over three months within a twelve month period; any concerns around prescribing issues and/or problems adhering to governance framework as set out within this policy

The trust will hold vicarious liability for all NMPs where the following criteria are met:

- All NMPs are registered with their professional bodies with an annotation signifying the individual as a prescriber.
- The role of all NMPs is approved by the line manager and included within the individual's job description (appendix 2).
- The NMPs are included in the NMP register held by the NMP Lead.
- The NMPs work within the legal framework of the role.
- The individual must also ensure they have adequate professional indemnity insurance in accordance with advice from their professional registration body and staff side representatives; most healthcare union subscriptions include access to indemnity insurance.
- All NMPs must be aware of their professional accountability and responsibility when dealing/negotiating with companies and their representatives. Please refer to the Trust Medicines Code and Code of Practice for the Trust and the Pharmaceutical Industry document.

4.5 Driver, Vehicle & Licensing Agency (DVLA)

NMPs have a responsibility to ensure they are aware of the legal requirements around prescribing for a person who may drive whilst taking medicine, and the advice and guidance they have to give around the effects of the medicine. For further information all NMPs should access the following website:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1084397/assessing-fitness-to-drive-may-2022.pdf

5 Starting practice as a Non-Medical Prescriber

5.1 Professional registration

Once training has been completed, NMPs **must** record their qualification with their professional body within one year. As part of the process of applying to practice within the Trust the NMP Lead will provide evidence of this registration to the appropriate final sign off person:

- Chief Nurse (for Nurse and Paramedic Prescribers)
- Chief Pharmacist (for Pharmacist Prescribers)

- Chief Allied Health & Associated Professions Officer or Professional Head of the individual

Each of the signatories above will identify a nominated deputy who can sign in their absence to avoid any delays in prescribing. The lead nurse for NMPs will retain a record of these.

5.2 Trust Registration

5.2.1 Approval to Practice

Before starting any prescribing practice, a Trust Approval to Practice and Scope of Practice forms must be completed to evidence specific service settings, prescribing qualifications attained and level of proposed prescribing practice in addition to approval from the relevant Service Manager, DPP and Professional Lead (appendix 1).

Staff joining the Trust who are already qualified and professionally registered as NMPs, and NMPs planning to extend their prescribing practice into a new speciality, must evidence appropriate development in practice relevant to the clinical setting as agreed by the DPP with whom they will be working. A new or revised Approval to Practice form must be submitted and authorised prior to any subsequent prescribing.

All NMPs must have a clause in their job description which includes a clear statement that prescribing is required as part of the duties of that post or service, (see appendix 2).

Once authorised to practice if appropriate NMPs may apply for a prescription pad appropriate to their area of practice, e.g., FP10. See appendix 3, flowchart for access to prescription pads for guidance.

5.2.2 Scope of Practice

When	What
Qualified and registered with the Trust	NMPs may assess, diagnose and prescribe for patients within their area of expertise NMPs can only prescribe at the level agreed on the Approval to Practice form unless approved and authorised via the submission of a new form.
Approval to prescribe independently	Automatically approves NMPs to prescribe in a supplementary capacity
Extending approval from supplementary to independent	NMP completes a further Approval to Practice (and scope of prescribing as required) form (appendix 1) and submits for relevant authorisation
Moving from novice to competent prescriber (Level 1 to Level 2)	The NMP submits a new Approval to Practice (and scope of prescribing as required) form which needs to be authorised
Moving from level 2 to 3. (competent to DPP)	All applications to progress to Level 3/DPP/DPP should be submitted to the Trust NMP lead. These will be reviewed and respective applicants will be interviewed for suitability to progress

	using the Royal Pharmaceutical Society (RPS) DPP competency framework.

NMPs may prescribe a medicine for use outside the terms of its licence (off label) providing they are satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety, efficacy, and benefit to the patient (NMC, 2007, HPCP, 2016). All use of unlicensed and off label medications **must** be in accordance with the trust Drug & Therapeutic Committee's approved off licence use Guidance on Unlicensed and Off-Label Use of Medicines

6 Supervision / CPD / On-going Learning

The first few years of prescribing practice is a critical time with the emphasis on putting theory into practice considering all the legal requirements, clinical expectations and trust parameters. As such NMPs are required to work within a very structured regime of supervision and support at the onset of practice. Utilising the Benner framework for clinical development, novice to expert (1984), NMPs will be assessed and authorised at one of three levels of competence. The length of time an individual has been qualified and authorised to practice will not necessarily influence the progress through this framework but evidence of competence and development in practice will. It is acknowledged that it is not necessary for all NMPs to progress to the Level 3/DPP to fully function within the role of prescriber, but the level will have an effect on the amount of autonomy with which the NMPs can practice.

As a Non-Medical Prescriber, you have access to the Medical Development In-House Teaching Programme.

This is intended to support your professional development and will continue to evolve in both content and scope. It is divided into three components:

- In-House Trainer Support Programme
- In House Clinical Skills Development Programme
- In-House Additional Skills Development Programme

The programme will be sent out annually and the weekly timetables bi-annually via the Lead Nurse for NMPs. All NMPs are encouraged to attend all relevant sessions.

CYPS, MHSOP, Physical Heath Care Nurses and Pharmacy each have a supervision/support group to allow sharing of information and expertise within their specific area of practice. These groups should work within identified terms of reference and allow both the sharing and updating of relevant information related to prescribing and open discussions of clinical issues. Each group will identify a chair that will be responsible for the agenda and co-ordinate regular meetings.

Where a decision is made not to run supervision groups within a speciality then alternative arrangements should be made by NMPs to make sure that they access sufficient CPD and supervision to replace this. The Lead NMPs for the speciality will continue to disseminate information

to members of that speciality and can offer supervision, advice or support on an ad-hoc basis if required by people for specific issues. NMPs can set up local peer supervision groups to replace the speciality supervision but should ensure that they have some terms of reference (Appendix 13 example terms of reference) and record minutes and attendance at such groups. As the meetings vary in length and frequency for different specialities NMPs need to ensure that they achieve the equivalent of 50% attendance at the meetings, i.e., if there are 6x2 hour meetings normally, then you should be able to evidence 6 hours of CPD and supervision to replace this, in addition to the basic supervision requirements of the role.

Where there is a speciality supervision forum NMPs are recommended to attend sessions for a minimum of fifty per cent. Attendance will be monitored and lack of attendance as with all NMPs who don't reach the required CPD hours may negatively affect their authorisation to practice.

Through having 20 hours protected time all NMPs are expected to evidence both 6 hours of Supervision with their DPP with any additional Practice assessor sessions and 14 hours of CPD/Ongoing learning per year. This can include attendance at speciality supervisions. As an accountable practitioner who is an NMP you must evidence that you have achieved this. Any problems arising with NMPs accessing this should be directed to the Trust NMP lead.

CPD is the systematic maintenance, improvement and broadening of knowledge and skills and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioner's working life.

