WORCESTERSHIRE ACUTE HOSPITALS NON-MEDICAL PRESCRIBING POLICY

Department / Service:	Trustwide
Originator:	Louise Pearson, Non-Medical Prescribing Lead
Accountable Director:	Mike Hallisey, Chief Medical Director
Approved by:	Medicines Optimisation Committee
Date of approval:	4th November 2019
Document not to be used after:	4th November 2022
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trust wide
Target staff categories	Non-medical Independent prescribers and staff wishing to register/practice as such

Policy Overview:

This Non-medical Prescribing Policy sets out the process and systems to ensure the safe and accurate prescribing of medicines by registered non-medical prescribers at Worcestershire Acute Hospitals NHS Trust.

The document supports the development, registration and prescribing practice of appropriately trained, registered non-medical prescribers employed by Worcestershire Acute Hospitals NHS Trust by defining:

1. The criteria and prescribing standards for Non-medical Prescribers
2. Governance arrangements for Non-medical prescribing
3. The process for registration on the WAHT Non-medical prescribers register
4. Continuous professional development requirements for Trust registered Non-medical prescribers

Key amendments to this Document:

Date	Amendment	By:
14/7/10	Alteration to section 5 (page 5) Unlicensed medicines following changes in the law	Alison Smith
August 2010	Reformat in line with Trust Policy for Key Documents. Reformat approved by Nick Hubbard, Chairman of Medicines Safety Committee 8/9/10	Alison Smith
April 2012	Updated to Controlled Drug Regulations SI 2012 No 973 The	Alison Smith

	Misuse of Drugs (Amendment 2) Regulations 2012	
July 2012	Update to incorporate National Prescribing Centre single competency framework May 2012	Alison Smith
Aug 2012	Remove section on CDs and links added to reference section.	Nick Hubbard
July 2014	Professional definitions updated to reflect changes in legislation	Phil Goode
July 2014	Removal of supplementary/independent role descriptors from section 4 – covered elsewhere	Phil Goode
July 2014	Section 5 updated with changes for verification of prescribers.	Phil Goode
July 2014	5.2.5 changed to show documentation guidelines issued by individual bodies.	Phil Goode
August 2014	Section 5.2 update to include signpost to MedPolSOP27 Outpatient Prescribing	Alison Smith
August 2014	Appendix 4 updated to note the forthcoming update of the NPC prescribing framework as part of the NICE Medicines Optimisation Guideline, due March 2015.	Alison Smith
June 2015	Removal of reference to NPC single competency framework as principles incorporated into NICE medicines optimisation guidance.	Phil Goode
June 2015	Definitions updated and addition of transcribing section to policy.	Phil Goode
June 2015	Prescribing by hospital based prescribers updated to clarify stationary and systems that are approved.	Phil Goode
June 2015	References to NMC Code of conduct exchanged for The Code to reflect NMC change.	Phil Goode
June 2015	Clinical Updates and continuing professional development (CPD) updated to link to NICE and provide examples of employer responsibility.	Phil Goode
June 2015	Appendices updated to include transcribing and reordered to reflect transcribing to prescribing progression	Phil Goode
June 2016	Addition of Physiotherapist Prescribers	Sian Midwinter
August 2016	Changes throughout (as per Medicines Policy 7.1 August 2016) • Medicines Safety Committee replaced by Medicines Optimisation Committee • Clinical Director of Pharmacy replaced by Associate Director – Medicines Optimisation • Medicines Management replaced by Medicines Optimisation	Alison Smith
August 2016	5.3.7 Revision of section on prescribing and dispensing – separation of duties to include all NMPs.	Alison Smith
August 2016	5.3.10 Budget setting and monitoring clarified 5.3.9 All prescribers should ensure that they have sufficient professional indemnity arrangements	Rachael Montgomery
June 2018	Document extended for 3 months as per TLG recommendation	TLG
November 2018	5.2 Supplementary prescribing removed from the policy	Louise Pearson

September 2019	Significant review to include the following elements: • Inclusion of supplementary prescribing according to current legislation • Current national and professional standards for non-medical prescribing • Review of definitions of key roles • Introduction of responsibilities and duties for Trust NMP lead, Trust NMP Committee, Trust NMP forum, key staff involved in the management, supervision and training of NMPs, the NMP • Revision of safe and secure handling to reflect updated MedPolSOP33 • Substantial updated section on the independent prescribing of controlled drugs according to HCP group • Removal of information detailed under 'Adverse Drug Reactions' replacing with referencing to MedPolSop15 • Extra requirements for NMP CPD to include attendance at NMP forum and review/validation of CPD at PDR • Wholescale of review of process for NMP applications and approval to practice within the Trust • Requirements for an NMP resource intranet page as part of policy implementation	Rachael Montgomery

Contents page -

1. SCOPE

This policy covers all relevant registered non-medical health care staff who are have undergone training and subsequent accreditation with their registering body to prescribe medicines within the course of their employed duties within the Trust.

