



<b>Policy Title</b>	<b>Non-Medical Prescribing Policy</b>
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# Introduction

## Background

It is Department of Health's policy to extend prescribing responsibilities to non-medical prescribers. This policy initiative is designed to:

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible team working across Health and Social Care Services.

The development of non-medical prescribing within the health service enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings involving:

- management of long term conditions
- medicines management / medication review
- emergency/urgent care/unscheduled care
- mental health services
- services for non-registered patients e.g. homeless
- palliative care

Currently nurses, pharmacists, optometrists, physiotherapists, chiropodists or podiatrists, radiographers and community practitioners may undertake further professional training to qualify as non-medical prescribers

## Policy Objectives

This policy sets out a framework for the development and implementation of non-medical prescribing (NMP) within the Western Health and Social Care Trust (WHSCT). It provides guidance on prescribing standards and continuing professional development for practitioners as well as describing Trust governance arrangements to oversee this process.

The policy has been produced to:

- Advise potential applicants of their eligibility to undertake an approved non-medical prescribing course.
- Identify professional and statutory obligations which must be met.
- Provide robust standards for non-medical prescribing within the Trust.
- Clarify accountability and responsibility arrangements.
- Outline how the Trust will monitor the standard of non-medical prescribing.
- Outline how non-medical prescribers can maintain their competency.

Where the term “nurse” is used throughout the remainder of this document it includes midwives and specialist community nurses.

## **Policy Scope**

This policy refers specifically to how NMP will be managed within the WHSCT.

Present legislation allows only the following groups of healthcare professionals to act as independent or supplementary prescribers following successful completion of an approved prescribing programme.

- Registered nurses (first level)
- Registered specialist community nurses/specialist
- Registered midwives
- Registered pharmacists
- Registered optometrists
- Registered physiotherapists
- Podiatrists/chiropractors

In addition the following group of professionals may act as supplementary prescribers providing they have successfully completed an approved prescribing programme:

- Radiographers

This policy therefore applies only to the above professional groups but will be updated in line with legislation as other professional groups gain NMP status.

# Independent versus Supplementary Prescribing

As outlined above non-medical prescribers may practise as a supplementary or independent prescriber and in most cases as both.

## Definition of Independent Prescribing

The working definition of independent prescribing is prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist, optometrist or physiotherapist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, included prescribing. Within medicines legislation the term used is “appropriate prescriber”

## Definition of Supplementary Prescribing

Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient – specific clinical management plan (CMP) with the patient’s agreement. A CMP template is enclosed in the appendices of this document.

Nurses, pharmacists, physiotherapists, chiropractors or podiatrists, radiographers and optometrists may train and register as a supplementary prescriber.

## Categories of Individuals who can prescribe

### Nursing

- V300:Nurse Independent Prescribers are nurses who are able to prescribe any licensed medicine for any medical condition within their competence, including any controlled drugs in Schedule 2,3,4 or 5 of the MDR 2002 Regulations, as amended.
- V100:Community Practitioner Nurse Prescribers (CPNPs) (formerly District Nurse/ Health Visitor prescribers). These are nurses who can prescribe from the Nurse Prescribers’ Formulary for Community Practitioners. Community Practitioner Nurse Prescribers must only prescribe items listed within the Nurse Prescribers Formulary for Community Practitioners as outlined in the Northern Ireland Drug Tariff. More detailed information is provided in the British National Formulary (BNF).
- V150: Specialist Registered Nurses who are required to prescribe from the Nurse Prescribers Formulary for Community Practitioners as outlined in the Northern Ireland Drug Tariff. More detailed information is provided in the British National Formulary (BNF).

### Pharmacists

- Pharmacist independent prescribers are able to prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2,3,4 or 5 of the MDR 2002 Regulations, as amended

## **Optometrists**

- Optometrist independent prescribers can prescribe any licensed medicine, except controlled drugs, for ocular conditions affecting the eye and the tissues surrounding the eye.

## **Physiotherapists**

- Physiotherapists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers, but cannot prescribe any controlled drugs

## **Podiatrists/ Chiropodists**

- Podiatrists or chiropodists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers, but cannot prescribe any controlled drugs

## **Radiographers**

- Radiographer supplementary prescribers are able to prescribe any medicine under a CMP in partnership with an independent prescriber (doctor or dentist).