- All NMPs have a professional responsibility to keep themselves updated on clinical and professional developments through regular CPD and supervision.
- NMPs should use the attached CPD workbook (appendix 4) based on the National Prescribing Centre competency framework, to evidence progress in expertise from Level 1 to Level 2. Newly qualified NMPs who have an up-to-date portfolio of prescribing evidence in agreement with the DPP can highlight the transferrable standards which should be cross referenced on the workbook. Those NMPs returning to practice or those changing speciality should complete the full workbook.
- NMPs authorised and practising at Level 2 and above may use the subject content within the CPD workbook as an aide memoir (appendix 4, to guide and inform their CPD related to prescribing
- NMPs will adhere to their professional requirements related to their NMP role.
- NMPs are required to maintain a portfolio of their continuing professional development as prescribers. It is their responsibility to keep up to date in their field of practice and any changes in national and local policy.
- NMPs should keep a log of CPD and supervision at the front of their portfolio making reference to contents with appropriate signatures where relevant (appendix 5)
- All NMPs should ensure that they have regular clinical supervision, with a DPP and if appropriate practice assessor. Specific training/development requirements for individuals should be discussed at annual appraisal and included in the individuals Personal Development Plan.
- NMPs must be supported by their managers to attend relevant updates related to their prescribing practice.
- NMPs and their DPP or Lead NMP for their speciality should always consider the use of Technology where face to face meetings/sessions/CPD cannot be facilitated i.e. MS Teams.

The Lead Nurse for NMP can ask you to produce evidence of your relevant CPD and supervisions at any time for the purposes of audit - you should be able to provide these when asked for in a timely fashion. Failure to do so may also affect your authorisation to prescribe.

7 Levels of practice

The trust needs to be able to assure competence of prescribers as part of the governance framework. As such newly qualified prescribers should work within the ethos of the trust's preceptorship policy. The process of preceptorship is about enhancing and maximising newly acquired skills for the benefit of the patient, the service, and the individual. It is a period of support and guidance to facilitate the transition from novice to Level3/DPP; the CPD workbook (appendix 4) should assist in this process. The NMPs may identify a mentor as a point of contact for advice and guidance, over and above the supervisory support received from the DPP and Practice assessor. The mentor may be, but does not have to be, a DPP.

Overview of requirements for Levels

	Level 1	Level 2	Level 3/DPP
Supervision	1 hour per month for the first 6 months, then minimum 6 hours per year	Minimum 6 hours per year	Minimum 6 hours per year
Approval to practice	Every 3 years or if any information changes	Every 3 years or if any information changes	Every 3 years or if any information changes
Scope of practice	Yes	Yes	No
Controlled drugs	Schedule 4 and 5 automatically; Schedule 2 and 3 following approval by DPP and dependent on role	Schedule 4 and 5 automatically; Schedule 2 and 3 following approval by DPP and dependent on role	All schedule of CD as long as appropriate to their role
CPD	14 hours per year	14 hours per year	14 hours per year
Annual declaration	Yes	Yes	Yes

7.1 Practicing at level 1 (Novice)

It is expected novice NMPs will remain at level 1 for a minimum of 6 months after qualifying and should therefore meet with their DPP at least once per month for a minimum of one hour supervision. These supervision meetings can be in the form of 1:1, group sessions or before/during/after

clinics/meetings with patients. It is recommended that these sessions are at least an hour long though it is acknowledged that this is not always possible therefore sessions may be split into no shorter than 30 minutes, still ensuring a total of 1 hour each month. Any arrangements to do this must be documented within supervision records and should support the practitioner's development. Both parties will be expected to keep records of the meetings to evidence progress, including completion of the CPD attached competency framework (appendix 4) to evidence competence which should be kept within their personal portfolio related to prescribing.

The decision to move from novice to competent prescriber will be a joint one between NMP and the DPP with a new ATP form (and scope of prescribing as required) being submitted. Prescribing CDs Level 1 – Schedule 4 and 5 automatically; Schedule 2 and 3 following approval by DPP and dependent on role.

7.2 Practicing at Level 2 (Competent)

Once the 'novice' stage of the prescribing role for NMPs has been completed (minimum 6 months), NMPs and their DPP can renegotiate the frequency of the supervision meetings and review and formulate a new supervision contract. The supervision meetings may be reduced but should be no less than every six weeks. The subject headings within the CPD framework may be used as an aide memoir (appendix 5) to ensure all aspects of prescribing competence are considered throughout the supervisory relationship. For the majority of NMPs this will be the most appropriate level of practice within their clinical role and setting. The expectation is that NMPs will continue to meet with the DPP, though less intensively, but will move towards more autonomous decision making and prescribing practices.

Level 2 NMPs may (appropriate to their role) amend lithium and clozapine doses providing there is evidence that the Consultant Psychiatrist and DPP are aware of the changes. Level 2 NMPs are not permitted to initiate lithium or Clozapine at any stage of treatment. This is not a blanket policy for all level 2 prescribers but requires agreed with respective DPP and requires to be noted separately on the scope of practice on their Approval to Practice.

Level 2 NMPs are required to have a minimum of 6 hours supervision with their DPP per year.

Practising at Level 3/DPP (Prescribing CDs Level 2 – Schedule 4 and 5 automatically; Schedule 2 and 3 following approval by DPP and dependent on role

Any level 2 NMPs who are acting as a Practice supervisor will be recorded on the NMP register. As a level 2 you have a professional responsibility to notify the NMP lead Nurse if you undertake this role.

7.3 Practising at Level 3 / DPP

If appropriate, Level 2 NMPs may be signed off as a Level 3/DPP in their field of prescribing. It is essential that those individuals wishing to progress to Level 3/DPP within their speciality are working at a minimum of band 7 with a minimum of 3 years prescribing experience (this includes acting as a practice supervisor for student NMPs) and can demonstrate their experience and skills in supervision of NMPs and in complex prescribing and complex cases. There is also an expectation that level 3/DPPs will have an involvement at both local and strategic level within their role around service

delivery and improvements. As a level 3/DPP you may also be asked to deputise in the absence of the NMP lead within your speciality.

These requirements should be demonstrated within the application process, and this should also include the evidence below in line with the RPS DPP competency framework**:**

1. **Personal characteristics**

- Recognises the value and responsibility of the DPP role.
- Demonstrates clinical leadership through their practice.
- Demonstrates a commitment to support trainees.
- Displays professional integrity, is objective in supervision and/or assessment.
- Is open, approachable and empathetic.
- Creates a positive learning culture through their practice.

2. **Professional skills and knowledge**

- Works in line with legal, regulatory, professional, and organisational standards.
- Is an experienced prescriber in a patient facing role.
- Is an active prescriber in a patient-facing role, with appropriate knowledge and experience relevant to the trainee's area of clinical practice.
- Has up-to-date patient-facing, clinical and diagnostic skills, and evidence of demonstrating competence in an area of practice relevant to the trainee.
- Has knowledge of the scope and legal remit of non-medical prescribing for the NMP trainee's profession.
- Has an understanding of the needs of patients with protected characteristics, i.e., language, religion etc.

3. **Teaching and training skills**

- Has experience or had training in teaching and/or supervising in practice.
- Has knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs.
- Articulates decision making processes and justifies the rationale for decisions when teaching or training others.
- Has knowledge of a range of methods of assessment and experience of conducting.

  assessment of trainees in clinical practice
- Delivers timely and regular constructive feedback.
- Facilitates learning by encouraging critical thinking and reflection.

4. **Working in partnership**

- Work with the trainee to establish their baseline knowledge and skills, and jointly create a development plan for meeting learning outcomes.
- Regularly assess the trainee at appropriate intervals to guide gradual handover of elements of the process that lead to a prescribing decision.
- Work in partnership with the trainee, other practitioners, and the programme provider to confirm the competence of the trainee.
- Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning.

- Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the trainee to learn from other appropriate practitioners.