This policy should be used in accordance with the Trust Medicines Policy and relevant Medicines Policies and Medicine Policy SOPs (MedPolSOPs).

Prescribing must be in accordance with the Area Prescribing Committee (APC) formulary. NMPs wishing to prescribe medicines or treatments outside of the approved formulary must seek appropriate approval in accordance with the Trust Medicines and APC prescribing policies.

2. INTRODUCTION

Legislative changes have enabled appropriately trained and qualified health care professionals from a non-medical professional background to prescribe medicines to improve patients' access to treatment and to maximise the skills of the wider health care professional team.

Nationally, Non-medical prescribers now include experienced nurses, midwives, pharmacists, physiotherapists, optometrists, podiatrists and radiographers who have completed an accredited independent prescribing qualification, approved by their professional registering body, enabling the individual to prescribe within their clinical competence and to undertake complete episodes of care.

3. BACKGROUND

The challenge of delivering care within an ever increasingly challenging and complex system requires increased productivity without compromising quality. Non-medical prescribing is one of the innovations enabling this. Non-medical prescribing affords wider and faster access to medicines for patients, through the more flexible use of workforce skills (National Prescribing Centre 2010).

Non-medical prescribing is also integral to the on-going development of clinical services and each directorate should have a plan in place to develop and support non-medical prescribing as a sub-set of the Trust's wider workforce development plan.

Although the basis of the NMP remit has its origins in the Review of the Prescribing, Supply and Administration of Medicines (1999), the legislation governing NMP within the NHS as a whole continues to develop and be amended in line with professional development and competency-based extended roles.

As such, Worcestershire Acute Hospitals NHS Trust supports non-medical prescribing on two grounds:

- where there are clear patient benefits and,
- to support local and national policy and workforce changes.

This policy should be read in conjunction with:

3.1 National Guidance

- Improving Patient Access to Medicine (Department of Health, 2006)

- Improving mental health services by extending the role of nurses in prescribing and supplying medication. Good practice guide (Department of Health, 2005)
- A guide to implementing nurse and pharmacist independent prescribing within the NHS in England (Department of Health, 2006)
- Medicines Matter. A guide to mechanisms for the prescribing and supply and administration of medicines (Department of Health, 2006)
- A quick guide for commissioners (National Prescribing Centre, 2010)
- A single competency framework for all prescribers (National Prescribing Centre, May 2012)

3.2 Professional standards

- The Code standards of the conduct, performance and ethics for nurses and midwives (Nursing & Midwifery Council, 2008)
- Standards for Medicine Management (Nursing & Midwifery Council, 2008)
- Standards of Proficiency for nurses and midwife prescribers (Nursing & Midwifery Council, 2006)
- Guidelines for Record keeping (Nursing & Midwifery Council, 2004)
- Performance and Ethics (Health Professional Council, Standards of Conduct 2004)
- General Pharmaceutical Council standards of conduct, ethics and performance
- The Worcestershire APC Formulary
- WAHT Policy for Prescribing and Administration of Medicines
- WAHT Incident Reporting Policy
- Speciality specific prescribing guidelines

4. DEFINITIONS

4.1 Independent Prescribing

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

4.2 Supplementary Prescribing

Supplementary prescribing is a partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement.

Independent and Supplementary Prescribers should be identified by an annotation next to their name in the relevant professional register and on the Trust non-medical prescribing register (see 4.4)

4.3 Clinical Management Plan

A Clinical Management Plan is a legal requirement of supplementary prescribing. A Clinical Management Plan enables a Supplementary Prescriber to prescribe all medicines specified on the Clinical Management Plan (CMP). CMP are drawn up with the patient's / guardians agreement, following discussion and agreement between a Doctor or Dentist and the supplementary prescriber(s).

4.4 Non-Medical Prescribing Register

The up keep of a register of all non-medical prescribers is a legislative requirement of all employers. Non-Medical Prescribing registration and approval to prescribe should be recorded on Electronic Staff Records and reported on ESR Education and Learning. Responsibility for monitoring the register is held by the non-medical prescribing committee. The register is subject to normal data protection precautions.