Note all of these prescribers also can prescribe as Supplementary Prescribers (see above).

# Application Process

All entrants to NMP training courses funded by the Department of Health must fulfil both Trust and academic institution entry criteria before successfully enrolling on a prescribing program.

## Trust Approval

It is essential the applicant has the support of the Trust to enroll on a prescribing program. Line managers and clinical leads must ensure that:

- There is a locally agreed need for them to undertake a prescribing role
- There is an identified designated medical practitioner for supervision purposes
- The potential candidate fulfils the course provider's admission criteria
- The candidate will receive support during their training
- Once qualified they can commence their prescribing role without delay
- They will have access to continuing professional development (CPD)
- They will work within a robust clinical governance framework
- They will receive support during their training

Staff should seek approval for day release and travel expenses before undertaking a non-medical prescribing program via the Trust's PE1 application for post entry learning development and education.

Please seek advice on how to apply for each course from the relevant Trust professional lead.

## Designated Medical Practitioner (DMP)

All applicants wishing to undertake an independent/supplementary prescribing programme must have a named designated medical practitioner (DMP) who will oversee practical aspects of training. The DMP must be a registered medical practitioner who:

- Has normally had at least three years recent clinical experience
- Is a specialist registrar, clinical assistant or consultant
- Practicing General Practitioner within Primary Care
- Has the support of the trust to act as a DMP
- Has experience or training in teaching and/or supervising in practise.

DMPs have a critical and highly responsible role in educating and assessing the NMP and assuring competence in prescribing. This involves:

- Establishing a learning contract with the trainee
- Contribute to planning a learning programme which will allow the trainee opportunities to develop competency in prescribing
- Encouraging critical thinking and reflection

- Provide dedicated time and opportunities for the trainee to observe how the DMP conducts consultations
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Helping to ensure the trainee integrates theory with practice
- Taking opportunities to discuss 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 programme, the trainee is competent to assume the prescribing role.

Further guidance entitled “Training non-medical prescribers in practice- A guide to help doctors prepare for and carry out the role of designated medical practitioner” is available via the following link:

<http://wta-spwfe-01/sites/acute/Pharmacy/Medicines/Medicines%20Policies%20%20Guidelines/Non%20Medical%20Prescribing/Designated%20medical%20practitioners%20guide.pdf>

# Local and Regional Registration Process

Having successfully completed the approved course the applicant must ensure that he or she is registered with their respective professional body as a prescriber before seeking to register as a prescriber in the Trust. .

Non-Medical Prescribers who wish to prescribe in the Trust must then complete the following two application forms:

1. Application for inclusion on the Western Health and Social Care Trust Register of non-medical prescribers
2. Register on-line on the Northern Ireland Non-Medical Prescriber Database for Primary & Secondary Care

