Avon and Wiltshire Mental Health Partnership NHS Trust

Non medical prescribing policy

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Contents

1. Introduction

The Medicines and Human Use (Prescribing) Order of May 2006 (amended April 2012) and associated medicines regulations enable nurses and pharmacists who have successfully completed the appropriate training course to prescribe any licensed medicine, including most controlled drugs (CDs), for any medical condition within their clinical competence.

This policy provides guidance for non-medical prescribers (NMP's) within AWP on adhering to the legislative and policy parameters (DH 2006, 2012) and relevant professional guidelines (NMC 2006, RPSGB 2006), to ensure safe and effective prescribing for service users. It should be read in conjunction with the Medicines Policy (P060), which outlines standards for the safe use of medicines within AWP.

The Trust Board supports Non-Medical Prescribing when conducted within the parameters defined by this policy as part of the overall approach to modernisation and increased flexibility in the roles of professionals working in the NHS (DH 2000). The express purpose is on both improving the care provided to service users and their experience of that care (NPC, 2005).

2. Purpose or aim

The aim of this policy is to ensure that prescribing by non-medical prescribers adheres to the principles as defined by government policy to:

- improve patient care **without** compromising patient safety (safe);
- make it easier for patients to get the medicines they need (timely);
- increase patient choice in accessing medicines (focussed);
- make better use of the skills of health professionals and contribute to the introduction of more flexible team working across the NHS (sustainable).

Adherence to this policy will ensure that practitioners are safe in their practice, up to date in their knowledge and aware of their legal and professional responsibilities and boundaries.

3. Scope

This policy relates to all non-medical prescribers employed in substantive posts with AWP Trust, who fulfil the following criteria to practise:

- Have an approved job description clearly identifying scope to practise as a NMP
- Successfully completed the appropriate training
- Are registered with the appropriate regulatory body (General Pharmaceutical Council (GPhC), Nursing and Midwifery Council (NMC))
- Are authorised to prescribe by the Trust Lead for Non-Medical Prescribing and Trust Chief Pharmacist.

The NMP's Job Description must reflect this status specifically setting out non-medical prescribing and the area of practice to which it applies. Non-medical prescribers within AWP can be nurse and pharmacist prescribers who will be suitably qualified to treat conditions within their area of experience and competence, either as Independent or Supplementary prescribers.

- Medical staff involved in the supervision of NMPs both pre and post registration
- Managers with NMPs working within their area of responsibility
- This policy outlines the scope for use of non-medical prescribing in practice.

4. Associated and Related Documents

The following Trust policies should be read in conjunction with this policy:

Medicines Policy (P060)

Staff Supervision Policy (P044)

5. Definitions

Independent Prescribing – prescribing by a practitioner (e.g. doctor, nurse, and pharmacist) responsible and accountable for the assessment of service users' with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. The term is also used specifically to refer to a medical prescriber in the context of a Clinical Management Plan and so will be distinguished as Independent (medical) Prescriber when used in that context in remainder of this policy

Supplementary Prescribing – a voluntary partnership between an independent prescriber (a doctor) and a supplementary prescriber, to implement an agreed service user specific clinical management plan (CMP) with the service user's agreement.

Clinical Management Plan – A plan that must be in place before Supplementary Prescribing can start, which relates to a named service user and to that service user's specific condition(s) to be managed by the supplementary prescriber. The CMP is required to include details of the illness or conditions that may be treated, any known sensitivities, the class or description of medical products that can be prescribed or administered, and the circumstances in which the supplementary prescriber should refer to, or seek advice from, the doctor/dentist. Supplementary prescribers must have access to the same patient/client health records as the doctor

Designated Medical Practitioner (Supervisor) – Identified named medical practitioner who provides supervision and support to nurse and pharmacist prescribers, assesses their application of theory to practice and signs off satisfactory completion of the period of learning and assessment in practice. They also provide ongoing support and supervision to the NMP post qualification.

Off licence products: Medicines being prescribed outside the terms of their product licence (e.g. a licensed medication prescribed for an unlicensed indication)

Unlicensed medicines: medicines without a UK marketing authorisation

6. Prescribing in Practice

6.1 Key Principles

In partnership with the service user, prescribing is one element of clinical management. For NMPs this requires an initial service user assessment, interpretation of that assessment, a collaborative decision on safe and appropriate therapy, and a process for ongoing monitoring. (For pharmacist NMPs, prescribing activities can cover a broader range of roles and responsibilities depending upon the area they work across).

Non-medical prescribers must prescribe within the context of:

- The Code: standards of conduct, performance and ethics for nurses (NMC 2008)
- Standards for Medicine Management. (NMC 2008)
- Improving Patients Access to Medicines (DoH 2006)
- A single competency framework for all prescribers. (NICE 2016)
- Standards of conduct, ethics and performance (GPC 2012)

The three key principles are:

1. service user safety;
2. maximum benefit to service users and the NHS in terms of quicker and more efficient access to medicines for service users;

3. better use of the professional's skills.

The individual practitioners must also understand and accept the higher level of clinical responsibility associated with prescribing.

6.2 Patient Consent

Obtaining consent (that is full, free and reasonably informed) from services users is just as important for NMPs as it is for medical prescribers and the same process followed as per Trust policy.

When non-medical prescribing is chosen as a means to manage the patients' condition then the principles of non-medical prescribing must be explained in advance to the patient/guardian/carer and their agreement sought. Without such agreement non-medical prescribing must not proceed.

In the case of a patient who cannot consent the situation is currently untested in law.

Every effort should be made to obtain informed consent from the patient prior to commencement of non-medical prescribing. Where this is not possible, or where a patient's capacity to consent fluctuates, independent and supplementary prescribers should clearly document the benefits of supplementary prescribing for that patient and proceed in the patients best interests [DOH 2004].

6.3 Prescribing for general MH Service Users

Nurse and Pharmacist Independent Prescribers can only prescribe for a service user who she/he has personally assessed for care. In the absence of the original independent prescriber, a Nurse or Pharmacist Independent Prescriber may issue a repeat prescription or order repeat doses following a further assessment of need, and taking into account continuity of care. Accountability rests with the non-medical prescriber who has prescribed the medication.