4.5 Transcriber

A registered nurse, pharmacist or pharmacy technician who has completed the Trust competency assessment to transcribe already prescribed, approved, items onto a Trust approved discharge summary, order form or inpatient prescription chart.

5. RESPONSIBILITIES AND DUTIES

The Trust's Medicines Safety Committee is responsible for formulating the Policy and Procedures as an integral part of the Trust's Medicines Policy.

5.1. The Trust Non-medical prescribing lead will be responsible for:

- Providing leadership, advice and guidance on the development of non-medical prescribing at WAHT
- Working closely with local universities providing prescribing programmes to ensure curricula meet the needs of WAHT NMP trainees
- Developing a Network for Non-Medical Prescribers to support continuing professional opportunities and clinical supervision within the Trust for non- medical prescribing
- Ensuring that the Chief Nurse, Chief Medical Officer and Chief Pharmacist are made aware of any concerns about the capability or competence of non-medical prescribers identified
- Providing an annual report of active registered and in training non-medical prescribers to the Medicine Safety Committee, Chief Pharmacist, Chief Nurse & Chief Medical Officer
- Chairing the Non- Medical Prescribing Committee

5.2. Non-Medical Prescribing Committee

The Non-Medical Prescribing Committee is a subgroup of the Trust Medicines Safety Committee (MSC). Membership will include a representative from each professional group appearing on the WAHT NMP register, an Education & Training Lead (Pharmacist) & Professional Development Medicines Management lead (Nurse).

The Non-medical Prescribing Committee will be responsible for:

- Producing, reviewing and updating the non-medical prescribing policy for the Trust
- Reviewing the WAHT register of practicing NMPs add, remove or suspend as appropriate from the prescribing register.
- Monitoring and reporting annual declaration of intention to prescribe
- Instructing Education & Training to update staff records as appropriate

- Interpret laws, strategy and guidelines pertaining to individual professional non-medical prescriber from the Department of Health, and other relevant professional bodies in conjunction with professional leads and advising the MSC of such.
- Bringing the attention of the MSC to any serious problems or hazards relating to non-medical prescribing.
- Setting and performance managing the delivery of a programme of audit of quality assurance of non-medical prescribing within the Trust
- Advising on, promoting and monitoring the education of all relevant non-medical prescribers within the Trust.
- Review recommendations from Incidents, SIRI's or complaints for lessons learnt that involve prescribing
- To encourage peer support and identify training requirements
- To share good practice between non- medical prescribers
- Reviewing NMP registration status where a concern has been raised around the individual's competency.
- Reviewing and setting CPD requirements for NMPs to provide appropriate evidence of on-going competency to the Trust

5.3. The Trust Education & Training department will update non- medical prescribers staff records as instructed by the Non-Medical Prescribing Committee and ensure mechanisms are in place for these to be reported on ESR.

5.4. The Director of Pharmacy is responsible for informing the Non-Medical Prescribing lead on any changes in prescribing legislation, policy, medicines supply or funding which may have an impact on non-medical prescribing practice and policy.

5.5. The Chief Medical Officer will ensure that medical and dental staff working with or supervising non-medical prescribers are aware of and comply with this policy.

5.6. The Chief Nursing Officer will be responsible for ensuring the standards of professional practice among Nurses, midwives and AHP non-medical prescribers. As such they will ensure that they act upon any concerns raised by the non-medical prescribing lead about the capability or competence of non-medical prescribers.

5.7. Professional Leads will ensure that staff working within the organisation are aware of and comply with the requirements of this policy and relevant professional guidance.

5.8. Clinical Leads will ensure that arrangements are in place within clinical teams to include non-medical prescribers in arrangements for the dissemination of medicines alerts and safety notices.

5.9. Service Managers will ensure that there is a robust framework in place for identifying the opportunity for development, support and governance of non-medical prescribing within their service. The are responsible for ensuring that where a service need is identified which is dependent on non-medical prescribing this is articulated clearly within workforce strategy, annual delivery plans and budgets including the resource required for the individual to complete training.