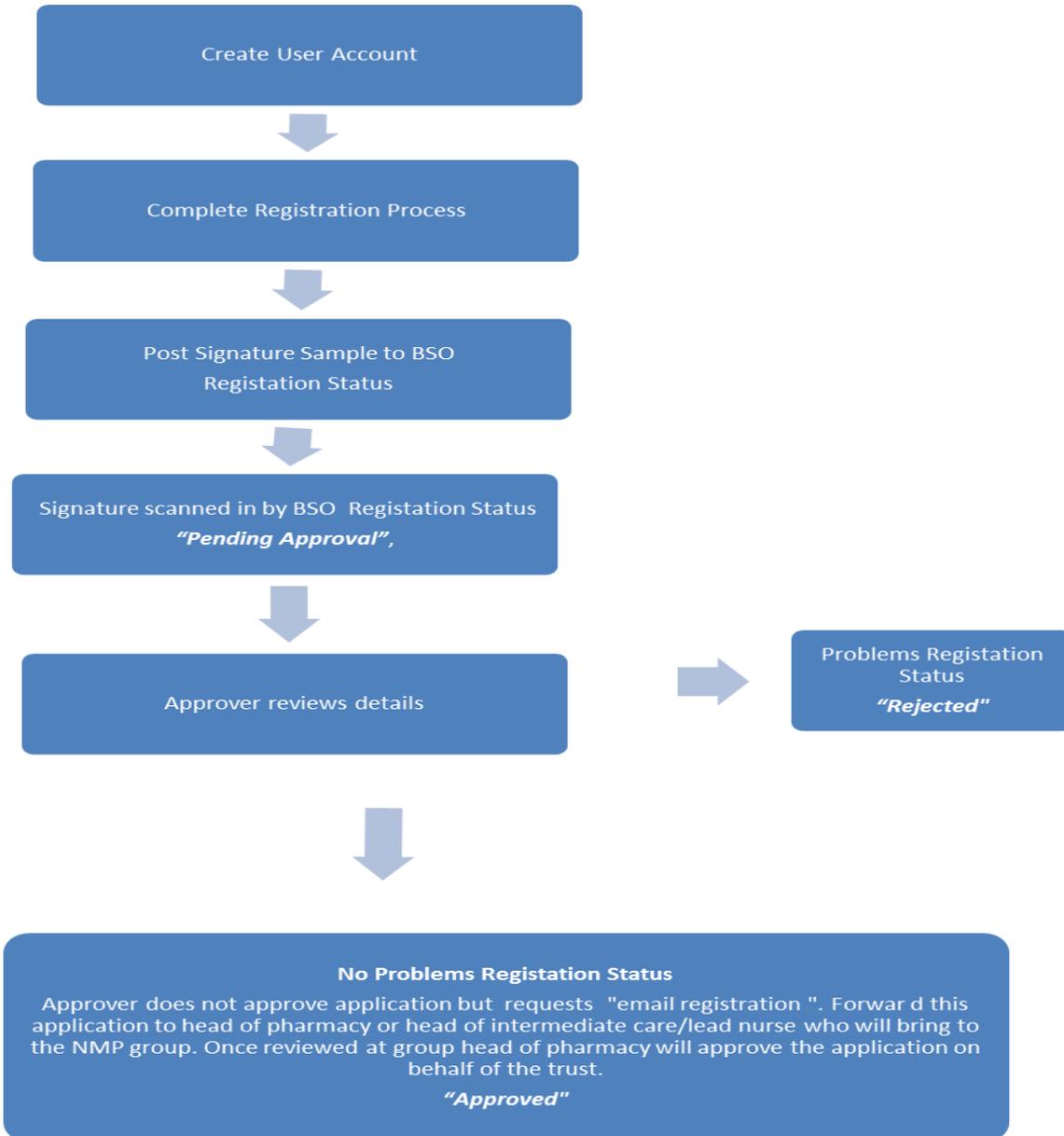
## 1. Process to follow to be included on the Western HSC Trust's Register of Non-Medical Prescribers

- Complete the application form accessible from the Non-Medical Prescribing section of the Trust's Medicines' Intranet at <http://wta-spwfe-01/sites/acute/Pharmacy/Medicines/Medicines%20Policies%20%20Guidelines/Non%20Medical%20Prescribing/Trust%20registration%20as%20NMP%20form.pdf>
- Ensure that the application (including the parameters of prescribing) has been approved by your Professional Lead / Manager i.e. an individual from your own profession and the Clinical Lead for the service (usually the Consultant Lead Clinician).
- Forward the completed paperwork to the Head of Pharmacy & Medicines Management for consideration at the next Trust Non-Medical Prescribing Working Group meeting. Dates of meetings can be accessed on the Non-Medical Prescribing Intranet site.
- Applicants will receive a letter confirming the outcome of their application usually within 2 weeks of the meeting. This will be copied to the Professional and Clinical Leads.

## 2. Register on-line on the Northern Ireland Non-Medical Prescriber Database for Primary & Secondary Care

The HSC Board has established a regional on-line NMP database and requires all NMPs to register on this. Details on how to do so can be found in the User Manual which can be accessed on the Trust's NMP intranet site at <http://wta-spwfe-01/sites/acute/Pharmacy/Medicines/Medicines%20Policies%20%20Guidelines/Forms/AllItems.aspx?RootFolder=%2Fsites%2Facute%2FPharmacy%2FMedicines%2FMedicines%20Policies%20%20Guidelines%2FNon%20Medical%20Prescribing&FolderCTID=0x012000815BAC6E02737C43AB23F02AA26336C2&View={863598FB-83B3-4A20-9F82-88E51F3466FF}>

The flow diagram below indicates the steps required to register on the regional database. It is imperative that the approver forwards the application to the Trust's NMP working group before giving final on-line approval to ensure that the appropriate checks and balances are in place in the system. The NMP working group will inform the practitioner of the outcome of the approval process and only then may they begin prescribing. This process should also be followed to change the parameters of an individual's prescribing practice.