5. Prioritising patient care

- Ensure that safe and effective patient care remains central to practice through effective clinical supervision.
- Ensure patients are informed of and consent to trainee presence at consultations.
- Identify and respond appropriately to concerns regarding the trainee's practice or behaviour.
- Act in the interest of patient and public safety when making decisions on trainee competence.

6. Developing in the role

- Is open to learn and be challenged and uses feedback from trainee and others, to improve their clinical and supervisory practice.
- Regularly reflects on their role as a DPP and the potential for improvement.
- Identifies when help is required in DPP role and when, and where, to seek support.
- Undertakes and records continuing professional development (CPD) encompassing knowledge and skills that are applicable to the DPP role.

7. Learning environment

- Negotiate sufficient time to supporting the trainee throughout their period of learning in practice.
- Encourage an environment that promotes equality, inclusivity, and diversity.
- Create a safe learning culture that encourages participation and open discussion to support learning.

8. Governance

- Acknowledges their role and responsibilities within the wider governance structure, including the programme provider, employing organisation, professional regulator and others.
- Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process.
- Engages with the employing organisation (or equivalent) to ensure support and resources are available to undertake DPP role.

Any Level 3/DPP application will consist of a completed form from the NMP (Appendix 13) and a letter from the DPP outlining the rationale and evidence supporting the application. All Level 3/DPP applications will be submitted to the Lead NMP Nurse for consideration and the applicant will be expected to attend one of the bimonthly panels to discuss their application prior to final approval via Drugs &Therapeutic committee. The supervisor who has supported the application will also be invited. The panel will consist of the lead nurse for NMPs and lead NMP representation.

The Level 3/DPP NMP is not required to complete or submit a scope of practice as they are expected to be responsible for ensuring their own scope of practice and will be able to justify their prescribing decisions. The approval to practice form will still be required to be completed. They can prescribe all schedules of CD as long as appropriate to their role.

Level 3/DPP NMPs can be a DPP for both level 1 and 2 NMPs in replacement of a medical supervisor.

Level 3/DPP NMPs are required to have a minimum of 6 hours supervision with their DPP per year. Level 3 supervision may be facilitated with a fellow level 3. However, there may circumstances in which a level 3 NMP will require supervision from a medic around the initiation of some medications e.g., clozapine and HDAT. The level 3 prescriber should have a good understanding of when this would be needed and appropriate within their scope of practice.

Level 3/DPP non-medical prescribers may initiate HDAT in line with the Trust NMP Policy, and only following communication with a consultant psychiatrist (an ST4 doctor or above if out of hours) which must be recorded in the electronic patient record.

All level 3/DPPs will be expected to attend a biannual peer forum to enable support, feedback and learning with regards to the role. This will be organised by the Lead Nurse for NMPs, and it is expected that all Level3/DPPs will attend both sessions.

Within the 3 levels ALL NMPs should be able to demonstrate appropriate clinical monitoring and reviewing of prescribing decisions as per competency workbook.

8 Controlled Drugs (CDs)

In 2012 The Misuse of Drugs regulations were amended to allow specific professions practising as NMPs to independently prescribe any controlled drugs within their approval to practise.

Approval to prescribe CDs should be assessed on an individual basis based on the flowchart in appendix 8

Any prescribing of CDs should be identified individually on the Approval to Practice stating whether each category or Schedule is to be within a supplementary arrangement or independently.

The approval to prescribe CDs should be clinically viable and for the patients' benefit.

9 Clinical Management Plans

All NMPs across the organisation are independent prescribers. However, there may be occasions when supplementary prescribing is required. If this is the case then there must be medic involvement. This cannot fall to a level 3 supervisor. If you do identify a condition or description that requires you to be a supplementary prescriber within your scope, you MUST ensure the patient is involved in decision making and provides informed consent to receive prescriptions from an NMP/supplementary prescriber via a Clinical Management Plan (CMP) and that all CMPs are completed and recorded within the electronic record. If these are not in place and agreed, you should not prescribe.

When working within a supplementary prescribing relationship the CMP (Appendix 10) is the foundation stone of the prescribing partnership. The independent prescriber (doctor/dentist) must ensure that the supplementary prescriber has the necessary skills, knowledge, and experience to prescribe in the defined clinical area and in accordance with the clinical management plan.

10 Record keeping

Accurate and detailed records must be maintained of all prescribing decisions.

- ✓ Records Management Policy
- ✓ Medicines – Prescribing and Initiation of Treatment

Recording of prescribing medications must include date of prescription, name of prescriber, name, dose, and frequency of medicine. It is good practice to record reasons for prescription or any changes in treatment with a summary of the information given to patients regarding their medication.

Where appropriate NMPs will ensure they inform the patient's GP of any changes in medication in writing within five working days

11 Professional Responsibility and Accountability

All Non-Medical Prescribers will:

- Be responsible for the initial registration of their extended practice qualification and the maintenance of that registration with their professional body.
- Work according to the procedures and processes related to NMPs and within nationally agreed standards for NMP, following the professional standards and guidelines for practice (e.g. NMC, GPhC, HCPC).
- Comply with all prescribing advice and guidance given within the Medicines Overarching Framework and related documents.
- Fully assess the patient's need for treatment. Only products that are clinically appropriate and cost effective should be prescribed, in accordance with the assessment.
- Only prescribe to patients, within the scope of the competency framework

12 Annual Declaration

All NMPs should have a current and valid Disclosure and Barring Service (DBS) as per Trust policy.

Following on from registering to practice, all NMPs will be inputted onto ESR to enable each practitioner to complete their annual declaration. The declaration is a mandatory process in which all NMPs are required to confirm their current details including supervision and CPD compliance and that they are up to date and understand their responsibilities around:

- The Non-Medical Prescribers (NMPs) Policy to Practice (this policy)
- The Guidance on Unlicensed and Off-Label Use of Medicines
- The Safe transferring of prescribing guidance

Any NMPs who do not complete this process within 1 month of becoming uncompliant or red within their matrix may have their prescribing rights suspended until completed. All NMPs will be expected to produce evidence of their CPD and supervision when requested for assurance

purposes. For RN's this will be done at the point of revalidation. It is your responsibility to do so and if you fail to a request for this information will be sent. For pharmacists it is your responsibly to submit your evidence in line with your revalidation date on the 3rd year of revalidating.

Line managers will ensure that the NMP role is discussed and reflected in the annual appraisal process.

13 Prescription Pads, prescribing and dispensing

- ✓ Medicines – Prescribing and Initiation of Treatment

14 Separation of prescribing, dispensing, and administering of medicines

To reduce the potential for errors and/or omissions NMPs must, wherever possible, neither dispense nor administer medication they have prescribed. However, in rare circumstances it may be necessary to both prescribe and administer. When this occurs, the prescriber should contact a fellow prescriber to discuss the situation, reasons behind it and both should document accordingly into the relevant patient notes. Where necessary the fellow prescriber may document retrospectively following Trust guidelines.

15 Writing prescriptions on behalf of another (transcribing)

NMPs cannot write prescriptions on behalf of another unless they are competent to prescribe the medication, have full understanding of the pharmacology involved, and have the medication included within their authorised scope of practice and have completed a comprehensive assessment of the situation prior to issuing a prescription.