5.10. Line Managers of NMPs will ensure that:

- They have a clear understanding of non-medical prescribing
- Where there is a service need for non-medical prescribing training this is articulated within service learning needs analysis

- Individuals identified for non-medical prescriber training have the potential for the level of independent practice and leadership commensurate with the role and will have the opportunity to prescribe in the post they will occupy on completion of training.
- Non-medical prescribing trainees are released to work alongside medical prescribers to complete their prescribing competences
- Newly qualified non-medical prescribers are enabled to establish their new role, consolidate their learning and implement the new service
- A copy of non-medical prescribing qualification and notice of registration is kept in the individuals' personnel folder
- Non-medical prescribers job descriptions contain job responsibilities which reflect the standards required to deliver a non-medical prescribing role and the associated required governance for the role
- The Non-medical prescriber is able to benchmark their practice, attend supervision and receive feedback on their practice
- As part of the annual performance development review of non-medical prescribers they must ensure that they receive;
    - evidence of continuing professional development
    - a declaration of competence from the non-medical prescriber and discuss any additions or withdrawals from the non-medical prescribers' personal prescribing formulary
    - where additions are proposed these are added to the individuals personal development plan.

5.11. Designated Medical Supervisors for Trainees will ensure that they have read and understand the role, the demands on their time and their individual accountability in line with the National Prescribing Centre Guidance for Designated Medical Practitioners.

5.12. Non-Medical Prescribers are responsible for:

- Providing their Line Manager with a copy of the letter confirming entry onto their professional register as a non-medical prescriber
- Informing the Non-Medical Prescribing Lead once they have received confirmation of registration as a non-medical prescriber
- Only practising as a non-medical prescriber only once they are competent and qualified to do so and are registered as a non-medical prescriber on both their professional body and WAHT registers and have provided a sample of their signature to Pharmacy
- Annotating all prescriptions as appropriate with signature registration or pin number and 'IP', where prescribing independently; or 'SP' when undertaking supplementary prescribing
- Prescribing in accordance with local and national guidance and within the WAHT medicines formulary.
- Prescribing within their own level of experience and competence, acting in accordance with the professional and ethical frame works described by their professional body.
- Prescribing medicines to the same standards and competence that applies to all prescribers required by the Trust and outlined in the Trust Medicines Policy.
- Ensuring they remain up to date with current legislation, local medicines policy and prescribing guidelines applicable to their area of practice.
- Maintaining a portfolio of evidence demonstrating their continuing professional development as prescribers.
- Ensuring that their individual development needs for non-medical prescribing are included in their Personal Development Plan.
- Providing an annual declaration on their on-going competence against the national prescribing centre single competency framework for prescribers, and intended withdrawals or

additions to personal prescribing formulary to their line manager at PDR and report to the WAHT non-medical prescribing lead.

5.12.2. The independent prescriber is responsible for:

- The clinical assessment of the patient, the formulation of a diagnosis and identifying if an appropriate prescription for medicines can be made from the BNF/BNFC
- Prescribing from the BNF /BNFC/written Trust guidelines in accordance with the specified medical condition
- Documenting prescribing and monitoring activity in the shared patient record contemporaneously
- Monitoring and assessing the patients' progress as appropriate to the patient's condition and the medicines prescribed.
- Providing advice and support to the multidisciplinary team caring for the patient.
- Working in collaboration with the patients' Medical Consultant, within their clinical competence and own disciplines' professional code of conduct at all times
- Accepting professional accountability and clinical responsibility for their prescribing practice
- Undertaking regular audit of their own prescribing practice
- Adhering to Trust incident policy and all other policies related with medicines management

5.12.3. The supplementary prescriber is responsible for:

- Prescribing for a patient medicines listed in accordance with a Clinical Management Plan
- Monitoring and assessing the patients' progress as appropriate to the patient condition and the medicines prescribed
- Working within their clinical competence and professional code of conduct at all times and consulting the independent prescriber as necessary
- Accepting professional accountability and clinical responsibility for their prescribing practice
- Passing prescribing responsibilities back to the overseeing Clinician if they feel that the patients' condition no longer falls within their competence
- Undertaking regular audit of their own prescribing practice
- Adhering to Trust incident policy and all other policies related withmedicines management

Nurse prescribers must ensure that they have read the Revised Nursing and Midwifery Councils Standards for prescribing available on
www.nmc.org.uk

Pharmacist prescribers must read all relevant General Pharmaceutical Council (GPhC) documents relating to non-medical prescribing as they become available. http://www.pharmacyregulation.org

Physiotherapist prescribers must read The Health and Care Professions Council's Proficiency Standards for Prescribing and The Chartered Society of Physiotherapy's Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the safe use of medicines (2nd Edition)www.hpc-uk.org and www.csp.org.uk.
Physiotherapists and podiatrists should follow the advice laid out by the DoH which can be found here: https://www.health-ni.gov.uk/publications/advice-independent-prescribing-by-physiotherapists-and-podiatrists

It is the responsibility of the individual independent or supplementary prescriber to notify the Trust NMP lead if their role changes, encompassing changes in prescribing practice or ceasing prescribing.