## **Vicarious Liability**

Where a non-medical prescriber is appropriately trained and qualified, prescribes as part of their professional duties within the parameters agreed and their name is included on the Trust's prescribing register, the Trust is held vicariously liable for their actions. In all settings an individual's job descriptions must state if prescribing is to be included in their role.

## **Legal Liability**

NMPs are individually accountable to their professional body for this aspect of their practice, as for any other, and must act at all times in accordance with same. NMPs are advised to ensure that they have sufficient professional indemnity as recommended by their respective professional organisations or trade unions.

# Guidance on Aspects of Prescribing

## Prescribing in Hospital Settings.

Within the hospital setting non-medical prescribers will prescribe on the relevant prescription form. In the majority of cases this will be the patient's Medicine Prescription and Administration Record (medicine kardex).

Within the outpatient setting the Trust's Outpatient Recommendations to Prescribe for GPs document should be used.

## Community and Primary Care Settings

In community and primary care settings nurse prescribers will use the prescription form HS21(N). Nurses working in family planning clinics may prescribe using the same system as doctors in the clinic.

## Obtaining Prescription Pads

Community practitioner nurse prescribers (district nurses and health visitors) will need to be registered with Business Services Organisation (BSO) to obtain a prescription pad. For other NMPs, the Trust's Head of Pharmacy & Medicines Management will assess the need for the individual to have access to the non-medical prescribing budget depending on their individual role.

The process for registration with BSO is outlined in the appendices of this document.

## Prescription Security

For NMPs employed in community and primary care settings the security of prescription forms is the responsibility of both the prescriber and their employing organisation. Prescribers must ensure absolute compliance with the HSCB guidance on prescription pad security.

Prescription pads that are no longer required e.g. a member of staff has changed roles or left the Trust must be destroyed. It is the individual and their line manager's responsibility to do this, with the destruction witnessed and a record of serial numbers made. An email with this information should be sent to the Trust's Head of Pharmacy & Medicines Management confirming that this destruction has taken place. The forms should not be returned to HSCB.

The following link is to the HSCB prescription policy for GP practices. There is a section on disposing of obsolete prescription forms and the same principles apply. Likewise there will other parts of this document which will also be relevant in relation to prescription security.

<http://www.medicinesgovernance.hscni.net/primary-care/gp-practice/prescription-security/>

## **Patient Assessment and Prescribing**

Non-medical prescribers can only prescribe for patients who they have assessed for care. Before writing a prescription the NMP should have assessed the patient and have knowledge of:

- Patient's full medication (this should include all prescribed and non-prescribed medication including over the counter and alternative remedies).
- Past medical history
- Allergy status
- Patient's current health status
- A thorough knowledge of the item to be prescribed, i.e. dosage, therapeutic action, side effects, and interactions, frequency of use.
- The current British National Formulary (BNF) or Nurse Prescribers Formulary (NPF) for reference

The NMP should refer to the BNF / NPF or the first page of the WHSCT medicines kardex for guidance on prescription writing standards.

## **Patient Information**

The non-medical prescriber will explain to the patient:

- The dosage, frequency and method of administration.
- The common side effects.
- Any precautions they should take.
- What to do if they have any concerns or adverse reactions.
- How to store medicines safely.
- What to do with any leftover medicines at the end of treatment.

## **Record Keeping**

### **In-Patient Setting**

The non-medical prescriber will record details of the prescribing and relevant consultation details into the patient's notes at the time of prescribing.

### **Community and Primary Care Setting**

In primary/community care, the non-medical prescriber should agree the process for accessing medical records and recording prescriptions with the GP. If the non-medical prescriber is using computerised records he/she must ensure that they receive adequate and relevant training. Where there is no direct access to the GP records, the prescriber will ensure:

- Written documentation of prescription is sent to the practice manager or an agreed designated member of staff at the GP practice at time of writing (in exceptional circumstances this may be extended to 48 hours). The duplicate copy pad may be used to facilitate this process. These are available from the Non-medical Prescribing Co-ordinator.