16 Patient Information

The patient must be offered the Trust approved patient information leaflet from the choice and medication website

17 Definitions

Term	Definition

ADR	• Adverse drug reaction
AHP	• Allied health professional
BNF	• British National Formulary
CMP	• Clinical management plan
CPD	• Continual professional development
DH	• Department of Health
DPP	• Designated Prescribing Practitioner
GPhC	• General Pharmaceutical Council
HPC	• Health Professions Council
Independent Prescribing	• Independent prescribing is prescribing by a practitioner who is responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions, and for decisions about the clinical management required, including prescribing. These practitioners are not restricted by a separate formulary but can prescribe any licensed medication for any
Designated Prescribing Practitioner	• Throughout this document the term Designated Prescribing Practitioner (DPP) will be used when referring to both the designated prescriber required throughout the NMPs training and the supervisor required following the NMPs registration with both the professional body and the trust. These roles can, but do not have to be, fulfilled by the same person.
MHRA	• Medicines and Healthcare products Regulatory Agency
NICE	• National Institute for Clinical Excellence
NMC	• Nursing and Midwifery council
NMPs	• Non-Medical prescriber(s)
Lead NMP	• Person designated within each specialty to co-ordinate NMP activity
Trust NMP Lead	• Lead Medicines Management Nurse (See Roles and responsibilities)
Patient Specific direction	• A written instruction for medicines to be supplied or administered to a named patient
Supplementary prescribing	• Supplementary prescribing is a voluntary partnership between an independent prescriber (who must be a doctor or a dentist) and a supplementary prescriber, who has completed the necessary training, to implement an agreed patient specific clinical management plan (CMP), with the patient's agreement. It is a legal requirement for a CMP to be in place before supplementary prescribing can begin.

18 Related documents

This policy describes what you need to do to implement the Non-Medical Prescribers framework within the organisation.

This policy describes the Trusts approach to implement the Non-Medical Prescribing as set out by the relevant professional bodies, including NMC, royal pharmaceutical society, of physiotherapists, and dietetics body.

All registered NMP's should also have an understanding and be up to date with both the Shared Cared and Unlicensed and off label Guidance found here:

Safe transfer of prescribing guidance

Guidance on Unlicensed and Off-Label Use of Medicines

This policy also refers to:-

- ✓ Medicines Overarching Framework
- ✓ NMPs: Procedure to access training
- ✓ All Trust policies, procedures and guidance documents related to prescribing parameters
- ✓ Preceptorship Policy
- ✓ Supervision Policy CLIN/0035/
- ✓ Consent to treatment

19 How this procedure will be implemented

• This policy will be published on the Trust's intranet and external website.
• Line managers will disseminate this policy to all Trust employees through a line management briefing.
• Lead Nurse for Medicine Management will disseminate directly to all NMPs

19.1 Training needs analysis

No training needs identified, each NMP has a professional responsibility and accountability to keep up to date with this policy and their role.

20 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	100% of active trust NMPs have completed the annual declaration on ESR	Frequency = Annual Method = ESR report Person responsible = Trust lead Nurse for NMP	D&T committee
2	100% of active trust NMPs have completed the requirement amount of CPD and supervision	Frequency = Bi-monthly Random sample one in 3 Method = Lead Nurse will ask for evidence when updated/new NMP paperwork is being processed. Person Responsible = Trust lead Nurse for NMP	D&T Committee Care Group Governance

21 References

- The Code for Nurses and Midwives
- NMC Standards for Medicines Management
- HCPC Standard of Conduct, Performance and Ethics
- GPhC Standards

21.1 Useful websites

- National Institute for Health and Care Excellence (NICE) www.nice.org.uk
- Medicines and Healthcare products Regulatory Agency website contains information about the legal framework governing the prescribing, supply and administration of medicines www.mhra.gov.uk
- National Prescribing Centre www.npc.co.uk
- Medicines Partnership Programme www.medicines-partnership.org
- Prescribing news www.nurseprescriber.com

- RPS DPP framework and Guidance www.rpharms.com/recognition/all-our-campaigns/competency-framework-for-designated-prscribing-practitioners
- Electronic Medicines Compendium UK http://www.medicines.org.uk/emc/
- Choice & Medication http://www.choiceandmedication.org/tees-esk-and-wear-valleys/
- British National Formulary (BNF) www.bnf.org (an Athens account can be created through the Trust to access the BNF online)

22 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	20 December 2023
Next review date	20 December 2026
This document replaces	PHARM-0001-v10 Non-Medical Prescribers (NMPs) Policy and Procedure to Practice
This document was approved by	Drug and Therapeutics Committee
This document was approved	28 September 2023
This document was ratified by	Management Group
This document was ratified	20 December 2023
An equality analysis was completed on this policy on	02 August 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
9	27 Nov 2019	This full review has included the changes to the role of the medical supervisor to designated prescribing practitioner.	Withdrawn
9.1	18 Dec 2019	Minor amendments to role of the DPP/practice assessor and practice supervisor roles.	Withdrawn
10	28th May 2020	changes to Level 3/DPP role and process for application addition on agreed physical healthcare nurse scope of practice	Withdrawn
11	20 Dec 2023	Full review with minor changes and clarifications throughout, includes: transferred to current template; 4.2 managing non-medical prescribers - clarification of manager role; 4.4 concerns relating to practice - update re support; 5.1 professional registration - use of deputies for signatories;	Withdrawn

		6 Supervision / CPD / On-going Learning - timely production of evidence on request; 7.2 Practicing at Level 2 (Competent)- clarification of requirements; 7.3 Practising at Level 3 / DPP - clarification of requirements; 14 Separation of prescribing, dispensing, and administering of medicines – clarification; 18 Related documents - reference updated; 20 How the implementation of this procedure will be monitored – updated; Appendix 2 – Approval to practice form - clarification re conflicts of interest;	
11	26 Jan 2024	Minor correction to document control – change control status column.	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Pharmacy
Title	Non-Medical Prescriber Policy to Practice
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	The policy and associated procedures provide guidance on both becoming a non-medical prescriber and on good practice for independent and supplementary prescribers their Designated Prescribing Practitioner (DPP) and Practice Assessor. Following this procedure will help the Trust to achieve the following objectives:- • Ensure NMP takes place within a clinical governance framework • Ensure NMPs are aware of their legal and professional responsibilities and boundaries • Improve the patient experience • Improve use of time for the patients', nurses and medical staff • Clarify professional responsibilities leading to improved communication between team members • Develop new ways of working and opportunities to modernise services and processes
Start date of Equality Analysis Screening	01 July 2023
End date of Equality Analysis Screening	04 July 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, Services and Professionals.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	**Race** (including Gypsy and Traveller) **NO** **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** **Sex** (Men, women and gender neutral etc.) **NO** **Gender reassignment** (Transgender and gender identity) **NO** **Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.) **NO** **Age** (includes, young people, older people – people of all ages) **NO**

	Religion or Belief (includes faith groups, atheism and philosophical beliefs) **NO** **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** **Armed forces** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	**None**
Describe any positive impacts	More timely responsive care for patients

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Legislation Code of Practice Royal Pharmaceutical Society Guidance NICE guidance NMC guidance
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Discussed with medicine management group meetings. Liaised with partner Learning Institutions Final sign off at Drugs and Therapeutic Committee with Service users representation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval to practice form