6. POLICY FOR THE TRANSCRIPTION OF MEDICINES, INDEPENDENT AND SUPPLEMENTARY PRESCRIBING.

This Policy and associated Procedures describe how non-medical prescribing must be undertaken within the Trust. It is adapted from the Department of Health 'Improving Patients Access to Medications - A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England' (DOH April 2006) and "A Guide to Supplementary Prescribing" (DOH 2003). These can be accessed from the DOH website. Physiotherapists and Podiatrists should follow the guidance set out by the DoH in their advice on independent prescribing by physiotherapists and podiatrists (2015)

Before any non-medical prescriber may transcribe or prescribe (independently or as a supplementary prescriber) in the course of their employment by the Trust he or she MUST be registered on the Trust register maintained for this purpose. This register will specify the area of practice in which the prescriber's may prescribe within the Trust. **This includes non-medical prescribers who have been undertaking the role in a previous role before joining the Trust. Registration and authorisation to prescribe within their new role at WAHT must follow the same process as that for a newly qualified NMP.**

A non-medical prescriber **must** have the approval of their Professional manager to prescribe.

Non-medical prescribers employed by other Trusts who prescribe for patients on WAHT sites may do so provided they are registered to do so, **both** with their own Trust **and** with WAHT.

6.1 Medicines that may be transcribed

Transcribing of medications relates to the transcribing of already prescribed medications onto a discharge summary or Trust approved order form/inpatient medication chart. Any prescription may be transcribed with the exception of:

- Controlled drugs
- Oral chemotherapy or immunosuppressants
- Any discharge medication involving variable dose medication.

6.2 Medicines that may be prescribed

The Medicines and Human Use (prescribing) (Miscellaneous Amendments) Order of May 2006 and associated medicines regulations enable nurses, pharmacists and physiotherapists who have successfully completed an independent prescribing course to prescribe any **Licensed Medication** (i.e. products with a valid marketing Authorisation (license) in the UK including Controlled Drugs (except diamorphine, dipipanone and cocaine for the treatment of addiction) for any **Medical Condition within their Clinical Competence, provided** they are listed in the **APC formulary**.

Independent prescribers must only ever prescribe within their own level of experience and competence in accordance with
Nurses – The NMC Code – Professional Standards for Practice and behaviours for Nurses and Midwives.
Pharmacists – GPhC "Standards of Conduct, Ethics and Performance."
Physiotherapy The Health and Care Professions Council's Proficiency Standards for Prescribing

6.3 Prescribing by all hospital based prescribers.

Non Medical Prescribers prescribing for hospital in-patients or outpatients may use the following methods to prescribe:

1. Hospital in-patient prescription chart for in-patient admission use or the Trust electronic discharge prescription (EDS) to be used for discharge medicines for in-patients routinely.
2. FPI0 HNC type prescription forms - where the medicine will be prescribed by a hospital prescriber and dispensed by a community pharmacist. See **MedPolSOP 33**

   It is mandatory for NMPs to use stamps for identity confirmation on FP10 HNC prescriptions.

   For stamp order information see **Appendix 7**.

Hospital inpatient prescription forms and internal hospital prescription forms **must** be signed by the non-medical prescriber indicating **IP** if prescribing independently and use of the above stamp is recommended on in-patient medicine charts to avoid the need to manually document the same information and to ensure legibility of contact information.

Outpatient prescribing must comply with **MedPolSOP27**, which describes the arrangements the Trust has agreed with our commissioners. This includes the use of Treatment Advice Notes as the first-line option, and the use of pre-packed medicines where available.

All FP10 HNC prescriptions must be stamped with the following information:

Nurse independent /supplementary prescriber
NMC PIN ……

Pharmacist Independent/Supplementary prescriber
GPhC No…….

Physiotherapist Independent/Supplementary prescriber
HCPC No…..

There is currently no requirement to notify the PPA of changes to the details of hospital-based Supplementary Prescribers.

6.4.1 Ordering FP10 prescription forms

For those prescribers working across the acute/community settings (i.e. outreach nurses), FP10 HNC Prescriptions may be used. It is essential to ensure that the FP10 HNC is charged to the relevant directorate. No more than 28 days supply should be prescribed and all prescribing must be in accord with CCG contract specification.