- This designated member of staff at the GP practice will be responsible for ensuring details of the prescription are entered on the prescribing section of the patient's electronic record.

The record must clearly indicate:

- Date of prescription
- Name of prescriber and the category of prescriber
- Name of item prescribed, quantity, dose, frequency, and treatment duration.

### **Separation of Prescribing, Administration/Supply and Dispensing/Supply Processes**

Guidance from the Department of Health and the Nursing & Midwifery Council (Standards of Proficiency for Nurse and Midwife Prescribers) state that:

- There should be separation of prescribing and administration activities whenever possible
- There should be separation of prescribing and dispensing activities whenever possible

In exceptional circumstances when these activities are unavoidable, a second suitably competent person should be involved in checking the accuracy of the medication provided.

However, the Misuse of Drugs (Amendment) Regulations 2012 Northern Ireland allow independent pharmacist and nurse prescribers to prescribe and to administer 'any controlled drug that they may prescribe under the regulations.'

Therefore the Trust's approach is that a decision will be made on a risk-assessed basis for each individual circumstance, with the default being the NMC and Department of Health's guidance.

### **Prescribing for Self, Family and Friends**

Non-medical prescribers must not prescribe any medicine for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances.

### **Review of Prescribing**

Each prescription is regularly reviewed and is only re-issued to meet clinical need. Suitable provision for monitoring each patient/client's condition is in place for ensuring that patient/clients who need a further examination or assessment do not receive further prescriptions without being seen by an appropriate prescriber.

## **Guidance on Prescribing Unlicensed Medicines**

Unlicensed medicines are those medicines without a current marketing authorisation. Independent non-medical pharmacist and nurse prescribers may prescribe unlicensed medicines to their patients, on the same basis as doctors and, and provided that they are competent and take responsibility for doing so.

All non-medical prescribers may prescribe an unlicensed medicine as a supplementary prescriber as part of a CMP providing:

- The doctor or dentist and the supplementary prescriber, have agreed the plan with the patient in a voluntary relationship;
- The supplementary prescriber is satisfied an alternative licensed medicine would not meet the patient's needs;
- The supplementary prescriber is satisfied there is sufficient evidence base and/or experience to demonstrate the medicine's safety and efficacy for that particular patient;
- The doctor/dentist and the supplementary prescriber are prepared to take the responsibility for prescribing an unlicensed medicine and have agreed the patient's CMP to that effect;
- The patient agrees to a prescription in the knowledge that the medicine is unlicensed and understands the implications of this;
- The medicine chosen and the reason for choosing it, is documented in the CMP/clinical records.

## **Guidance on Prescribing Medicines for use outside the terms of their licence (“off-label”)**

“Off-label” prescribing describes the process where by a licensed medicine is prescribed outside the terms of its product licence.

It is possible, under current legislation, for both independent and supplementary prescribers to prescribe “off-label”. However, in order to do so the practitioner should ensure that the following conditions are met:

- The practitioner is satisfied that there is sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy in these circumstances. Where the manufacturer's information is of limited help, the necessary information should be sought from another source;
- The practitioner has explained to the patient or carer in broad terms, the reasons why medicines are not licensed for their proposed use;
- The practitioner makes a clear, accurate and legible record of all medicines prescribed for the patient and the reasons for prescribing a medicine “off-label”;
- The practitioner may also, as a supplementary prescriber, prescribe a medicine for use outside the terms of its licence providing:
  - there is a CMP in place, written in conjunction with an independent prescriber and in voluntary partnership with the patient or parent or carer;
  - an independent prescriber and the pharmacist supplementary prescriber take responsibility for prescribing the medicine and jointly oversee the patient's care,

monitor the situation or outcome and ensure any follow up treatment is given as required.

Any verbal information given to a patient or his/her representative should be supported by written information provided by the pharmacist prescriber.

The prescribing of unlicensed and “off-label” medicines must be agreed as part of the parameters of prescribing section during the trust registration process (Appendix 4).