The decision to engage in non-medical prescribing with an individual service user should be driven by potential benefits to that service user rather than by the needs of the service. Individual service users will only be involved with their agreement, with due regard to capacity issues (Mental Capacity Act 2005). There must be adequate supervision in place for the non-medical prescriber; this should include routine clinical supervision as well as prescribing supervision with the Designated Medical Prescriber (DMP) (see appendix 1). Unless alternative arrangements have been made, pharmacists will receive supervision from their pharmacist line manager and must also have a Designated Medical Practitioner (DMP). All Non-Medical Prescribers must participate in the evaluation of non-medical prescribing through the audit process.

Non-medical prescribers must have a working knowledge of and adhere to the prescribing section of the Trust Medicines Policy P060).

All nurse and pharmacist independent prescribers must work within their own level of professional competence and expertise, and are accountable for their own actions.

The prescriber must ensure the person's physical health is being appropriately monitored and have access to basic equipment such as blood pressure monitoring device and stethoscope. The basic consultation format must include medical history, previous drug history, identifying any use of substances including alcohol and illicit substances and completion of basic observations.

Deviation from this standard must be explained in the notes.

Nurse and pharmacist independent prescribers may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition (including controlled drugs see section 11). **Independent prescribers** can prescribe off license and off-label medicines, provided that they are competent and within their scope of practice. As unlicensed

medicines are non-formulary, authorisation from a consultant must be sought and the appropriate process followed.

All non-medical prescribing decisions must be communicated back to the General Practitioner and/or Consultant psychiatrist who holds overall responsibility for coordinating the care of the individual.

Non-medical prescribers cannot issue prescriptions:

- on behalf of colleagues who are not qualified to prescribe.
- for themselves, their relatives, friends or colleagues

Can only issue prescriptions for medicines included on a service user's CMP if acting in the role of a Supplementary NMP

NMPs working in community teams will be issued with a personal FP10 prescription pad for carrying out their prescribing. This will have their name or prescriber number pre-printed at the bottom of the prescription.

Medical Prescribers and NMPs should not use each other's FP10 prescription pads except in extreme situations where not to do so would involve a significant deterioration in a service user's condition or expose the NMP to writing a prescription for a service user they have neither personally assessed or are directly involved in their ongoing care

It is the responsibility of the service and the NMP to ensure the safe and secure handling of in-patient, outpatient and FP10 prescription forms is maintained at all times. Prescriptions remain the property of the Trust; NMPs should familiarise themselves with the requirements set out in the Trust's Medicines Policy (P060).

When a NMP ceases to undertake their prescribing role, terminating their employment by the Trust, commencing maternity leave or anticipated long-term sickness absence etc., their prescription pad must be returned to Chief Pharmacist. This must be carried out in person or by a trusted colleague and not via the internal post or Royal Mail (or other courier/postal service).

6.4 Prescribing for Children & Young People

Only non-medical prescribers with relevant knowledge, competence and experience in providing clinical care to children and young people should prescribe for them.

6.5 Supplementary Prescribing

Supplementary prescribers must have a service user specific clinical management plan (CMP) in place prior to any prescribing (see Appendix 2). This is a voluntary three way agreement between the independent (medical) prescriber (who is responsible for the assessment and diagnosis), supplementary prescriber and service user. Once consent is obtained the CMP must be signed by both the medical prescriber and Supplementary NMP. It is good practice to offer the service user the opportunity to sign the CMP but this is not a legal requirement. Each CMP must be uploaded to RiO, System One or whatever electronic health record (HER) is in use at the time within any AWP team and the original kept in the service user's supplementary care record.

Whilst each service user must have their own specific CMP which is specific to their own conditions to be treated, it is acceptable that prescribing by more than one non-medical prescriber for that service user can take place, provided they are each specifically identified on the CMP. A non-medical prescriber prescribing as a supplementary prescriber (SP) will sign the prescription and endorse it with the letters SP.

6.6 In-Patient Prescribing and the Mental Health Act

Non-medical prescribers within the hospital setting will be eligible to write on the service user's prescription card once the Non-Medical Prescribing Lead has passed their details on to the

Chief Pharmacist and the prescriber has provided the pharmacy department with the details required for their records.

All prescriptions written by Non-Medical Prescribers will identify their professional status, registration number, and IP/SP status to assist in the event of any queries and for audit purposes.

The same governance arrangements will apply to the hospital setting as to an outpatient or community setting

Mental Health Act

The treatment of detained service users subject to Part IV of the Mental Health Act 1983 is strictly governed by the Code of Practice and in the context of non-medical prescribing, consent to treatment is paramount.

Where a service user is treated subject to Part IV of the Act, the Responsible Clinician (RC) retains overall responsibility for prescribing and generally the supplementary prescriber will practise as part of a team prescribing approach, involving the consultant, pharmacist and the service user.

The key principles to consider are that:

- Medical treatment for a mental disorder must be under the direction of the Responsible Clinician
- A detained service user is not necessarily incapable of giving consent (i.e. consent versus capacity).
- Consent should not be given under duress and can be withdrawn at any time.

(DoH 1999)

It is on this basis that supplementary prescribing can be considered: where clinically appropriate a Clinical Management Plan (See Appendix 2) can be agreed and drawn up by the responsible clinician and supplementary prescriber for a service user subject to Part IV of the Mental Health Act.

Supplementary prescribing may also be considered for service users on section 17 leave or section 17A a ‘Community Treatment Order’.

Independent Prescribing is also possible under Part IV of the Mental Health Act but only once the relevant form has been completed by the RC. Non-medical prescribing is authorised in the usual way and subject to the same conditions, provided that the medication in question remains compliant with the type, dosage, administrative route and range documented on the statutory form. For further details see CQC guidance note for nurses on medications for detained service users (CQC, 2009).

Service users able to consent under Section 58:

If the service user has been deemed to be able to consent, and has so consented under the terms of section 58, i.e. medication is being given via the use of form T2, then supplementary prescribing may continue as part of the team prescribing relationship.

Service users unable/unwilling to consent under Section 58:

If the service user has been deemed either, “not capable of understanding the nature, purpose and likely effects of” medications or, “has not consented to” the medications, then medications will be being administered under the jurisdiction of a form T3.