Full Name:	Job Title:	
Professional Registration No.	Locality/Directorate:	
Address:		
Work no.	Mobile no.	
Email address:		
Approval to Practice – Current Level:	Level 2 only - are you a practice supervisor Y/N	
Approved to Prescribe as: *(Select as appropriate)*		
Independent Prescriber ☐	Supplementary Prescriber ☐	
NMP Signature, Initial and Date		
Signature	**Initials**	**Date**
Approved by Line Manager – You are signing this to confirm that the appropriate supervsion and CPD time will be facilitated and that you have read and understand your responsibilites within the NMP policy to practice.		
Full Name	**Signature**	**Date**
Approved by DPP/Prescribing Supervisor		
Full Name: (Please print)	**Signature:**	**Date:**
Approved by: Chief Nurse for Nurse / Paramedics, Chief Pharmacist for Pharmacists or Chief Chief Allied Health & Associated Professions Officer for AHP Prescribers		
Full Name:	**Signature:**	**Date:**
Scan completed Forms to linda.johnstone4@nhs.net **Forward original documents to:** **Linda Johnstone** **Non-Medical Prescribing Lead, Trust Pharmacy, West Park Hospital, Edward Pease Way, Darlington, DL2 2TS**		
Copies to store in Personal folder		

SCOPE OF PRESCRIBING	
Each diagnostic category includes medication to treat and manage side effects and medication in TEWV off label policy and recommended by appropriate clinical team:	
BNF Description / Condition	**Independent or Supplementary**

Specialist medications (delete below as appropriate):		
Lithium (not initiation)	**YES/NO**	**Independent/Supplementary**
Clozapine (not initiation)	**YES/NO**	**Independent/Supplementary**
Schedule 3 & 4 CDs	**YES/NO**	**Independent/Supplementary**

Please read and sign below to confirm that you:

- **Have read and understand the prescribing and Initiation of treatment procedure and my accountability around safe prescribing.**
- **Have read and understand the Safe transfer of prescribing guidance and my accountability around safe prescribing.**
- **Have read and understand the Guidance on Unlicensed and Off-Label Use of Medicines and my accountability around safe prescribing.**
- **Will be prescribing schedule 3&4 CDs and have read and understand all policy and procedure around this and my accountability for my safe prescribing.**
- **If prescribing privately outside the organisation you have made your line manager aware and you have followed the Managing Conflicts of Interest in the NHS Policy accordingly.**

Signed: **Date:**

Appendix 3 – Job descriptions

The role of the NMP must be included in the individual's job description with a clear statement that prescribing is required as part of the duties of either the post or the service.

Requirement of the post: If an individual post requires the individual to be a non-medical prescriber the job description should be implicit, within the job specification the qualifications should be essential.

Requirement of the service: If a proportion of roles within a service require a non-medical prescriber, the role in the job specification may be within desirable.

The inclusions under should be within the job description of each non-medical prescriber within the trust. For personnel new to the trust this should be within the main body of the job description, for those currently in trust employ they may be added as an addendum, signed, dated and placed on personal files as evidence of trust support of the role.

INCLUSIONS:

Minimum qualification:

Recorded on the appropriate professional register as an independent/supplementary prescriber.

Job Summary:

To work in partnership with client DPP to fulfil the role of non-medical prescriber

To promote patient wellbeing via timely access to prescribed medication

Clinical responsibilities:

To work collaboratively with the DPP, patient and carers to produce patient centred clinical management plans for supplementary prescribing.

As an independent non-medical prescriber to work collaboratively with DPP patient and carers to communicate prescribing decisions, clinical rationales and treatment plans.

To receive mandatory supervision from the independent medical prescriber specific to the non-medical prescribing role.

To maintain and develops clinical and pharmaceutical knowledge relevant to area of practice.

To review, diagnose and generate treatment options within the role of non-medical prescriber.

To establish relationships based on trust and mutual respect, working with client/carers as partners in the consultation process.

Administrative responsibilities:

- To produce non-medical prescribing plans that are timely, relevant, accurate, evaluated, dated, signed, legible and objective and communicate these to other relevant agencies.

Professional and educational responsibilities:

- To positively promote the role of the non-medical prescriber to other agencies/ disciplines.
- To maintain and update non-medical prescribing skills
- To be able to access, critically appraise and apply relevant information/knowledge into clinical practice.
- To adhere to trust policies and procedures and work within professional and organisational standards.
- To attend trust non-medical prescribing events a minimum of two times per annum
- To maintain a professional portfolio and keep up to date with developments in non-medical prescribing practice and maintain registration in line with professional educational requirements.
- To work within own prescribing competencies and limitations.

Managerial responsibilities:

- Demonstrate decision making and problem solving skills as a non-medical prescriber.
- To be responsible for the safety and security of the FP10 and prescription pads in accordance with trust policies and procedures.

Quality assurance:

- To participate in the review and development of prescribing practice in order to improve care and professional standards.
- To be involved in producing, evaluating and auditing policies, procedures and standards relating to the role of the non-medical prescriber within the Trust.

Appendix 4 – Accessing FP10 prescriptions pad flowchart

<table>
<tr><td colspan="2">Approval to practice form completed and signed and forwarded to NMP Lead</td></tr>
<tr><td colspan="2">⬇</td></tr>
<tr><td colspan="2">Once authorised by Professional Head, copies return to NMP</td></tr>
<tr><td>⬇</td><td>⬇</td></tr>
<tr><td>Community FP10 prescriptions
Email: TEWV.pharmacyadmin@nhs.net
Pharmacy admin will organise and notify the prescriber of code and when stock is available for ordering. (This process could take up to six weeks)</td><td>Inpatient Prescribing
Access to:
Prescription & Administration Charts
In house prescription stationery
Via normal ward/departmental stocks</td></tr>
</table>

Appendix 5 - Non-medical Prescribing CPD workbook

Name of NMP		
Contact details		
Name of DPP		
Date of commencement		
Date of completion		

THE CONSULTATION

1. CLINICAL AND PHARMACEUTICAL KNOWLEDGE - Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice

Indicator	Evidence and Comments	Signatures & Dates	
		NMP	Supervisor
Understands the conditions being treated, their natural progress and how to assess their severity			
Understands different non-pharmacological and pharmacological approaches to modifying conditions and promoting health, desirable and undesirable outcomes, and how to identify and assess them			
Understands the mode of action and pharmacokinetics of medicines, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects dosage			
Understands the potential for unwanted effects (e.g. allergy, ADRs, drug interactions, special precautions and contraindications) and how to avoid/minimise, recognise and manage them			

Maintains an up-to-date knowledge of products in the BNF / drug tariff (e.g. doses, formulations, pack sizes, storage conditions, costs)			
Understands how medicines are licensed, monitored (e.g. ADR reporting) and supplied			
Applies the principles of evidence-based medicine, clinical and cost-effectiveness			
Understands the public health issues related to medicines use			
Appreciates the misuse potential of medicines			

2. ESTABLISHING OPTIONS - Reviews diagnosis, generates treatment options for the patient and follows up treatment within the scope of the clinical management plan			
Indicator	**Evidence and Comments**	**Signatures & Dates**	
		NMP	Supervisor
Takes and/or reviews the medical and medication history and undertakes a physical examination where appropriate			
Views and assesses the patient's needs holistically (psychosocial, physical)			
Accesses and interprets all relevant patient records to ensure knowledge of the patient's management			
Reviews the nature, severity and significance of the diagnosis/clinical problem			
Requests and interprets relevant diagnostic tests			
Considers no treatment, non-drug and drug treatment options (including referral and preventative measures)			

Assesses the effect of multiple pathologies, existing medication and contraindications to treatment options			
Assesses the risks and benefits to the patient of taking/not taking a medicine (or using/not using a treatment)			
Selects the most appropriate medicine, dose and formulation for the individual patient; prescribes appropriate quantities			
Monitors effectiveness of treatment and potential side-effects			
Establishes, monitors and makes changes in light of the therapeutic objective and treatment outcome			
Ensures that patients can access ongoing supplies of their medication			