Further information on off-label and unlicensed prescribing can be accessed at <https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities>

## **Guidance on Prescribing Controlled Drugs (CDs)**

The Misuse of Drugs Regulations (Northern Ireland) 2002 were updated in 2012 and significant changes were made to the legislation pertaining to the prescribing of controlled drugs by pharmacist and nurse independent prescribers.

The changes can be summarised as:

Both nurse and pharmacist independent prescribers can now prescribe any controlled drug in Schedules 2,3, 4 and 5 of the 2002 regulations with the exception of cocaine, diamorphine and dipipanone for the treatment of addiction. These products may still be prescribed for the treatment of organic disease or injury (but see additional governance arrangements below)

The legislation also makes provision for the legal compounding of controlled drugs for administration (e.g. preparation of multiple drugs including controlled drugs within a syringe driver for palliative care purposes) in accordance with the directions of a nurse or pharmacist independent prescriber.

Nurse and pharmacist supplementary prescribers acting under and in accordance with the terms of a Clinical Management Plan are also able to prescribe controlled drugs as per previous legislation. This does not apply to the prescribing of cocaine, diamorphine or dipipanone for the treatment of addiction (this is restricted to Home Office licensed doctors).

In order to provide robust governance arrangements nurse and pharmacist prescribers who wish to prescribe CDs within the WHSCT:

- Must have completed recognised Controlled Drug training, either through tutorial or online. Online training (which issues certificates) can be accessed at [www.medicinesni.com](http://www.medicinesni.com)
- Must indicate to the Trust that they will be prescribing CDs as part of their parameters of prescribing (complete appropriate section on regional NMP register and indicate on Trust application form). This needs to be agreed by the line manager and the Trust.
- Meet with the Trust’s Accountable Officer for controlled drugs to discuss practice and ensure governance arrangements are in place.

## **Optometrists**

Optometrists are not permitted to prescribe controlled drugs independently

## **Physiotherapists**

Physiotherapists are not permitted to prescribe controlled drugs independently

## **Chiropodists/ Podiatrists**

Chiropodists / podiatrists are not permitted to prescribe controlled drugs independently

## **Allied Health Professionals**

All AHP prescribers can prescribe controlled drugs as part of their supplementary prescribing arrangements. This does not apply to the prescribing of cocaine, diamorphine or dipipanone for the treatment of addiction (this is restricted to Home Office licensed doctors).

In addition AHP Supplementary Prescribers who wish to prescribe CDs:

- Must have completed recognised Controlled Drug training, either through tutorial or online. Online training (which issues certificates) can be accessed at [www.medicinesni.com](http://www.medicinesni.com)
- Must indicate to the trust that they will be prescribing CDs as part of their parameters of prescribing. This needs to be agreed by the line manager and the Trust as part of the trust registration process. (complete appropriate section on regional online register)
- Meet with the Trust's Accountable Officer for controlled drugs to discuss practice and ensure governance arrangements are in place.

## **Transcription of a Medicines Kardex**

Transcription of a medicines kardex should only be carried out in line with recommendations from relevant professional practice standards.

## **Discontinuing Medication**

Non-medical prescribers may discontinue medication if they have assessed a patient and in their clinical judgement think this is the best course of action for the patient. Non-medical prescribers should always consider themselves part of the team and not undertake actions without considering the prescribing actions of others. Details of any discontinued medications should be recorded in the patient's medical and or nursing records stating:

- Name and dose of medication discontinued
- Why the medication was discontinued.

## **Adverse Drug Reactions**

Adverse drug reactions are reported to the Medicines and Healthcare products Regulatory Authority (MHRA) via the Yellow Card Scheme. The electronic Yellow Card, together with instructions on how to use it, is available at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) alternatively non-medical prescribers can use hard copy Yellow Cards which can be found at the back of the BNF.

## **Incident Reporting**

Non-medical prescribers must act in accordance with the Trust's adverse incident / untoward incident policy.

## **Pharmaceutical Industry**

Non-medical prescribers need to be familiar with, and comply with Trust guidelines and professional standards relating to working relations with the pharmaceutical industry. Useful guidance on joint working with the pharmaceutical industry produced by the department of health can be found online. The Trust's Protocol for the purchasing and promotion of pharmaceutical products within Trust facilities can be accessed under the Medicines icon.