In this situation a non-medical prescriber may still act as a supplementary prescriber as part of the team prescribing relationship.

Medications prescribed under Section 62:

The prescribing of medication under section 62 of the Mental Health Act will remain the responsibility of a registered medical practitioner.

6.7 Controlled Drugs

Independent Non-Medical prescribers: As of 23rd April 2012, legislative changes have been made by the Home Office which allow nurse and pharmacist Independent Prescribers (**within their sphere of competence**) to prescribe all controlled drugs from schedules 2, 3, 4, and 5 except for diamorphine, cocaine and dipipanone for the treatment of addiction.

Additionally, nurse and pharmacist Independent Prescribers are able to requisition controlled drugs and authorised to possess, supply, offer to supply (i.e. write a prescription) for controlled drugs they are authorised to prescribe. Persons acting in accordance with the directions of the nurse or pharmacist Independent Prescriber are authorised to administer any schedule 2-5 drugs that the nurse or pharmacist can prescribe.

The Trust allows Independent Non-Medical Prescribers to prescribe Controlled drugs in accordance with the legislation provided they have completed the relevant Trust training for prescribing controlled drugs.

In situations where a prescriber is not using an electronic prescribing system, all Controlled Drug prescriptions written on an FP10 pads must be from pads individually assigned to that specific prescriber by their medical supervisor. Controlled drugs may also be prescribed via an inpatient or community charts.

It is the Non-Medical Prescriber's responsibility to ensure a record of prescribing is kept of all Controlled Drug prescriptions. This should include the date, the dose, the formulation, the prescription number and service user RiO/SystemOne or Electronic Health Record number as a minimum set of information.

Supplementary non medical prescribers: Any controlled drug can be prescribed by a supplementary non-medical prescriber within their sphere of competence, provided this is specified within a clinical management plan.

It is the Non Medical Prescriber's responsibility to ensure a record of prescribing is kept of all Controlled Drug prescriptions. This should include the date, the dose, the formulation, the prescription number and service user RiO/SystemOne or Electronic Health Record number as a minimum set of information.

6.8 BNF and Drug Tariff

Non-medical prescribers will receive a centrally funded copy of the BNF annually.

Non-medical prescribers will receive a centrally funded copy of the Children's BNF annually (where this is appropriate to their clinical practice).

The BNF may also be accessed via on a tablet/smart phone via BNF app and an Athens password and the internet: www.bnf.org or https://www.evidence.nhs.uk/formulary/bnf/current .

The **drug tariff** may be accessed through the Prescription Pricing Authority (PPA) website

The Pharmacy Team will provide ongoing prescribing reports (using ePACT data) via the Pharmacy dashboard for discussion at the NMP Forum. In addition to this, non-medical prescribing data will be included in prescribing reports highlighting any issues that require further review and recognising cost effective evidence based prescribing.

Where concerns around prescribing practice of an individual are raised (i.e. identified via ePACT data, community pharmacist communication, hazard and incident reporting or complaints) the line manager will arrange an urgent meeting to discuss the concerns with individual NMP and an appropriate lead medical prescriber for the service. A decision will be made in relation to the most appropriate course of action to take. It may be proposed that the non-medical prescriber temporarily ceases prescribing until additional training and/ or supervision has been undertaken. The NMP will not resume prescribing until required support

and/ or training needs have been identified and actioned. Advice from the medicine management team will be given on request to support this process.

7. Roles and responsibilities

Effective Clinical Governance arrangements must be in place to ensure the safe practice of prescribing to service users. The overall responsibility for these arrangements lies with the **Quality and Standards Committee.**

Individual Responsibilities

Role	Responsibility
Chief Executive	Legally accountable for the quality of care that service users receive and for securing service user safety.
Non-Medical Prescribing Lead	Is responsible for monitoring and agreeing all applications for nurse training. They are responsible for ensuring all non-medical prescribers are annotated on their professional registers before agreeing for them to prescribe. They are responsible for maintaining a register of all non-medical prescribers within the Trust, both practicing and non-practicing, and that each non-medical prescriber maintains their own continuing professional development requirements to be eligible to continue to prescribe. In the event of any competency concerns with an individual non-medical prescriber, they are responsible for reviewing and/or removing authorisation to undertake their role. Is accountable to the Board for leading on the development and timely review of a Trust strategy for the implementation of non-medical prescribing throughout the organisation, supporting the delivery of Trust objectives and delivery of personalised, recovery focused care to people who use our services Is responsible for ensuring that the development, implementation and sustainability of non-medical prescribing is achieved within a safe and supportive environment Is responsible for providing leadership and a coordinated approach to the development and maintenance of all non-medical prescribing roles within the organisation. The non medical prescribing lead is supported in their role by the non medical prescribing medicines management lead who provide day to day leadership, expertise and advice.
Chief Pharmacist	Responsible for agreeing for any pharmacist to undertake the non-medical prescribing course and authorising practice once qualified. The **Chief pharmacist** is responsible for monitoring prescribing across the Trust and raise concerns with the appropriate professional lead where there is concern regarding competency.
Locality Managing Directors and Clinical Directors	Are responsible for agreeing a strategy for use of non-medical prescribers within their service in conjunction with the Non-Medical Prescribing Lead. They are responsible for identifying the numbers of staff required and opportunities for use of these skills, to maximise the benefits to service users and service delivery in a safe, cost effective and sustainable manner. These