3. COMMUNICATING WITH PATIENTS - Establishes a relationship based on trust and mutual respect, sees patients as partners in the consultation and applies the principles of concordance			
Indicator	Evidence and Comments	**Signatures & Dates**	
		NMP	Supervisor
Ensures that the patient understands and consents to be managed by a prescribing partnership in accordance with local arrangements			
Listens to and understands patients beliefs and expectations			
Understands the cultural, language and religious implications of prescribing			
Adapts consultation style to meet the needs of different patients (e.g. for age, level of understanding, physical impairments)			
Deals sensitively with patients' emotions and concerns			
Creates a relationship which does not encourage the expectation that a prescription will be written			

Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, management options			
Enables patients to make informed choices about their management			
Negotiates an outcome to the consultation that both patient and prescriber are satisfied with			
Encourages patients to take responsibility for their own health and self-manage their conditions			
Gives clear instructions to the patient about their medication (e.g. how to take/administer it, where to get it from, possible side-effects)			
Checks the patients understanding of, and commitment to, their treatment			

PRESCRIBING EFFECTIVELY **1. PRESCRIBING SAFELY - Is aware of own limitations, does not compromise patient safety and justifies prescribing decisions**			
Indicator	**Evidence and Comments**	**Signatures & Dates**	
		NMP	Supervisor
Knows the limits of own knowledge and skill, works within them			
Knows how and when to refer back to, or seek guidance from, the independent medical prescriber, another member of the team or a specialist			
Only prescribes a medicine with adequate, up-to-date knowledge of its actions, indications, contra-indications, interactions, cautions, dose and side-effects			
Knows about common types of medication errors and how to prevent them			
Makes prescribing decisions often enough to maintain confidence and competence			
Keeps up-to-date with advances in practice and emerging safety concerns relating to prescribing			
Understands the need for, and makes, accurate and timely records and clinical notes			

Writes legible, clear and complete prescriptions which meet legal requirements			
Checks doses and calculations to ensure accuracy and safety			

2. PRESCRIBING PROFESSIONALLY - Works within professional, regulatory and organisational standards			
Indicator	Evidence and comments	Signatures & Dates	
		NMP	supervisor
Accepts personal responsibility for own prescribing and understands the legal and ethical implications of doing so			
Uses professional judgement to make prescribing decisions based on the needs of patients and not the prescribers personal considerations			
Understands how current legislation affects prescribing practice			
Prescribes within current professional and organisational codes of practice/standards			
Keeps prescription pads safely and knows what to do if they are stolen/lost			

3. IMPROVING PRESCRIBING PRACTICE - Actively participates in the review and development of prescribing practice to improve patient care			
Indicator	**Evidence and Comments**	Signatures & Dates	
		NMP	Supervisor
Reflects on own performance, can learn and change prescribing practice			
Shares and debates own, and others', prescribing practice (e.g. audit, peer group review)			
Challenges colleagues' inappropriate practice constructively			
Understands and uses tools to improve prescribing (e.g. review of PACT/prescribing data/feedback from patients)			
Reports prescribing errors and near misses, reviews practice to prevent recurrence			
Develops own networks for support, reflection and learning			
Establishes multi-professional links with practitioners working in the same specialist area			
Takes responsibility for own continuing professional development			

PRESCRIBING IN CONTEXT **1. INFORMATION IN CONTEXT - Knows how to access relevant information and can critically appraise and apply information in practice**			
Indicator	**Evidence and Comments**	**Signatures & Dates**	
		NMP	Supervisor
Understands the advantages and limitations of different information sources			
Uses relevant, up-to-date information, both written (paper/electronic) and verbal			
Critically appraises the validity of information (e.g. promotional literature, research reports) when necessary			
Applies information to the clinical context (linking theory to practice)			
Uses relevant patient record systems, prescribing and information systems, and decision support tools			
Regularly reviews the evidence behind therapeutic strategies			

2. THE NHS IN CONTEXT - Understands, and works with, local and national policies that impact on prescribing practice; can see how own practice impacts on wider NHS			
Indicator	**Evidence and Comments**	**Signatures & Dates**	
		NMP	Supervisor
Understands the framework of non-medical prescribing and how it is applied in practice			
Understands and works with local NHS organisations and relevant agencies contributing to heath improvement (e.g. social services)			
Works within local frameworks for medicines use as appropriate (e.g. PGDs, formularies, protocols and guidelines)			
Works within the NHS/organisational code of conduct when dealing with the pharmaceutical industry			
Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients			
Understands national NHS frameworks for medicines use (e.g. NICE, NSFs, medicines management, clinical governance, IT strategy)			

3. THE TEAM AND INDIVIDUAL CONTEXT - Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber			
Indicator	Evidence and Comments	Signatures & Dates	
		NMP	Supervisor
Relates to the mentor/supervisory prescriber as an equal partner			
Negotiates with the independent medical prescriber to develop and agree clinical management plans where appropriate			
Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised			
Establishes relationships with colleagues based on understanding, trust and respect for each other's roles			
Recognises and deals with pressures that may result in inappropriate prescribing			
Is adaptable, flexible, proactive and responsive to change			
Seeks and/or provides support and advice to other prescribers, team members and support staff where appropriate			
Negotiates the appropriate level of support for role as a prescriber			

Appendix 6 – CPD and supervision Log for Non-nursing NMPs (for nurse NMPs use the NMC CPD Log

Date	Activity	Outcome	Signature

Appendix 7 - Non-Medical Prescribers – Supervision contract

(from the TEWV Clinical supervision policy)

This supervision contract should be used as a basis for individual discussion, agreement and negotiation. However, any negotiation must meet the requirements of trust Non-Medical Prescribing policy

NMP……	DPP……
Line Manager……	Line Manager……
Work Base……	Work Base……
Date of contract ……..	Contract review date …….
Frequency and length of sessions……..	
Arrangements for booking/cancelling/rescheduling sessions…… ……. …….	

Aims of supervision

As clinical supervisor and supervisee we agree to:

Work together to facilitate in-depth reflection on issues affecting prescribing practice, so developing both personally and professionally to develop a high level of clinical expertise and facilitate the application of effective prescribing practice to the clinical workload
Create a safe space to deal with the issues generated by clinical work and address support needs to deliver safe and effective prescribing practices
Maintain effective oversight – working together to ensure that involvement in prescribing is conforming to quality assurance expectations and practiced in a safe manner

…….

……..

……..

……..

As supervisee I will:

Be willing to honestly share my clinical experiences. Be willing to learn, develop and be open to receiving feedback
Meet all of my responsibilities relating to prescribing as laid out in trust policy, legal and professional requirements

Take responsibility for ……..

……

Prepare for sessions by……

……

……

……

……

……

As supervisor I will:

Offer advice, support and challenge to enable us to meet our aims for supervision related to prescribing
Meet all of my responsibilities relating to supervision of prescribing practices as laid out in trust policy, legal and professional requirements

……

……

……

……

……

……

……

……

Confidentiality and Record Keeping:

Confidentiality between supervisor and supervisee cannot be absolute within supervision. Trust and respect are an important part of the supervisory relationship but it is important to recognise that this has boundaries. Information may need to be shared for a variety of reasons such as:

A public safety issue being recognised in the supervisees work
A breach of codes of conduct, policy or law
Criminal activity being revealed by the supervisee
Audit or evaluation of supervision

Supervision frequently covers aspects of work with service users and supervisory responsibilities. General and informed consent should be sought for those occasions where identifiable information may be discussed

We will keep the following records…….

