

Non-Medical Prescriber Registration Policy



With you.
For you.

| | |
|---------------------------------------|--|
| VERSION | V2 |
| APPROVING COMMITTEE & DATE | <p>Clinical Executive Committee – 19th April 2022 – reviewed and no amendments required.</p> <ol style="list-style-type: none"> 1. Introduction – inclusion of other healthcare prescribing professionals 2. Scope – inclusion of other healthcare prescribing professionals 3. Definitions updated definitions of independent, supplementary and community prescribers 4. Regulatory bodies – updated to reflect the regulatory bodies <ol style="list-style-type: none"> 4.1. The responsibility of the employer/line manager will be responsible for ensuring that: 4.2. The responsibility of the clinical supervisor/mentor 4.3. The responsibility of the non-medical prescriber 4.4. The responsibility of the CCG 5.1 updated contact details 5.2 Addition – numeracy test 5.3 Addition – funding 6.2 and 6.3 to also include GP federation and community services 6.6 addition governance and prescription monitoring NMP approval to practice/annual declaration form updated prescribing professionals 7.0 Adverse Drug Reaction Reporting 8.0 Clinical Supervision and Continued Professional Development Non-Medical Prescribers - Approval to Practice form/Annual Declaration – include other relevant professionals |
| REVIEW DUE DATE | March 2023 |

1. Introduction

Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists, and radiographers working within their clinical competence as either independent or supplementary prescribers.

Under current legislation nurses, pharmacists, optometrists, physiotherapists and podiatrists, chiropodists, paramedics, and dieticians can all undertake a qualification to allow them to become independent and/or supplementary prescribers. Nurses can also train to become community practitioner nurse prescribers.

Purpose

The purpose of this document is to set out the principles on which non-medical prescribing is based and ensure that:

- Professional and statutory obligations are met.
- Prescribing benefits patient care by improving access to medicines.
- Robust standards are in place for non-medical prescribing.
- There is clarification on accountability and responsibility.
- There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved prescribing programme.
- The prescribing practice is compatible with the service development plans of West Lancashire Clinical Commissioning Group (WLCCG) and is an appropriate extension of a practitioner's role.
- All non-medical prescribers are appropriately qualified for their role.
- All non-medical prescribers work within national guidelines and local formularies (including the National Institute for Health and Care Excellence (NICE) and Lancashire and South Cumbria Medicines Management Groups.
- All non-medical prescribers are supported in their role and access continuing professional development.

2. Scope

The department of Health specify which registered professionals can become non-medical prescribers. At present the included professionals are:

Independent and supplementary prescribers

- Nurses/Midwives
- Pharmacists
- Physiotherapists
- Podiatrist
- Paramedics
- Optometrists
- Therapeutic Radiographers

Supplementary prescribers only

- Diagnostic Radiographers
- Dieticians

Community Practitioner Prescribers

- Nurses (Health Visitors and District Nurses)

3. Definitions

Three types of non-medical prescribing

Independent prescribing

Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing. Nurse and 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.

Chiropodist / podiatrist and physiotherapist independent prescribers may prescribe from a limited list of controlled drugs for the treatment of organic disease or injury.

Chiropodist/podiatrist independent prescribers can prescribe the following controlled drugs to be administered by the specified method

- Diazepam by oral administration
- Dihydrocodeine by oral administration
- Lorazepam by oral administration
- Temazepam by oral administration

Physiotherapist Independent prescribers can prescribe the following controlled drugs to be administered by the specified method

- Diazepam by oral administration
- Dihydrocodeine by oral administration
- Fentanyl by transdermal administration
- Lorazepam by oral administration
- Morphine by oral administration or by injection
- Oxycodone by oral administration
- Temazepam by oral administration

Supplementary prescribing

Supplementary prescribers may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan (CMP), which has been agreed with a doctor. It is a legal requirement for a CMP to be in place before supplementary prescribing can begin.

Nurses and pharmacists may train and register as a supplementary prescriber

Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners (also known as V100 and V150)

Community practitioners, formerly known as District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings. The Nurse Prescribers' Formulary for Community Practitioners can be found in the British National Formulary (BNF).