	plans should be approved at Board level.
Line Manager	Or designated senior nurse where the line manager is a non-nurse, is responsible for undertaking an appraisal of the employee before any application for training, to ensure that they are competent in their area of practice, including competent to take a history, undertake a clinical assessment and diagnose. They are also responsible for annually appraising the ongoing efficacy of the role with the non-medical prescriber and raising any concerns both with the individual and with the Non-Medical Prescribing Lead. The **Line Manager** is responsible for ensuring the Non-Medical Prescriber has protected time to both undertake their role effectively and for their CPD. The Line Manager must inform the Trust's Non-Medical Prescribing Lead of any of the following: 1. Termination of employment 2. Suspension from practice 3. Appointment of qualified NMPs not currently on the Trust's NMP register
Non-Medical Prescribers	Are each accountable for remaining up-to-date and competent and is responsible for their own Continuing Professional Development (CPD) requirements by keeping a portfolio of evidence. They are also responsible for ensuring records are kept of all their prescriptions in whatever format they are issued (e.g. FP10, Inpatient prescription sheets or electronic prescriptions). Are responsible for ensuring that they are up to date with best practice in the management of conditions for which they prescribe, ensuring they meet their professional accountability and duty of care. The NMP must notify the Trust's Non-Medical Prescribing Lead of any change of details in any of the following: 1. Change of name 2. Change of base and work contact number 3. Change of professional body's registration number When working in a Supplementary Capacity the NMP is responsible for ensuring that they only prescribe medicines within the parameters of the individualised CMP. Prescribing as a supplementary prescriber outside a CMP constitutes a criminal offence under the terms of the Prescriptions Only Medicines Order and could be subject to sanctions under the Medicines Act 1992.
Medical Prescribers (DMP)	NMP students require the support and supervision of a medical supervisor. Following successful completion of the NMP training and subsequent registration with the professional body and Trust the NMPs require regular supervision with a DMP. When committing to take on the role of supervisor for either role

	the medical supervisor must ensure have the capacity to fulfil the supervisory requirements within this policy. When supervising an NMP using Supplementary Prescribing, the Medical Prescriber as 'Independent Prescriber' is responsible for making the diagnosis and must review the Clinical Management Plan (CMP) at least annually. In exceptional circumstances and where clinical need dictates, it may be acceptable to review the CMP less frequently, for example if the service user's condition is stable and well managed. In this instance, a review date must still be agreed and the decision documented (DH 2004).

8. Training

The opportunity to undertake training to qualify as a non-medical prescriber is limited to specific practitioners, as defined by legislation (see Appendix 1). The current parameters for these groups are:

- Nurses and pharmacists – who are eligible to undertake training to qualify as nurse or pharmacist independent and supplementary prescribers

  AWP currently only supports the training of nurses and pharmacists. Eligibility criteria to undertake the non-medical prescribing course for both nurses and pharmacists is set out in Appendix A. Whilst there are minimum statutory entry requirements to access the course, each applicant will be assessed on an individual basis including any intention to work past retirement age.

  The Non-Medical Prescribing Course is available through a number of different Universities, with each institution complying with the Equality Act (2010), in supporting and making reasonable adjustments for students to prevent any disadvantage.

  The DH (2006) also states that "All individuals selected for prescribing training must have the opportunity to prescribe in the post that they will occupy on completion of training", and managers supporting any application must be aware of this criteria.

  Whilst those suitably trained are legally eligible to prescribe independently on completion of the programme, in AWP prescribing will be initially limited to that as a Supplementary Prescriber. Any decision to progress to Independent Prescribing will normally be taken following six months supervised practice as a supplementary prescriber, but exceptions to this can be made on a case by case basis. The decision will be taken by the Non-Medical Prescribing Lead and Chief Pharmacist in consultation with the Non-Medical Prescriber, their Team Manager and Locality Quality Director.

9. Governance and audit

9.1 Vicarious Liability

Where a nurse or pharmacist, who is appropriately qualified, prescribes as part of their professional duties (stipulated in their job description), the Trust will accept vicarious liability for their actions where the following criteria are met:

- The NMP is currently registered for this qualification with their professional body i.e. the Nursing and Midwifery Council, General Pharmaceutical Council or Health and Care Professions Council.
- The NMP's details are recorded as active on the Trust's NMP register by the Trust's Non-Medical Prescribing Lead.
- The NMP must work within the legal framework and Trust Policies for NMP. The clinical areas of prescribing must be agreed. Should the NMP wish to expand on these areas, their manager should explore any further clinical training or experience that may be required and

this must be undertaken before this new area can be included in their professional duties; a revised Approval to Practice Form should then be completed.

- All NMPs have responsibility for accepting professional accountability and clinical responsibility for their prescribing practice; working at all times within their clinical competence and with reference to their regulatory body's professional standards.

9.2 Personal Liability

The Trust does not require NMPs working within the contracts of their employment to make separate indemnity arrangements, however they can make further arrangements for this should they wish. This can be achieved by means of membership of a professional organisation and/or trade union.

9.3 Record Keeping & Communication

All details of the assessment, prescription and rationale for prescribing, changing or discontinuing medication must be entered into the RiO/SystemOne or Electronic Health Record; the current CMP must be clearly identifiable within the record.

It is mandatory to inform the GP whenever a service user is seen in an outpatient clinic or community setting. The GP must be aware of any changes made to medicines and this information should be given within 48 hours (or immediately if deemed necessary). It is important that there is agreement within the team about what information should be sent to the GP and the frequency and nature of correspondence, particularly if a Supplementary NMP is involved.

In the community setting, routine prescribing and dose adjustments should be referred to the GP to carry out rather than be prescribed by the specialist clinician on their FP10 prescriptions. This reduces the risk of duplication or omission of medication and enables treatment to be managed together within primary care.

Not all medication is suitable for immediate GP prescribing and it is expected that specialist teams will initiate and monitor the effects of medication prior to asking the GP to take forward. Often there will be an Essential Shared Care Agreement between the Trust and local Clinical Commissioning Groups to facilitate this and set out responsibilities. If the GP refuses to take over prescribing of a medication that is subject to a local Formulary, the prescribing will have to remain within the community team; inform the Pharmacy and Medicines Optimisation Department of these instances.

There are a few treatments which may not be transferred to a GP and the prescribing must remain within the community team; a typical example of this is clozapine.

9.4 Standards

Non-medical prescribers must also adhere to their professional bodies' standards and the regulations/best practice frameworks as set out in the following documents:

- National Institute for Health and Clinical Excellence (2012) A single competency framework for all prescribers. The National Prescribing Centre
- Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife prescribers
- Nursing and Midwifery Council (2008a) Standards for Medicines Management
- Nursing and Midwifery Council (2008b) *Guidance for Continuing Professional Development for Nurse and Midwife Prescribers*
- General Pharmaceutical Council (2010a) *Clinical Governance Framework for Pharmacist Prescribers and organisations commissioning or participating in pharmacist prescribing*
- General Pharmaceutical Council (2010b) *Standards of conduct, ethics and performance*

10. Governance and Audit

10.1 Governance Framework

All non-medical prescribers are individually responsible for maintaining their continuing professional development (CPD) and competence to continue to prescribe through the keeping of a CPD Portfolio. This can be evidenced from a wide range of sources, with the emphasis being on those areas which can be verified by either the individual's line manager or medical supervisor.