……..……

……

These records will be stored……..…….…….....

……..……

……..

If these records need to be accessed we will……..……

……..……

……

Other areas of agreement ……

……

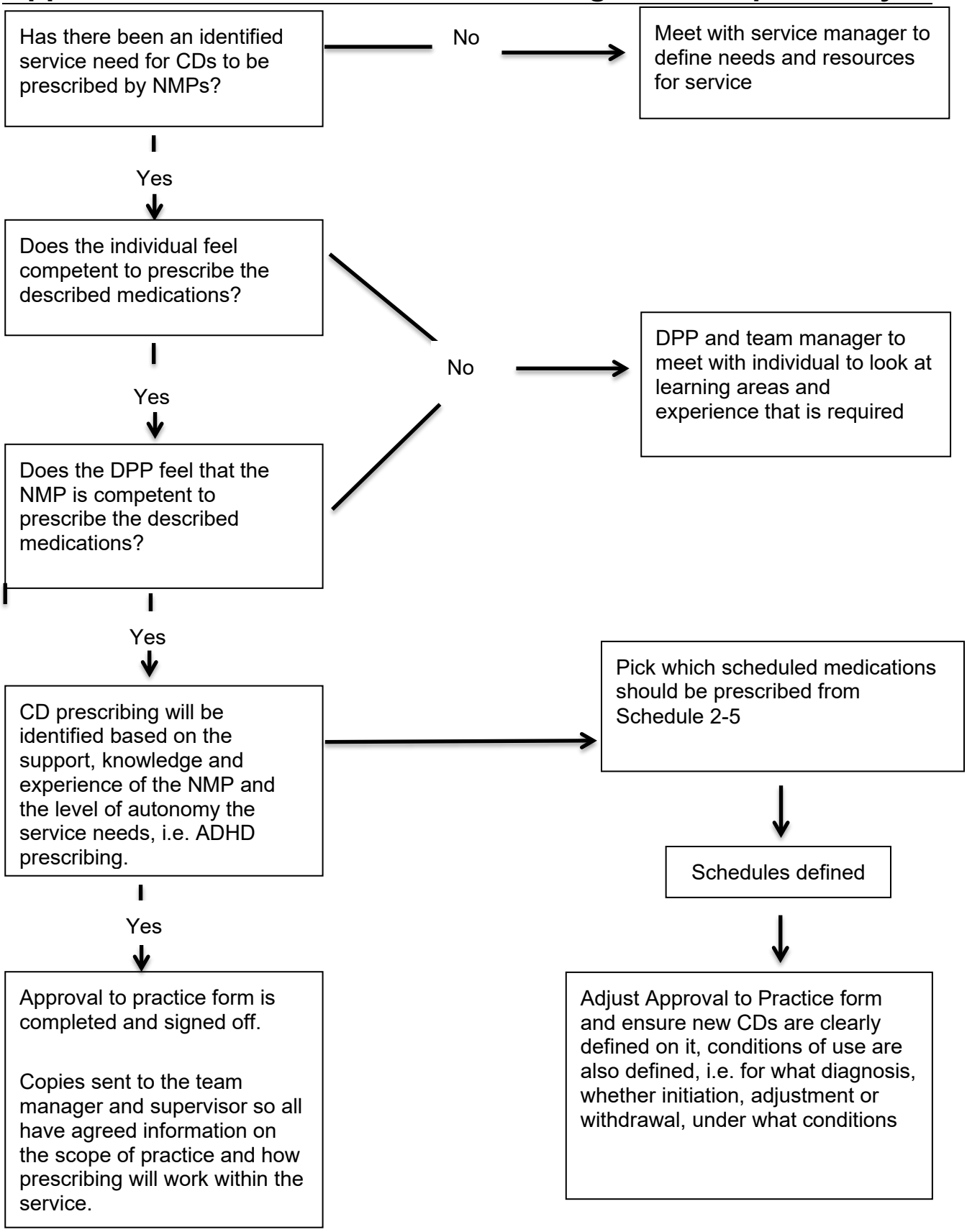
……

Contract Agreement:	
Supervisee signature:	Date:
Supervisor signature:	Date:
Copy to: Supervisee – Date: Supervisor – Date: Supervisees line manager – Date:	

Appendix 8 – NMP Supervision Session Recording Sheet

NMP SUPERVISION SESSION RECORDING SHEET			
Supervisee		**Supervisor**	
Date		**Length of Session**	
AGENDA			
Issues Arising from Reflection and Discussion			
Actions Agreed			
Date of Next Session			
Signed by supervisor			
Signed by supervisee			

Appendix 9 – Decision Tree – Prescribing CPD Independently



Appendix 10 - Template 1 (Blank): for teams that have full co-terminus access to patient records CMP for completion by Medical Prescriber

Name of Patient:		Patient medication sensitivities/allergies:	
Patient identification e.g. ID number, date of birth:			
Medical Prescriber:		Non-Medical Prescriber(s)	
Condition(s) to be treated		Aim of treatment	
Medicines that may be prescribed by Non-Medical Prescriber:			
Preparation	Indication	Dose schedule	Specific indications for referral back to the IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Non-Medical prescriber	Non-Medical prescriber and Medical Prescriber		
Process for reporting ADRs:			
Shared record to be used by DPP and Non-Medical Prescriber:			

Agreed by Medical Prescriber	Date	Agreed by non-medical prescriber(s)	Date	Date agreed with patient/carer

Clinical Management Plan Variance Sheet **CMP index number:**			
Patient name		Hospital number	
	Comments	Name & signature of prescriber	Patient's signature

Appendix 11 – Template CMP2 (Blank) for teams where the NMP does not have co-terminus access to the medical record

Name of Patient:		Patient medication sensitivities/allergies:	
Patient identification e.g. ID number, date of birth:			
Current medication:		Medical history:	
Medical Prescriber Contact details: [tel/email/address]		Non-Medical prescriber(s): Contact details: [tel/email/address]	
Condition(s) to be treated:		Aim of treatment:	
Medicines that may be prescribed by Non-Medical Prescriber:			
Preparation	Indication	Dose schedule	Specific indications for referral back to the IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Non-Medical prescriber	Non-Medical prescriber and DPP		
Process for reporting ADRs:			
Shared record to be used by DPP and Non-Medical Prescriber: .			