4. Regulatory Bodies

- The Nursing and Midwifery Council (NMC) regulate nurses and midwives
- The General Pharmaceutical Council (GPhC) regulates pharmacists and pharmaceutical technicians
- The General Optical Council regulates optometrists.
- The Health & Care Professions Council (HCPC) regulates dieticians, paramedics, and physiotherapists

4.1 The employer/line manager will be responsible for ensuring that:

- The practice will obtain and provide prescription pads (if appropriate) for the non-medical prescriber
- The practice will ensure non-medical prescriber has access to the practice prescribing budget.
- The employer will ensure the non-medical prescriber has an up-to-date enhanced DBS certificate, which meets the organisation's requirements eg the GP practice, Health Centre etc the nonmedical prescriber is working in.
- The Employer will ensure the non-medical prescriber has appropriate supervision to support them to prescribe independently.
- The employer will ensure the non-medical prescriber's job description has been altered to clearly identify their scope to practice as a non-medical prescriber. The organisation (eg GP practice, health centre etc) the non-medical prescriber is working in will ensure the job description reflects the role the non-medical prescriber is undertaking.
- The organisation (GP practice, Health Centre etc.) has appropriate procedures and systems in place to ensure, as far as practicable, that all prescription stationery is properly protected, secured, and managed, in line with NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms'
- The non-medical prescriber is authorised and set up on the electronic prescribing system (EMIS) when they start with the organisation (GP practice, Health Centre etc.) and removed off the system when they leave the organisation.
- The employer will ensure that appropriate pre-employment checks are undertaken (if a non-medical prescriber is through an agency or federation, it is the responsibility of the GP practice to ensure the agency has carried out the pre-employment checks).
- The employer will ensure the non-medical prescriber is registered with their relevant professional body and has a license to practice and prescribe. The organisation (GP practice, Health Centre etc.) is aware if the non-medical prescriber has any restrictions on their practice and that they will be able to work within these restrictions.
- The employer will allocate time to undertake quarterly supervision with the non-medical prescriber.
- The employer will allocate time to undertake an audit quarterly on NMC prescribing within the GP practice, Health Centre or Federation.
- The employer will allocate time to maintain CPD as a non-medical prescriber.

4.2 The clinical supervisor/mentor

- Takes responsibility for the oversight of the non-medical prescriber's prescribing competencies.
- Ensures the non-medical prescriber only works within their agreed scope of practice.
- Provide ongoing support and mentorship to ensure safe prescribing practice and undertake annual appraisal of prescribing activity to ensure adherence to local and national guidance.
- Actively monitors prescribing competencies and the non-medical prescriber's continued professional development (CPD) portfolio at agreed intervals (minimum once a year). This should be more frequent for new non-medical prescribers, which should be monitored every quarter for the first year. The monitoring interval should be agreed with the non-medical prescriber and should be dependent on their needs and further learning and development they may be undertaking to expand their area of practice and competence. Discuss and agree areas of practice and competence with the non-medical prescriber. This should include clinical audit and case reviews.
- Support the process of demonstration to the CCG of continued competence for the non-medical prescriber to prescribe by signing the **annual declaration form**.

4.3 The non-medical prescriber will:

- Ensure they comply with CCG governance processes for non-medical prescribing.
- Adhere to the CCG Non-Medical Prescribing policy, local/national guidelines, and their professional code of conduct.
- Remain up to date on therapeutics in their field of prescribing practice, and to changes to national and local prescribing guidelines.
- Take full responsibility and accountability for clinical assessments undertaken and the management of patients and their prescribing decisions.
- Only prescribe medicines (including controlled drugs), within their competence and agreed formulary / framework of a patient specific clinical management plan.
- Monitor and review patient progress and response to treatment and take action accordingly.
- Ensure their professional registration is current and active, with their non-medical prescribing role registered with their professional body.
- Ensure their role as a prescriber is clearly stated in their job description.
- Ensure they provide evidence-based, safe, cost-effective prescribing to their patients at all times, which is patient centered and responds to the patient's needs.
- Keep accurate, legible, unambiguous and contemporaneous records of a patient's care, which identifies them as the non-medical prescriber, including details of all prescriptions issued.
- Ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing from a non-medical prescriber).