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 have 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

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.

10.2 NMP Register

- A hard copy register will be held by the 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 to enable issuing of prescription pads.
- An electronic register, held by the NMP Lead will contain **all** information relevant to individual NMPs including name, registration/PIN number, qualification and speciality, date of qualification, base and contact details, approved scope of practice, attendance at CPD events and revalidation of prescribing.

It is the responsibility of the individual NMP and their manager to inform the NMP Lead of any changes in circumstances immediately to ensure the Register is at all times up to date. This includes change of name, registration number, base or contact details or parameters of scope of prescribing

10.3 Managing NMPs

The manager of services who employ NMPs must ensure they:

- Notify the 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 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 adequate clinical supervision. In particular provide support and advice in any errors or clinical incidents
- Support NMPs in their area of responsibility ensuring they are given protected time to attend the required amount of NMP Foums and CPD events to allow maintenance and development of competence
- Ensure that NMPs take appropriate action in the case of lost or stolen prescription pads; support, advise 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 NMP Lead to ensure structures may be put into place to overcome relevant issues. The 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 resolved.

10.4 Transition/Periods of Absence

a Transition from Supplementary to Independent Prescribing

Depending on the situation staff will usually be required to practice as a supplementary prescriber for an agreed period of six (6) months before they can be considered by the Trust to practice as an Independent Prescriber. This would include staff who have not practiced following their qualification or staff who wish to have additional support in moving into practice.

It is essential that Supplementary Prescribers are deemed to be fully competent to enable them to make the transition to independent prescribing. The following criteria must be fulfilled and submitted as evidence to the Non-medical prescribing Sub Group for authorisation-

Six months continuous practice as Supplementary Prescriber

Evidence of prescribing practice demonstrating safe prescribing – clinical audit and incident review

Written evidence from Independent (medical) Prescriber about the competency and ability of the Supplementary Prescriber to progress to Independent Prescriber

b Periods of absence from prescribing

If a qualified prescriber's post changes, is reviewed, or they undertake a period of secondment which means they are no longer able to undertake a prescribing role, they are responsible for advising the Trust Non-Medical Prescribing Lead immediately of this situation. If the change is on a temporary basis (i.e. no more than six months) and, they subsequently return to the same clinical area the prescriber will be able to resume their previous role provided the same supervision structure is still available; again notifying the Non-Medical Prescribing Lead of their return to prescribing .

In the event of a prolonged change in role or period of sick leave of six months or more, a non-medical prescriber will need to discuss any competency issues with their manager and the Trust Non-Medical Prescribing Lead, and may need a period of time before resuming their prescribing function or, alternatively only be able to prescribe on a Supplementary basis. In this event each person will be dealt with on an individual, case by case basis, as will the timescales involved.

10.5 Withdrawal of Prescribing Authority

If a NMP has:

- not prescribed for over six months (this may be due to a changing role, limited opportunity within the team or the need for additional support)

- failed to attend three NMP forum meetings in a year (except in special circumstances agreed with the Non-Medical Prescribing Lead) or failed to participate in annual Clinical Audit and annual online CPD sign off via Ourspace.
- not effectively demonstrated that they have been actively using their prescribing skills and knowledge

then prescribing may temporarily cease to be part of their professional duties, following discussion with the Trust's Non-Medical Prescribing Lead and their service manager. Prescribing roles will only be re-instated once assurances are received that regular prescribing practice will be undertaken and engagement with the Trust's processes. These assurances may be subject to future review under the Performance Management policy if they fail to be met.

On returning to practice following a break in prescribing of over one year (or less, if felt needed by the individual NMP) support will be facilitated by the Trust's Non-Medical Prescribing Lead alongside another professional who is currently prescribing in a similar service.

Non-adherence to the Trusts' CPD requirements or concerns about fitness to practice may result in authority to prescribe being withdrawn by the Non-Medical Prescribing Lead or Accountable Officer.

10.6 Risk Management

- All NMPs will be kept informed of relevant clinical, therapeutic and prescribing information, e.g. MHRA alerts, Adverse Drug Reaction (ADR) reports, etc. via the NMP shared drive which they have the responsibility of accessing regularly; for those NMPs who do not have access to the shared drive the NMP Lead will circulate the above via email.
- NMP practice will be monitored through the same routes as medical prescribing and information is available to individual practitioners and managers where appropriate and in line with internal arrangements
- All NMPs will utilise the national yellow card system to report ADR's
- All NMPs will understand the importance of reporting Serious Untoward Incidents and are aware of the local mechanisms in addition to the NPSA systems of reporting
- All clinical staff and medical prescribers should be aware of NMPs within their specific directorates and clinical settings and when and how they may be involved in prescribing for patients to ensure consistency of record keeping and continuity of patient care

10.7 Concerns related to Practice

If there are any concerns related to NMP practices these should be reported to the NMP Lead. 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 of time which could have a negative effect on their prescribing practice. The NMP Lead will discuss with the relevant NMPs manager and if appropriate Professional Lead. The 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 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

10.8 Patient and Public

- Patient and public information should be available outlining NMP
- Patient forums should be informed about the development of NMP to allow increased patient choice and access to appropriate health professionals

- Methods should be identified to include patient and public comments in any NMP service review
- All care and treatment prescribed and given should be done so with the patient's informed consent. Where the patient is not able to give his or her own consent, or their capacity to understand information is in doubt, the Prescriber should consider discussing the treatment with the next-of-kin or other appropriate person and the patient's doctor.
- Verbal information should, wherever possible be supported by written information. Any explanation and discussion regarding the proposed or actual treatment must be recorded in the patient's notes. Where explicit consent is required from the patient, this should be obtained before the treatment commences and recorded.

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 DVLA website

General compliance with this policy will be monitored through review of any relevant medication incidents, serious untoward incidents and unexpected death audits so that lessons can be learned and disseminated throughout the Trust.