## **Verification of Prescribing Status**

Both pharmacists who dispense and nurses who administer medicines under the direction of a non-medical prescriber must satisfy themselves that the prescriber is qualified. A central register including specimen signatures is held at regional level. If you are unsure or wish to clarify the prescribing status of an individual you should contact the trust Head of Pharmacy & Medicines Management. A Trust register of independent non-medical prescribers can be accessed on the Trust's Medicines intranet site.

It is essential for the practitioner to introduce themselves to relevant senior staff if they find themselves working in a new environment. This will allow the practitioner to clarify their position and allow senior staff to communicate this appropriately within the environment.

# Governance Arrangements and Continuing Professional Development (CPD)

## Governance Arrangements for NMP.

The Trust has set up a non-medical prescribing working group to manage and monitor non-medical prescribing within the WHSCT. It reports to the Drug and Therapeutic sub-group and provides assurance that appropriate governance arrangements are in place in line with legislation and Department of Health guidelines.

The key areas of focus for the group are:

1. Producing and maintaining a Trust Non-Medical Prescribing Policy which will:
  - Outline department of health policy around non-medical prescribing.
  - Outline Trust audit and governance requirements
2. Supporting Directorates in the development of a strategic plan for the use of non-medical prescribing within the Trust, to include independent prescribing by nurses, pharmacists and other healthcare professionals.
3. Setting up and managing a Trust register of non-medical prescribers which will include guidance on commencement of non-medical prescribing
4. Providing audit criteria to support the audit of non-medical prescribing practice within the Trust, including access to clinical supervision and continuing professional development
5. Providing regular information to the Trust's Drug and Therapeutics Sub-group including new applications to the Trust NMP register, and scope of practice

## Continuing Professional Development & Revalidation (Nurses)

Non-medical prescribers will be expected to ensure their participation in the Trust's Appraisal and Development Review process, continuous professional development and continuing education and training as required by their regulatory body and keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of relevant medicines.

Nurse non-medical prescribers are expected to ensure their participation in appraisal and supervision with an appropriate supervisor, whereby evidence of their continuing education and training (where compulsory), keeping up-to-date in the use of relevant medications and in the management of conditions for which they prescribe will be discussed and approved for their revalidation. Evidence of learning will be required for revalidation

Non-medical prescribers must be provided with the opportunity to access continuing professional development on completion of the relevant programme. The non-medical prescriber must discuss learning needs and provide evidence of learning and development as a prescriber, as part of the appraisal process.

## **Useful Education Information**

The National Prescribing Centre (NPC) ([www.npc.co.uk](http://www.npc.co.uk)) has produced a single competency framework for all prescribers which may be used as a tool to reflect on practice and identify CPD needs. It is available using the following link:

<http://wta-spwfe-01/sites/acute/Pharmacy/Medicines/Medicines%20Policies%20%20Guidelines/Non%20Medical%20Prescribing/single%20competency%20framework.pdf>

The Department of Health has made strong recommendations that healthcare professionals need to develop their competencies in the areas of management of controlled drugs and medication related patient safety. The Department, in collaboration with the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) has produced comprehensive guidance on these subjects which can be studied in both e-learning and hard copy format. The e-learning site can be found at [www.medicinesni.com](http://www.medicinesni.com) and is free to access. As already described it is a prerequisite for practitioners wishing to prescribe controlled drugs that they undertake the “Controlled drugs in clinical practice” module.

The non-medical prescribing working group will organise events for non-medical prescribers which will help further develop competency and share experiences with peers.

A list of useful documents and websites which will enhance CPD can be found in the appendices of this document.

Additional Trust information for non-medical prescribers can be accessed under the Medicines icon on the Trust’s intranet.

## **“Buddying”/mentor post – qualification**

Support from other professional colleagues is invaluable to non-medical prescribers, especially to those who are newly qualified. The non-medical prescribing group will work towards developing a buddying network within the Trust. In addition to this the Trust will work toward developing profession specific clinical supervisors for non-medical prescribers who are themselves experts in their respective fields.