- Liaise with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Ensure that prescriptions are written legibly, legally and in accordance with the BNF 'prescription writing' requirements.
- Ensure they comply with the organisation's (GP practice, Health Centre etc.) procedures, systems, processes and security on prescription stationary.
- Ensure they engage in appropriate CPD, supervision and submit evidence of their ongoing competence to prescribe when requested.
- Report all patient safety incidents in accordance with their organisation's (GP practice, Health Centre etc.) Significant Event Analysis policy.
- Ensure that they have access to (and use) the current version of the BNF/BNF for children/NPF, as appropriate.
- Cooperate with any investigations into their prescribing practice.
- Maintain a personal formulary that is up to date, if acting as an independent non-medical prescriber.
- Never write a prescription for themselves, friends, or family members
- Only prescribe for patients directly under their care in their normal working practice.
- Must Not routinely sign repeat prescriptions, unless the repeat prescriptions are for patients who are under their care and are for drugs which are listed in their personal formulary. This equally applies to prescribing across the secondary and primary care interface. The legal responsibility for prescribing in this scenario lies with the clinician who signs the prescription. **[Non-medical prescribers must be aware by signing repeat prescriptions they do so in the knowledge that they are responsible as the signatory of the prescription and are accountable for their practice].**
- Must Not administer a medication that they have prescribed. Prescribing and administration should remain separate activities. If this is not possible a second practitioner, who is authorised to administer the medication should provide a second check.
- Ensure they maintain an up to date portfolio, documenting clearly the hours of continuing professional development completed and any associated certificates.
- Ensure they review their prescribing data quarterly.

4.4 CCG are responsible for:

- Ensuring there is an up-to-date register/database of non-medical prescribers working within WLCCG. [Details of all non-medical prescribers must be retained on the register for six years after the prescriber ceases working for the practice].
- Carry out a biannual check of non-medical prescribers employed by GP practices across WLCCG.
- Processing Health Education England (HEE) / Service Level Agreement (SLA) applications for the non-medical prescribing course, including nomination for numeracy assessment.
- Notifying, via email, all non-medical prescribers with their quarterly prescribing data, for them to review with their clinical mentor/supervisor or other medical practitioner.

- Highlighting any prescribing issues and escalating any non-medical prescribing issues that haven't been dealt with at practice level to the appropriate personnel/committee.

5. Training to become a Non-medical Prescriber

5.1 Contact details West Lancashire CCG NMP lead

Nicola Baxter (NMP lead and Head of Medicines Optimisation)
Nicola.baxter1@nhs.net

Barry Lloyd (Deputy Head of Medicines Optimisation)
barry.lloyd1@nhs.net

Potential applicants should refer to the following webpage:

Course Requirements, Application Forms and How to Apply

[@Non-Medical Prescribing Courses - Health & Education Cooperative \(hecoperative.co.uk\)](http://hecoperative.co.uk)

5.2 Online Numeracy Assessment

Successful completion of online numeracy assessment is required before applications for NMP study may be considered. Applicants should contact NMP lead for nomination for online numeracy assessment.

5.3 Funding

HEE(NW) Workforce Transformation provides funding for non-medical prescribing courses for applicants working in priority areas. Applicants should contact NMP lead for information on how to access funding.

6 Business Service Authority Registration Process

6.1 Newly Qualified NMP

Following successful completion of a NMP course, receipt of notification from the relevant regulatory body and once the information has been updated on the professional register, the following must occur before the individual undertakes prescribing.

Practice manager must inform the CCG Head or Deputy Head of Medicines Optimisation that the individual has successfully completed the course.

In order to become registered with the Business Service Authority and have prescribing data assigned to a particular practice / cost centre, the following process must occur:

- a. The practice manager must complete and send a Midlands and Lancashire

Commissioning Support Unit (MLCSU) Approval to Practice form/Annual Declaration (Appendix 1) to MLCSU.nmpregister@nhs.net

- b. The MLCSU will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHS BSA. The BSA takes 3 to 4 working days to process requests.
- c. MLCSU will inform the practice manager via email that the NHS BSA form has been submitted.

6.2 Qualified NMP Newly Employed by a General Practice, GP Federation or community service

The following process is required to ensure that newly appointed NMPs are registered with the NHS Business Service Authority (NHS BSA) and have prescribing data assigned to a particular practice / cost centre.

- a. The practice manager must complete and send a Midlands and Lancashire Commissioning Support Unit (MLCSU) Approval to Practice form/Annual Declaration (Appendix 1) to MLCSU.nmpregister@nhs.net
- b. The MLCSU will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHS BSA. The BSA takes 3 to 4 working days to process requests.
- c. MLCSU will inform the practice manager via email that the NHS BSA form has been submitted.

6.3 NMP Leaving Employment with a General Practice, GP federation or community service

The following process is required to ensure that the NHS Business Service Authority is notified when a NMP leaves employment with a General Practice.