An annual audit of prescribing practice will take place following a work plan agreed by the Non-Medical Prescribing Lead and the Forum in conjunction with the Trust audit department

Additionally regular audits of the use of non-medical prescribers may be commissioned by the Non-Medical Prescribing Lead or Chief Pharmacist through consultation with the Clinical Standards Group.

Non-medical prescribing will be subject to the same scrutiny/audit as that of medical staff.

11. References

- CQC (2009) Nurses, the administration of medicine for mental disorder and the Mental Health Act 1983. Care Quality Commission
- Department of Health (2000) The NHS Plan: a plan for investment, a plan for reform. London: Crown
- Department of Health (2004) Extending independent nurse prescribing within the NHS in England: a guide for implementation. London: Crown
- Department of Health (2005) Improving mental health services by extending the role of nurses in prescribing and supplying medication: Good practice Guide. London:
- Department of Health (2006) "Improving patients access to medicines: A guide to implementing Nurse and Pharmacist Independent Prescribing within the NHS in England" (Gateway ref 6429)
- General Pharmaceutical Council (2010a) Clinical Governance Framework for Pharmacist Prescribers and organisations commissioning or participating in pharmacist prescribing
- General Pharmaceutical Council (2010b) Standards of conduct, ethics and performance Home Office circular 009/2012 Nurse and pharmacist independent prescribing, 'mixing of medicines', possession authorities under service user group directions and personal exemption provisions for schedule 4 Part II drugs
- "Misuse of Drugs Act" (1971) [Amendment] Regulations 2006
- Misuse of Drugs Act (2012) Amendment 2 (England, Wales & Scotland) SI2012 No. 973 Reg 2012
- National Institute for Health and Clinical Excellence (2012) A single competency framework for all prescribers. The National Prescribing Centre

- National Prescribing Centre (1999) Prescribing Nurse Bulletin Volume 1, Number 1,
- National Prescribing Centre (2001) “Maintaining Competency in Prescribing an Outline framework to help Nurse Prescribers”
- National Prescribing Centre (2005) “Training non-medical prescribers in practice : A guide to help doctors prepare for and carry out the role of designated medical practitioner”
- NHS Security Management Service (2008) “Security of prescription forms guidance”
- Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife prescribers. London: NMC
- Nursing and Midwifery Council (2008a) Standards for Medicines Management. London: NMC
- Nursing and Midwifery Council (2008b) Guidance for Continuing Professional Development for Nurse and Midwife Prescribers. London: NMC

12. Appendices

12.1 Criteria for Independent/Supplementary Prescribing Programme

Nurses selected for prescribing training will need to meet the following requirements:

Be a first level registered nurse

Have at least three years’ post-registration clinical nursing experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe

Must have a minimum of one year’s experience in the field in which they intend to prescribe

Be within a substantive post

Must provide evidence of ability to study at minimum academic level three (degree), through completion of an approved Medication Management Course

Have written support from the employer to undertake the programme

Have written confirmation from the NMP Lead

Have a designated medical practitioner who has agreed to provide the required term of supervised practice

Been assessed as competent to take a history, undertake a clinical assessment and make a diagnosis

Have access to a DMP who is willing to support with twelve days supervised practice and participate in the assessment of competence as required by the university. They must also be prepared to provide supervised practice post-qualification and be willing to support the applicant once qualified (e.g. ensuring regular clinical supervision)

Must be willing to prescribe and able to prescribe in practice and must demonstrate how their subsequent prescribing will provide maximum benefit to service users

DBS must be up-to-date and appropriate to their area of practice.

Pharmacists selected for prescribing training will need to meet the following requirements:

Current registration with the General Pharmaceutical Council as a practising pharmacist

Have at least two years appropriate patient orientated experience practising in a hospital, community or primary care setting following their registration year

Identify an area of clinical practice and need in which to develop their prescribing skills

Have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice

Demonstrate how they reflect on their own performance and take responsibility for their own CPD

Demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions. Access to DMP, supervision , DBS checks will be the same as for other NMPs to ensure parity between the professions

Before making an application for NMP training, the applicant and/or their manager should make contact with the Trust's Non-Medical Prescribing Lead in order to discuss the potential benefits that a NMP can offer service users.

The Department of Health require that "All individuals selected for NMP training must have the opportunity to prescribe in the post that they occupy on completion of training", and in addition that "their post is one in which… there is a local need for them to prescribe". It is vital that before any nurse, pharmacist or AHP is approved to undertake NMP training that managers are able to support them once qualified.

12.2 Designated Medical Practitioner (Supervisor) role

Criteria to undertake the role of designated medical practitioner are:

Three years recent clinical experience in the relevant field of practice.

Has the support of the employing organisation to act as the DMP, who will provide supervision, support and opportunities to develop competence in prescribing practice.

Has some experience or training in teaching and / or supervising in practice

Normally works with the trainee prescriber

Each non-medical prescriber student must be allocated a designated medical mentor that is a registered medical practitioner, as required by the Department of Health.

The potential NMP student will be responsible for identifying a DMP whom they have a close professional relationship based in their clinical area /role and will therefore be naturally aligned to request their support during the course as the DMP.

In some circumstances the potential student may work in professional isolation from medical practitioners and in such cases the Trust will endeavour to identify a suitable DMP.

There are four broad core competences that the DMP will be required to provide:

- The ability to create an environment for learning
- Clinical knowledge & expertise
- Teaching knowledge
- Teaching skills.

The DMP has a crucial role in educating and assessing the non-medical prescriber. This involves:

- Establishing a learning contract with the student prescriber following the university approved template.
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing.
- Facilitating learning by encouraging critical thinking and reflection.
- Provides dedicated time and opportunities for the student to observe how the DMP conducts a consultation/interview with patients and/or carers in the development of a management plan.

- Allowing opportunities for the student to carry out consultations and suggest clinical management and prescribing options which are then discussed with the DMP.
- Helping ensure the student prescriber integrates theory with practice.
- Taking opportunities to allow in depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further.
- Assessing and verifying that by the end of the course, the student is competent to assume the prescribing role.

The Higher Education Institution (HEI) providing the training course will provide information and a half day briefing to all DMPs. All Doctors undertaking the role of DMP are expected to attend.