## **Audit**

Review of non-medical prescribing is part of the overall prescribing monitoring arrangements. In primary and community care BSO prescribing information is available. The non-medical prescribing working group will establish audit criteria to inform the Trust of uptake and the range of non-medical prescribing practice as part of the annual medicines management review. As for any professional it is essential that non-medical prescribers audit their own work as a means of improving the quality of care they provide to patients



## Appendix 2 Obtaining Prescription Pads

Nurse prescribers working in primary and community care need to be registered on the regional non-medical prescriber database before prescription pads can be issued. (see page 12 of this policy).

Once the practitioner is registered and has been approved locally via the NMP group they should use the approved order form from the BSA website to request a prescription pad.

<http://ww.hscbusiness.hscni.net/services/1944.htm>

This form is either faxed or posted to DLRS (fax 08448360100) address: DLRS (NI) LTD, Lissue Industrial Estate, Lisburn, BT28 2RB. Helpdesk tel: 02892622999.

The Head of Intermediate Care/Lead Nurse acts as the liaison between BSO and the trust in relation to prescription pads and the pads will be sent to her office. Her office will notify prescribers when these have arrived and will make the relevant arrangements for collection.

Head of Intermediate Care/Lead Nurse office telephone: 02871 860616 ext 217544

## Appendix 3

### USEFUL RESOURCES FOR NON-MEDICAL PRESCRIBERS

- The Department of Health Social Services and Public Services. [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
- The Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)
- The National Institute for Health and Care Excellence. <http://www.nice.org.uk/>
- The Medicines and Healthcare products Regulatory Agency [www.mhra.gov.uk](http://www.mhra.gov.uk)
- The National Patient safety Agency [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- The Royal Pharmaceutical Society of Great Britain [www.rpsgb.org](http://www.rpsgb.org)
- Northern Ireland Centre for Pharmacy Learning and Development [www.nicpld.org](http://www.nicpld.org)
- Queens University Belfast [www.qub.ac.uk](http://www.qub.ac.uk)
- University of Ulster [www.ulster.ac.uk](http://www.ulster.ac.uk)
- Nursing and Midwifery Council [www.nmc-uk.org](http://www.nmc-uk.org)
- Pharmaceutical Society of Northern Ireland guidance for Pharmacist prescribers. <http://www.psni.org.uk/wp-content/uploads/2012/09/Standards-and-Guidance-for-Pharmacist-Prescribing-April-2013.pdf>
- Training Non-Medical prescribers in Practice, National Prescribing Centre, May 2005 accessed at <http://wta-spwfe-01/sites/acute/Pharmacy/Medicines/Medicines%20Policies%20%20Guidelines/Non%20Medical%20Prescribing/Designated%20medical%20practitioners%20guide.pdf>
- A Single Competency Framework for all Prescribers, National Prescribing Centre, May 2012
- Department of Health (2014). Prescribing by Non-Medical Healthcare Professionals accessed at <https://www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing>
- Department of Health (2015), Introduction of Independent Prescribing for Physiotherapists and Podiatrists, Frequently Asked Questions accessed at <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/independent-prescribing-for-physiotherapists-and-podiatrists.pdf>
- Nursing & Midwifery Council (2006). Standards of proficiency for nurse and midwife prescribers accessed at <https://www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-nurse-and-midwife-prescribers/>

Appendix 4

CLINICAL MANAGEMENT PLAN

Number

<u>Name of Patient:</u>		<u>Patient medication sensitivities/allergies:</u>		
<u>Patient identification e.g. ID number, date of birth:</u>				
<u>Independent Prescriber(s):</u>		<u>Supplementary prescriber(s):</u>		
<u>Condition(s) to be treated:</u>		<u>Aim of treatment:</u>		
<u>Medicines that may be prescribed by SP:</u>				
<u>Preparation</u>	<u>Indication</u>	<u>Dose schedule</u>	<u>Specific indications for referral back to the IP</u>	
<u>Guidelines or protocols supporting Clinical Management Plan:</u>				
<u>Frequency of review and monitoring by:</u>				
<u>Supplementary prescriber:</u>		<u>Supplementary prescriber and independent prescriber:</u>		
<u>Process for reporting ADRs:</u>				
<u>Shared record to be used by IP and SP:</u>				
<u>Agreed by independent prescriber(s):</u>	<u>Date</u>	<u>Agreed by supplementary prescriber(s):</u>	<u>Date</u>	<u>Date agreed with patient/carer</u>