Hospital-based Supplementary Prescribers should obtain FPI0 HNC forms as required, from the hospital pharmacy at Alexandra Hospital or Worcestershire Royal Hospital according to **MedPolSOP33**.

6.4.2 Security and safe handling of prescription forms:

The Trust is responsible for providing facility to ensure forms may be kept securely however the overall security of an individual prescribers prescription forms is the responsibility of that prescriber.

It is advisable to hold only minimal stocks of the prescription forms. This reduces the number lost if there is a theft or break-in, and also helps to keep prescriptions forms up to date (they are normally revised annually).

The Prescriber must keep a record of the serial numbers of prescriptions issued to him or her. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining prescription form of an in-use pad at the end of the working day. Such steps will help to identify any prescriptions that are either lost or stolen overnight.

Blank prescription forms must NOT be pre-signed to reduce risk of misuse should they fall into the wrong hands. In addition, prescription forms should only be produced when needed, and never left unattended. Prescription forms should not be left on a desk but placed in a locked drawer.

Best practice recommends that, where possible, all unused forms should be returned to a secure hospital location at the end of the session or day. Prescriptions are less likely to be stolen from (locked) secure stationery cupboards than from desks, bags or cars.

In the events of a loss or suspected theft, an NHS trust-employed prescriber should report this immediately to whoever issued the prescription forms (normally the hospital pharmacy). They will inform the local counter fraud specialist at the Trust. The prescriber should give details of the number of scripts stolen, their serial number, and where and when they were stolen. Thereafter, hospital-based Prescribers should follow local instructions following the loss or theft of prescription forms - this may include writing and signing all scripts in a particular colour (usually red) for a specified period e.g. two months.

It is also the responsibility of the non-medical prescriber to ensure that all unused prescriptions are returned to the department from which they were issued.

It is the responsibility of the prescriber's line manager to ensure that:

- Prescription pads are retrieved from non-medical prescribers who leave their employment for whatever reason.
- No further prescription pads are ordered for a non-medical prescriber who has left their employment or who has been suspended from prescribing duties, and to recover, record and securely destroy all unused prescription forms relating to that prescriber.
- A record of the serial numbers of prescriptions received and subsequently issued to an individual prescriber, surgeries, clinics etc is maintained by the NMP to whom the pads are issued

Non-medical prescribers must follow the safe and secure procedures and processes for FP10 prescription stationery as laid out in **MedPolSOP 33 – Safe and Secure storage of FP10 prescriptions**

6.5 Independent Prescribing Policy for Controlled Drugs

The agreed changes to the Misuse of Drugs Regulations 2001 relating to nurse and pharmacist independent prescribing of controlled drugs (Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 (Statutory Instrument 2012/973)) came into force on 23 April 2012 and are summarised below. All prescribers must follow any recommendations outlined by the DOH as a result of the Gosport Independent Inquiry.

6.5.1 Nurse independent prescribing

Nurse independent prescribers can prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). Nurse independent prescribers are able to requisition controlled drugs and are authorised to possess, supply, offer to supply and administer the drugs they are able to prescribe. Persons acting in accordance with the directions of a nurse independent prescriber are authorised to administer any schedule 2-5 drugs that the nurse can prescribe.

6.5.2 Pharmacist independent prescribing:

Pharmacist independent prescribers are able to prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (pharmacist independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). Pharmacist independent prescribers are able to requisition controlled drugs and are authorised to supply or administer the drugs they are able to prescribe. The existing authorities for pharmacists to possess, supply and offer to supply schedule 2-5 controlled drugs remain. Persons acting in accordance with the directions of a pharmacist independent prescriber are authorised to administer any schedule 2-5 drugs that the pharmacist can prescribe.

6.5.3 Mixing of medicines that include controlled drugs:

Pharmacists have authority to mix any drugs in schedules 2-5. Nurse and pharmacist independent prescribers, as well as supplementary prescribers acting in accordance with the terms of a clinical management plan for an individual patient, are authorised to mix any drugs listed in schedules 2-5 prior to administration. Persons acting in accordance with the written directions of a nurse or pharmacist independent prescriber or, a supplementary prescriber when acting in accordance with the terms of a clinical management plan, are authorised to mix drugs listed in schedules 2-5.