12.3 Continuing Professional Development (CPD) & Clinical Supervision

There are no specific standards for NMP's CPD. Regulatory bodies require healthcare professionals to be responsible for maintaining/improving the standard of their practice by undertaking CPD appropriate to their professional roles. Therefore NMPs should ensure that as part of their annual CPD requirements they focus some attention on prescribing practice.

Reflecting on own/others' prescribing practice can be used as evidence of reflective practice and for agreeing Personal Development Plans with their manager.

All healthcare professionals have a responsibility to keep themselves abreast of clinical and professional developments. NMPs will be expected to keep up-to-date with best practice in the management of conditions, and the use of relevant treatments and appliances, for which they may prescribe.

NMPs are expected to participate in the annual NMP Audit and annual online CPD sign off. They must also attend at least three NMP Forums per year.

Where service capacity exists, to maintain high standards of prescribing practice, an annual Trust conference will be held to update all NMPs and share good practice on the principles of prescribing and medicines optimisation. NMPs will also:

- Access ongoing education offered
- Be self-directed in meeting learning and development needs
- Attend at least three NMP Forums each year
- Ensure that their prescribing is in accordance with current best practice in the management of conditions that are being treated and available for inclusion in the annual audit
- Use the Maintaining Competence in Prescribing Portfolio as a working tool to reflect on prescribing practice.
- Access regular managerial and clinical supervision which must include the prescribing role

With their manager, undertake an annual Personal Development Conversation which includes the prescribing role and identifies any additional training that may be required.

12.4 Example: Specialist NMP Job Description

AVON & WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST

JOB DESCRIPTION

Job Title:	Clinical Memory Nurse Specialist – Independent Non-Medical Prescriber
Pay Band:	Band 7
Responsible to:	Memory Service Team Leader

Base: Donal Early House, Southmead Hospital, Bristol

Hours: 37.5

Job Purpose:

To work as an Independent Non-Medical Prescriber in partnership with the service user and act as lead specialist in Non-Medical Prescribing for service users with memory problems.

To work as an experienced member of staff in the Bristol & South Gloucestershire Memory Service Team.

Conducting assessments on service users, providing appropriate post diagnostic interventions including the prescribing of medication, carers support, signposting to other resources and supervision of staff are some of the core activities of the post. Working collaboratively with other disciplines and other teams in the locality are essential to ensure a comprehensive service is provided to the local population. As a senior member of the team the post holder will need to demonstrate sound leadership skills and be able to manage high levels of responsibility.

Dimensions:

Budget Managed: £ none

Number of staff responsible for: none

Number of sites working across: see attached

Key Result Areas

1. **CLINICAL PRACTICE**
   - To undertake specialist memory service assessments of service users referred to the team including specialist assessments of service users requiring non-medical prescribing, ensuring that a full health and social needs assessment, including medical history and medication history, is undertaken and implemented where required.
   - To establish diagnosis and prescribe accordingly, discussing all treatment options (including non-pharmacological treatment) and potential side-effects with each service user.
   - To ensure that record keeping is both up to date and accurate adhering to Trust, NMC and good practice guidelines, including clear documentation of medications discussed, their effects and risks.
   - To establish, plan and implement Clinical Management Plans (CMPs) where appropriate and review at least annually.
   - To request formal diagnostic tests in line with Trust, NICE and Department of Health guidelines.
   - To assess and review the service user's progress.
   - To prescribe and change medications within area of speciality and competence.
   - To formulate, implement and evaluate individual care plans and nursing treatment plans with the involvement of all parties in the care of the service user.
   - To work within Trust 'Medicines' and 'Non-Medical Prescribing' Policies.
   - To establish and maintain good liaison with GP practices and other mental health services in the area, including sharing prescribing information and rationale.
   - Participate in pilot sites for implementing Trust policies, audit working environment producing data, and analysing results.
   - To maintain comprehensive case records in line with Trust requirements, including recording medications prescribed.
   - To ensure that all prescribing decisions are communicated.
   - To undertake risk assessments and management plans.
   - To monitor and evaluate the quality of care given to service users.
   - To offer carers an assessment of their needs.
   - To ensure the Trust Policies in relation to CPA, Risk Management and Confidentiality are strictly adhered to.

- To maintain an holistic approach with service users and work with them in all aspects of their lives in a variety of settings.

2. RESEARCH

- To regularly undertake and participate in agreed research projects and to use evidence based findings to the benefit of service user care.
- To lead clinical audit in own specialist area of Non-Medical Prescribing.
- To inform service users and carers of relevant research trials.

3. TRAINING

- Provide training to other staff regarding specialist area, adhering to Trust policies.
- Provides input into developing strategies for improving nursing care.
- Provides a safe and effective learning environment in mentoring and supervising student nurses, participating in their learning objectives and assessments.
- Ensure that are up to date with UWE requirements for mentoring students by attending annual mentor updates.

4. MANAGEMENT

- To develop a service plan in conjunction with their service manager, SBU Clinical Director and NMP Lead.
- To be aware of the current legislation and prescribing developments, which may impact on the delivery of services to service users.
- To manage the prescribing needs of an agreed caseload.
- To ensure that clinical standards are cascaded to staff.
- To develop protocols for prescribing within ones own team setting.
- To enhance the working of the team by the sharing of one's own specific professional expertise and knowledge.
- To be responsible for the ordering and safe keeping of FP10's.
- Have a good knowledge, and apply, current Trust Policy, procedures and guidelines ensuring that junior staff work to these.
- Participate in and ensure the on-going development of staff within the team acting as coach and assessor to learners/students on placement.
- Participate in recruitment, selection, appointment and retention of appropriate grades of staff.
- To provide cover to deputise for Team Leader in their absence.
- Provide support and supervision to other team members.
- To liaise with Clinical Governance, attending as required, and ensuring that clinical standards are cascaded to team.