- a. The practice manager must complete and send a Midlands and Lancashire Commissioning Support Unit (MLCSU) Approval to Practice form/Annual Declaration (Appendix 1) to MLCSU.nmpregister@nhs.net
- b. The MLCSU will forward a completed Non-Medical Prescriber Leaving a GP Practice or Cost Centre form to NHS BSA. The BSA takes 3 to 4 working days to process requests.
- c. MLCSU will inform the practice manager via email that the NHS BSA form has been submitted.

6.4 Qualified NMP Change of Details

The following process is required when a NMP employed in General Practice changes their details including:

- NMP Code e.g. NMC PIN / Regulatory Body Code
 - Surname
 - Title e.g. Mrs / Ms
 - Qualification (nurse prescribers only)
- a. The practice manager must complete and send a Midlands and Lancashire Commissioning Support Unit (MLCSU) Approval to Practice form/Annual Declaration (Appendix 1) to MLCSU.nmpregister@nhs.net
 - b. The MLCSU will forward a completed Change of Non-Medical Prescriber Details form to

NHS BSA. The BSA takes 3 to 4 working days to process requests.

- c. MLCSU will inform the practice manager via email that the NHS BSA form has been submitted.

6.5 Annual Declaration

When requested, the practice manager **must complete and return** an Annual Declaration form for each of the non-medical prescribers employed by the practice. This request will come from MLCSU.

6.6 Governance and Prescription Monitoring

The employer and NMP (via revalidation) are responsible for demonstrating and monitoring prescribing competences. The Medicines Optimisation Team will provide NMPs with Quarterly Prescribing Reports detailing prescribing by therapeutic area and highlighting any prescribing outside their declared areas of competence.

7.0 Adverse Drug Reaction Reporting

- If a patient experiences a severe or unexpected reaction to a prescribed medicine, the non-medical medical prescriber should, if appropriate, use the Adverse Drug Reaction (ADR) Reporting Form or 'Yellow Card' to report this to the Medicines and Healthcare products Regulatory Agency (MHRA).
- Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines.
- Electronic reporting is the method of choice and can be accessed from MHRA or in some cases via the GP's clinical system e.g. Emis Paper versions of the Yellow Card are included in the BNF. 7.5
- All adverse reactions and subsequent actions should be documented in the patient's notes.

8.0 Clinical Supervision and Continued Professional Development

- Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing.
- The non-medical prescriber is responsible for their own ongoing professional development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe.
- Failure to do so may lead to fitness to practice concerns, which may be raised with the non-medical prescriber's professional body.
- Continuing professional development requirements should be identified at least annually, during the non-medical prescriber's appraisal process.
- The non-medical prescriber is required to maintain a continuing professional development portfolio, including a review of prescribing related critical incidents and learning from them.
- The clinical supervisor and the employer should ensure that the prescriber has access to relevant education, training and development opportunities.
- Continuing professional development may also be met by reading, clinical supervision, shadowing and clinical / peer review.

- Every non-medical prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.
- The clinical supervisor is responsible for reviewing the non-medical prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes.
- The clinical supervisor and non-medical prescriber should agree how often they should meet to discuss competencies, prescribing and continuing professional development. The decision should take into account the experience of the non-medical prescriber and should be more frequent to support newly qualified non-medical prescribers or where there has been a change in role.
- All non-medical prescribers should conduct an appraisal of their own practice against the "A Competency Framework for all Prescribers" published by the Royal Pharmaceutical Society Framework
<https://www.rpharms.com/resources/frameworks/prescribers-competency>
- It is the responsibility of the non-medical prescriber to ensure that their clinical supervisor and employer/line manager are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The non-medical prescriber should not continue with prescribing activities in this case until his/her needs have been addressed and their competence or confidence is restored.

Non-Medical Prescribers - Approval to Practice form/Annual Declaration

This form must be returned before the non-medical prescriber can be registered with the NHSBSA and prescribe in the practice.
It must be updated annually and before any changes are made to prescribing practice.