6.5.4 Physiotherapist independent prescribing:

HCPC annotated physiotherapist independent prescribers can *only* prescribe the following 7 controlled drugs, by the routes listed:

1. Morphine (oral and injectable)
2. Fentanyl (transdermal)
3. Oxycodone (oral)
4. Dihydrocodeine (oral)
5. Temazepam (oral)
6. Diazepam (oral)
7. Lorazepam (oral)

6.5.5 Patient Group Directions for Controlled Drugs:

Patient Group Directions (PGD) are not a form of prescribing, but these amendments to the Misuse of Drugs Regulations also make changes to the authorities that nurses and pharmacists possess when acting in accordance with a PGD. Nurses and pharmacists working under a PGD are now authorised to supply, or offer to supply, diamorphine and morphine where administration of such drugs is required for the immediate and necessary treatment of sick or injured persons (excluding the treatment of addiction). This removes the restrictions whereby a nurse could only supply

diamorphine under a PGD for the treatment of cardiac pain in patients admitted to a coronary care unit or an accident and emergency department of a hospital. The existing authorities for registered health professionals working in accordance with a PGD to supply and/or administer all drugs in schedules 4 and 5 of the 2001 regulations remain.

Note: The changes relating to prescribing and mixing of controlled drugs by nurse and pharmacist independent prescribers also apply to midwives who are registered as nurse independent prescribers. The amendments relating to PGDs also apply to midwives who are registered nurses.

6.6 Prescribing licensed medications for unlicensed uses (Referred to as 'Off Label' prescribing)

Nurse, pharmacist and physiotherapy independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK Marketing
Authorisation (so called "off license" or "off label"). They must however, accept professional, clinical and legal responsibility for that prescribing and should only prescribe "off label" where it is widely accepted, evidence based, clinical practice.
(See Medicines Policy MedPolSOP6 'Using medicines 'Off Label').

6.7 Unlicensed Medicines

6.7.1 Mixing of Medicines

Nurse independent prescribers may mix or direct others to mix medicines (see above for Controlled Drugs) to produce an unlicensed medicine, where the "mixing of medicines" means the combining of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.

Pharmacist independent prescribers may mix or direct others to mix medicines to produce an unlicensed medicine, where the "mixing of medicines" means the combining of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.

Physiotherapist independent prescribers may mix or direct others to mix medicines (including Controlled Drugs) to produce an unlicensed medicine, where the "mixing of medicines" means the combining of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.

A supplementary prescriber may mix or direct others to mix medicines to produce an unlicensed medicine but only where the mixing of medicines forms part of the clinical
management plan for an individual patient.

The Medicines for Human Use Regulations 2009 now permit the supply of an unlicensed medicine in response to an order by a nurse, pharmacist or physiotherapist independent prescriber on the same basis as the existing arrangements for doctors, dentists and supplementary prescribers.

Other than the circumstances described above the Medicines Safety Committee will approve non-medical prescribing of unlicensed medicines on a case by case basis, which must comply with MedPolSOP5 Policy for the Control of Unlicensed Medicines

6.8 Borderline substances

Nurse, Pharmacist and Physiotherapist Independent Prescribers should restrict their prescribing of borderline substances to items in the Trust Formulary and on the ACBS approved list.

Medicines legislation www.legislation.gov.uk
The Home Office https://www.gov.uk/controlled-drugs-licences-fees-and-returns

6.9 Good practice, ethics and common prescribing decisions.

6.9.1 Prescribing decisions:

A prescription should provide treatment for no more than one calendar month, unless previously agreed by the Area Prescribing Committee. The prescriber must ensure that the prescription is cost effective, meets the clinical needs of the patient and is within agreed protocols and procedures.

Non-medical prescribers must not issue initial prescriptions on behalf of individuals who are not qualified to prescribe. However, repeat prescriptions can be issued at the request of a nurse (or other appropriate health-care professional) who is not a prescriber, where the non-medical prescriber was responsible for the initial prescription.

In the absence of the patient's original non-medical prescriber, another non-medical prescriber may issue a repeat prescription or order repeat doses following an assessment of the patient and their needs, and taking into consideration continuity of care. Accountability for any prescription or order for medicines rests with the prescriber who issues the prescription or order for medicines.

Non-medical prescribers may issue repeat prescriptions for patients on their own caseload on no more than six occasions or for a maximum period of six months without carrying out a reassessment.

6.9.2 Who an NMP can write prescriptions for.

Non-medical prescribers should only prescribe for patients in the clinic or ward in which they are working or for patients in their area of clinical responsibility (e.g. where hospital based prescribers provide services in the community as part of an outreach team).