5. PROFESSIONAL

- To agree appropriate levels and participate in medical supervision with Independent Medical Prescriber in relation to prescribing practice.
- To be responsible for their own development and the updating of their professional development.
- To participate in Clinical Supervision in line with Trust Policy.
- To develop strategies for continued professional development as Non-Medical Prescriber and Clinical Nurse Specialist, including specialist clinical supervision.
- To ensure own adequate individual liability cover.
- Comply with the Nursing and Midwifery Council "The Code", relevant legislation, procedures and policies. To attend and contribute effectively to relevant professional forums.
- To participate in regular caseload management as agreed with line manager.
- Undertake regular review of performance with the line manager to agree personal and service goals.
- Act as a positive role model at work for colleagues in relation to personal and professional conduct and practice.

Communications and Working Relationships

All team members working in memory services

Primary Care providers

Community Service Manager

Relevant third sector care providers

NMP Lead

Most challenging part of this role

The job will involve working autonomously as a clinical practitioner within their multi-disciplinary team taking on prescribing responsibilities for an agreed caseload. They must ensure that close communication and links remain with primary care providers. They must ensure that all relevant professional and organisational standards are applied to both their work and others through being a role model for junior members of the team.

Policies and Procedures

Trust employees are expected to follow Trust policies, procedures and guidance as well as professional standards and guidelines. Copies of Trust policies can be accessed via the staff intranet or from your manager.

Confidentiality

Much of the work is of a confidential nature. This means that no discussion should take place about the care, needs, or activities of any service user, except in the clear interest of that service user or other members of staff. Staff are reminded that personal information concerning colleagues is also confidential

Equality and Diversity

Avon and Wiltshire Mental Health Partnership NHS Trust is committed to the fair treatment of all people, regardless of their gender, race, colour, ethnicity, ethnic or national origin, citizenship, religion, disability, mental health needs, age, domestic circumstances, social class, sexuality, beliefs, political allegiance or trades union membership.

The Trust requires all of its employees to treat all of its stakeholders including colleagues, service users, carers and their visitors with dignity and respect.

Smoking

Smoking by Trust Staff is not permitted whilst on duty whether that be on Trust premises or grounds or out in the community. Staff must also be mindful of public perception and must therefore not smoke whilst travelling in Trust identified vehicles or when in uniform or can otherwise be identified as Avon and Wiltshire Mental Health Partnership NHS Trust staff.

Review

These duties are intended to be a guide to the post and should not be considered exhaustive. It is subject to review, depending on the needs of the department. The post holder will be encouraged to participate in any such review. The Trust is committed to regular performance appraisal (including setting objectives for review annually) and agreement of personal development plans for all staff to enhance their ability to fulfil the requirements of their post.

12.5 Person Specification - Clinical Memory Nurse Specialist – Independent Non-Medical Prescriber

Qualifications

- Registered Mental Health Nurse (part 1)
- Diploma of Higher Education – Nursing Studies
- Post registration qualification in Nurse Independent / Supplementary Prescriber recorded by NMC.
- Educated to degree level, or ability to demonstrate an equivalent level of knowledge

Experience/training

- Approved Medication Management training (this incorporates CBT techniques, motivational interviewing and psycho-education).
- At least 3 years post qualifying experience in Mental Health, 2 at Band 6 or above.
- At least 6 months experience working as a Supplementary Nurse Prescriber.
- Substantial experience of working with older people with memory problems

Specialist Knowledge

- Expert clinical assessment skills.
- Thorough knowledge of memory problems.
- Knowledge of key Government targets in Dementia.
- Experience of using different treatment models and interventions in practice.
- Knowledge of the principals of CPA.
- Able to demonstrate knowledge of current Mental Health legislation.
- Can demonstrate knowledge and principal of Risk Assessment and Risk Management.
- Knowledge of the National Service Framework standards.

Skills/Personal Attributes

- Excellent communication skills.
- Excellent written and verbal presentation skills.
- Proven ability to work collaboratively with other staff.
- Good organisational skills.
- Able to be self motivated and self directing.
- Experience of clinical audit process.
- Strong interest in memory service work.

12.6 Generic Job Description Additional Statements

The role of the non-medical prescriber **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 and within the job specification a non-medical Prescribing qualification 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 classified as desirable.

The inclusion statements (below) should be within the job description of each non-medical prescriber within the trust. For personnel new to the trust since 2015 this should be within the main body of the job description, for those currently in substantive trust employ they may be added as an addendum, signed, dated and placed on personal files as evidence of Trust support of the role.

INCLUSION STATEMENTS:

Minimum qualification:

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

Job Summary:

• To work in partnership with service user and independent medical prescriber to fulfil the role of non medical prescriber

• To actively promote patient well being via timely access to prescribed medication

Clinical responsibilities:

• To work collaboratively with the independent (medical) prescriber, patient and carers to produce patient centred clinical management plans (CMPs) for supplementary prescribing.

• As an independent non medical prescriber to assess the service user and then work collaboratively with independent medical prescriber, patient and carers to communicate all subsequent prescribing decisions, clinical rationales and treatment plans.

• To regularly review response to treatment, monitor for adverse reactions and generate treatment options within the role of non-medical prescriber.

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

Administrative responsibilities:

• To produce non medical prescribing plans that are timely, relevant, accurate, evaluated, dated, signed, legible and objective and communicate these to all relevant teams and service users General Practitioner.

• To ensure that all relevant sections of the electronic health record are updated when any prescribing decision is made including uploading CMPs in line with key principles of Single Competency framework (NICE 2012).

Professional and educational responsibilities:

• To positively promote the role of the non medical prescriber to other agencies/ disciplines.

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

• 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 according to annual CPD requirements

• 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**:

• Safety and security of the FP10 prescription pads in accordance with trust decision making and problem solving skills as a non medical prescriber.

• Involvement in producing, evaluating and auditing policies, procedures and standards relating to the role of the non medical prescriber within the Trust.

• Responsible and cost effective prescribing.

- **Quality assurance**:

• To participate in the annual audit of prescribing practice in order to improve care and professional standards.

• To be responsible for implementing all relevant policies and procedures.

Version History

Version	Date	Revision description	Editor	Status
1.0	28 Nov 2007	Approved by Board	NM	Approved
2.0	01 Dec 2009	Approved by Quality & Healthcare Committee	MB	Approved
3.0	4 Dec 2012	Quality and Safety Committee	MR	Approved
4.0	19 Jan 2017	Approved at executive team meeting	PH	Approved
5.0	05/09/2017	Approved by Medical Director	Non medical prescribing lead	Approved