| | | | |
|---|--|---|----------------------|
| DECLARATION: NEW APPLICATION <input type="checkbox"/> UPDATED <input type="checkbox"/> ANNUAL DECLARATION <input type="checkbox"/> (please cross box as appropriate) | | | |
| Prescriber's name: | | Title: | Mr / Mrs / Miss / Ms |
| Professional registration no.: (NMC/GPhC/HCPC no. or equivalent) | | Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/> | |
| | | Nurse Independent Prescriber <input type="checkbox"/> | |
| | | Pharmacist Independent Prescriber <input type="checkbox"/> | |
| | | Physiotherapists Independent prescriber <input type="checkbox"/> | |
| | | Optometrist Independent prescriber <input type="checkbox"/> | |
| | | Dietician Independent prescribers <input type="checkbox"/> | |
| | | Paramedic independent prescribers <input type="checkbox"/> | |
| | | (please cross the box as appropriate) | |
| Profession:: eg Nurse/Pharmacist/Physiotherapists/Podiatrist/Paramedics/ Optometrists/Therapeutic Radiographers | | Date of qualification as a prescriber: | |
| Base Practice: | | Practice code: | |
| Date that the prescriber commenced/will commence prescribing at the practice: | | Tel. No: | |
| Job Title: | | Clinical Speciality: | |
| Contact email address: | | Mentor/Lead Clinician (medical practitioner) | |
| Are you prescribing - Manually <input type="checkbox"/> Electronically <input type="checkbox"/> (Please cross <input checked="" type="checkbox"/> relevant boxes) | | | |

| | | | |
|---|--|---------------------------------------|--|
| Do you work as a prescriber in another Provider / Practice? | YES / NO | Name of Provider/CCG/Practice: | |
| Will you prescribe Schedule 2–5 Controlled Drugs? YES / NO | (Please cross <input checked="" type="checkbox"/> relevant boxes) Schedule 2 <input type="checkbox"/> e.g. diamorphine, Fentanyl Schedule 3 <input type="checkbox"/> e.g. temazepam Schedule 4 <input type="checkbox"/> e.g. zopiclone, diazepam, testosterone Schedule 5 <input type="checkbox"/> e.g. Codeine based preparations, pholcodine | | |
| Will you prescribe for children under 12 years old? YES / NO | | | |

Table 1: Scope of Prescribing Practice

| | | | |
|--|--------------------------|---|--|
| <i>The following areas of practice have been identified as appropriate for nurse prescribing, in line with the British National Formulary categories. Please cross each box (<input checked="" type="checkbox"/>) as appropriate.</i> | | | |
| Chapter 1: Gastro – intestinal system | <input type="checkbox"/> | Chapter 2: Cardiovascular system | <input type="checkbox"/> |
| Chapter 3: Respiratory system | <input type="checkbox"/> | Chapter 4: Nervous system | <input type="checkbox"/> |
| Chapter 5: Infections | <input type="checkbox"/> | Chapter 6: Endocrine system | <input type="checkbox"/> |
| Chapter 7: Genito-urinary system | <input type="checkbox"/> | Chapter 8: Malignant disease | <input type="checkbox"/> |
| Chapter 9: Blood and Nutrition | <input type="checkbox"/> | Chapter 10: Musculoskeletal system | <input type="checkbox"/> |
| Chapter 11: Eye | <input type="checkbox"/> | Chapter 12: Ear, Nose & Oropharynx | <input type="checkbox"/> |
| Chapter 13: Skin | <input type="checkbox"/> | Chapter 14: Vaccines | <input type="checkbox"/> |
| Chapter 15: Anaesthesia | <input type="checkbox"/> | Other: <ul style="list-style-type: none"> • Appliances <input type="checkbox"/> • Wound management products <input type="checkbox"/> • Elasticated garments <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

In line with the Policy for Non-Medical Prescribing, Administration and Practice, I have discussed and agreed my areas of practice and competence with my GP mentor and they confirm that I am competent to take a patient history, undertake a clinical assessment and diagnose within the area and field of practice identified.

The GP mentor is responsible for providing support and mentorship and for monitoring competencies, prescribing and the prescriber's CPD portfolio at agreed intervals (minimum once per year)

Signing this form provides an assurance regarding its review

| | NAME | SIGNATURE | DATE |
|-----------------------|-------------|------------------|-------------|
| Prescriber | | | |
| Lead Clinician | | | |

The prescriber's scope of practice must be reviewed and this form amended and approved before any additions in prescribing practice. This form will need to be submitted annually.

Please email completed forms to: mlcsu.nmpregister@nhs.net

Alternatively please post completed and signed forms to: Medicines Management team, Midlands and Lancashire Commissioning Support Unit, Jubilee House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TR.

PLEASE ENSURE THAT YOU INFORM US PROMPTLY IF THE NMP LEAVES THE EMPLOYMENT OF THIS PRACTICE SO THAT THEY CAN BE DE-REGISTERED WITH NHSBSA