Agreed by DPP(s):	Date	Agreed by non-medical prescriber(s):	Date	Date agreed with patient/carer
				DELETE

Clinical Management Plan Variance Sheet **CMP index number:**			
Patient name	Hospital number		
Date & time	Comments	Name & signature of prescriber	Patient's signature

Appendix 12 – Level 3 / DPP NMP Application form

Name:	Job title:
Directorate:	Specialty:
Designated Prescribing Practitioner:	
In the box below please give details of you experience and knowledge of prescribing within your speciality in line with the RPS competency Framework.	
Personal characteristics:	
Professional skills and knowledge:	
(Please include some examples of your complex cases/prescribing within this section)	

Teaching and training skills:
Working in partnership
Prioritising patient care:

Developing in the role
Learning environment
Governance

By submitting this application to become a Level 3/DPP NMP you are also demonstrating:	
1.	A Willingness to deputise in the absence of the lead NMP i.e. attendance at the Drug & Therapeutics Committee ,lead NMP meetings etc.
2.	You are prepared to undertake additional responsibilities as identified, for example development of pathways, assistance with complaints or SI's.
Before submitting this application you must ensure that you have agreement from your DPP and will be able to provide or are in receipt of a letter from them outlining the rationale and evidence supporting the application in line with the above standards of competency.	
Signed:	
Date	

Date reviewed by Lead NMP group	
Date submitted to the DTC	
Application status:	Approved / Not approved

Appendix 13 – Example Job plan

Job Plan	
Clinics	
Meetings	
Projects	
Supervision	
Other duties / activity	

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Appendix 14 – Terms of Reference Template

TERMS OF REFERENCE
Non-Medical Prescribing Supervision Group
CONSTITUTION
• The Non-Medical Prescribing Supervision Group has been established to provide Non-Medical Independent and Supplementary Prescribers (and those in training) with the opportunity to discuss cases, learn from supervision and feedback any issues.
KEY OBJECTIVE
• To provide a supervision forum for staff in the …… area where case discussion, exchange of ideas and information and advice can be accessed.
MEMBERSHIP
▪ Non-medical prescribers ▪ Level 3/DPP NMP (where the Level 3/DPP NMP is not present trainees cannot count the meeting as a supervision session for their training). **(delete if no Level 3/DPP in group)** ▪ Other relevant persons may be invited to attend to provide information on a particular agenda item. **Chair of Meetings** • The Supervision Group will be chaired by ……..
FREQUENCY OF MEETINGS
• Every month
ADMINISTRATIVE ARRANGEMENTS
• Notes of the supervision group will be taken and typed up after each meeting and any patient information anonymised in line with IG policy. • All meeting notes and action plans will be circulated to the members of the group for evidence in their portfolios.
DUTIES AND OBJECTIVES
Attendance: • Each member is responsible for their attendance at the group.
Confidentiality: • The group will take every precaution to respect patient confidentiality. • The group will respect the confidentiality of each group member and issues pertaining to a group member will not be discussed outside of the group.
Exceptions to maintaining confidentiality: • If issues are disclosed that are likely to affect the service or the trust these issues will be discussed with the line manager. • If patient safety is likely to be compromised or has already been compromised these issues will be discussed with the line manager.
Safe place: • The group will endeavour to create a safe place where each member feels valued and is able to ask questions no matter how significant these questions may appear to be.

Respect: • Each person within the group will be given respect. • Each person's opinion within the group will be respected. • In order to promote respect for each group member only one person at a time will speak.
Sharing and learning: • There are no experts in the group and the group will be a place of sharing and learning. • The group will adopt a 'no blame' attitude and culture.
Communication: • The group will endeavour to effectively communicate with each other.
Evaluation: • The group will evaluate the effectiveness of the group supervision yearly.

Appendix 15 - Physical healthcare Nurse Scope of Practice

Physical Healthcare Nurses

SCOPE OF PRESCRIBING

Each diagnostic category includes medications to treat and manage side effects and medication in TEWV off-label policy and recommended by appropriate clinical team.

BNF Description/Condition	Independent or Supplementary
Antimicrobials	Independent
Hypertension	Independent
Skin conditions	Independent
Bowel disorders	Independent
Cardiovascular	Independent
Diabetes	Independent
Anemia	Independent
Oral care	Independent
Pain Management	Independent
ENT conditions	Independent
Genealogical conditions	Independent
Musculoskeletal conditions	Independent
Respiratory conditions	Independent
Gastrointestinal conditions	Independent
Gout	Independent
Influenza	Independent
Osteoporosis	Independent
Palliative care	Independent
NRT	Independent
VTE prevention and treatment	Independent
Wound care	Independent
Vaccinations	Independent
There may be additional conditions not listed above that the clinical practitioner will prescribe for according to their clinical competence or following advice from specialist services.	

Specialist individual medicine(s) or parameters (to include clozapine/lithium and Controlled Drugs)

Diagnosis/Indications	Controlled Drug Schedule *(if applicable)*	Independent or Supplementary
Palliative care	Morphine	Independent
	Midazolam	Independent
Pain	Tramadol	Independent
	Buprenorphine	Independent
	Gabapentin	Independent
	Pregabalin	Independent
	Fentanyl	Independent

Appendix 16 - Pharmacist Scope to prescribe Lithium and Clozapine

Pharmacist Non-Medical Prescribers scope of practice to prescribe lithium and clozapine on inpatient wards (all specialities)

The current NMP policy and procedure to practice states:
'*Level 2 NMPs may (appropriate to their role) amend lithium and clozapine doses providing there is evidence that the Consultant is aware of the changes. Level 2 NMPs are not permitted to initiate lithium or Clozapine at any stage of treatment. This is not a blanket policy for all level 2 prescribers but requires agreed with respective medical/level 3 supervisor and requires to be noted separately on the scope of practice on their Approval to Practice*.'
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1480.pdf&ver=8603

To implement the above guidance for pharmacist NMPs the following standard scope of practice has been developed, to be included in Approval to Practice.

Scope of Practice Level 1:
Level 1 pharmacist NMPs can prescribe **lithium and clozapine**, where the NMP is making a decision to **continue the dose unchanged.**

- Drug and administration chart
    - Re-write prescriptions for the purpose of clarification or legality
    - Re-write a new prescription chart; either to condense 2 charts to one to meet 'standards for re-writing drug charts' or when a new drug chart is required as existing chart is full
    - Prescribe clozapine on chart when green titration form prescribed, to meet Trust requirements.
- Non-stock orders
  This includes:
    - clozapine titration where it has already been prescribed on the drug and administration drug chart and green clozapine titration form.
    - Changes to clozapine dose which have been prescribed on the drug chart, but require additional clozapine to be ordered for use on the ward
- Leave and discharge prescriptions (where the dose is the same as the drug and administration charts), including patients on self-medication schemes.

The following can be undertaken by level 1 Pharmacist NMP if within their competence and with close supervision by consultant supervisor.

- At admission medicines reconciliation if omitted from drug and administration chart **and** compliance has been confirmed and/or signs of toxicity have been excluded
- Dose changes of lithium or clozapine requested and documented by Consultant

Exclusion:

Community clozapine clinic 6 monthly prescriptions cannot to be signed by NMP

Scope of Practice Level 2
A Level 2 pharmacist NMPs can undertake everything in the level 1 scope and can undertake the following in addition:

- change the doses of lithium and clozapine e.g. Where a dose lithium or clozapine needs to be changed in response to serum levels or to improve efficacy or manage adverse effects,.
- Review and amend clozapine titration schedules depending on patients response as part of wider MDT review

A level 2 pharmacist NMP cannot take the decision to initiate clozapine or lithium, however if the clinical assessment and decision by the consultant to initiate or restart is clearly documented in patients clinical record **the level 2 pharmacist NMP can prescribe the initial doses of lithium or clozapine titration** on the drug chart.
Examples:

- Lithium non-compliance prior to admission – where there is a need to establish a dose to restart therapy and the consultant has clearly documented treatment plan to include lithium
- Suspected lithium toxicity at admission / awaiting in-range lithium serum levels before re-prescribing lithium as per documented treatment plan by consultant
- Non-compliance with clozapine prior to admission which necessitates a re-titration and is part of treatment plan, with speed of re-titration agreed.

Exclusion

- Community clozapine clinic 6 monthly prescriptions cannot to be signed by NMP

Appendix 17 – Approval checklist (for procedure review)

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	E&D approved 02 Aug 2023
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	