6.9.3 Prescribing for self, family or friends.

Non-medical prescribers may only prescribe in the course of the business of the Trust (determined by the patient's attendance being duly registered on the Trust's patient administration system. Non-medical prescribers must not prescribe for themselves or their family members as judgement may be impaired and important clinical examination may be impossible.

6.10 Completing a prescription.

Prescriptions must be written by non-medical prescribers in accordance with prescription writing requirements laid down by the Prescription Pricing Authority (PPA) as outlined in the British National Formulary (BNF) and the Trust Medicines Policy.

The non-medical prescriber must complete all details on the prescription form by writing clearly and legibly using an indelible pen (preferably black). Only abbreviations as listed on the inside back cover of the current BNF and the Trust Medicines Policy are permissible. The details must include:

- If available, the patient's NHS number.

- Age and date of birth - it is a legal requirement to write the patient's age on the prescription when prescribing a Prescription Only Medicine for a child under the age of 12 years.
- The name of the prescribed item(s), formulation, strength (if any), dose and frequency (in the case of preparations to be taken as required a minimum dose interval must be specified) and quantity to be dispensed.
- The quantity prescribed should be appropriate to the patient's treatment needs, bearing in mind the interval before the patient's condition is to be reviewed, the need to avoid waste, patient convenience and the avoidance of undue quantities of potentially poisonous substances in the home. It should also comply with the specified pack size in the NPF and not exceed 28 days supply.
- The names of medicines should be written clearly. Prescribers are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.
- Where there is more than one item on a form, a line should be inserted between each item for clarity. Unused space at the bottom of the prescription area should be blocked out with, for example, a diagonal line to prevent fraudulent addition of extra items.
- The non-medical prescribers name and PIN number on a prescription must always be clearly legible to ensure that the dispensing pharmacist is aware who to contact if there is a query.
- If any alterations are made, the prescriber must initial them

6.11 Record keeping and Documentation

All Non Medical Prescribers are required to maintain contemporaneous records of patient/client care. These must be accurate, unambiguous, clear and legible and be in accordance with:-

- NMC:The Code (2015)
- GPhC: http://www.pharmacyregulation.org/education/pharmacist-independent-prescriber
- Physiotherapy - http://www.csp.org.uk/documents/general-principles-record-keeping-access-health-records

Practice Guidance for Physiotherapist Prescribers – PD026 – Nov 2018

Good communication and teamwork are essential for effective prescribing and patient safety.

The record must be dated, with the time of the visit recorded, written legibly in black ink and signed with a full signature.

Alterations to written records must be made by scoring out with a single line. Other methods of erasure or deletion, such as the use of correction fluid, must **never** be used. The correct entry should then be initialled, dated and timed.

Additions to existing entries must be individually dated, timed and signed.

All non-medically prescribed items must be recorded on the appropriate patient medical record, preferably within 24 hours. Only in exceptional circumstances (e.g. a weekend or public holiday) should this period exceed 48 hours from writing the prescription.

It is recommended that the record clearly indicates the date, the name of the prescriber, the name of the item and quantity prescribed (or dose, frequency and treatment duration).

For medicinal preparations, items to be ingested or inserted into the body, it is recommended that the name of the prescribed item, the strength (if any) of the preparation, the dosing schedule and route of administration is given e.g. "paracetamol oral suspension 120mg/5mls, 5mls to be taken every 4 hours by mouth as required for pain, maximum of 20mls in 24 hours".

For topical medicinal preparations, the name of the prescribed item, the strength (if any), the quantity to be applied and frequency of application should be indicated.

For dressings and appliances, details of how they should be applied and how frequently they should be changed are useful.

It is recommended that the advice given on General Sales List (also known as 'Over The Counter') items be recorded, although this is not mandatory.

In some circumstances, in the clinical judgement of the non-medical prescriber, it may be necessary to advise the Consultant immediately about the prescription. This action should be recorded in the common patient record.

6.12 Dispensing of prescribed items

Pharmacists are an expert source of advice on all aspects of drug therapy. They can advise on pharmacology, drug dosages, product selection and side effects. They will also know the costs, availability and pack sizes of prescribed items.

Non-medical prescribers should be aware that pharmacists have legal and ethical obligations, which mean they may need to contact the prescriber, sometimes urgently, to confirm an aspect of the prescription, return it for amendment or even refrain from dispensing a supply if they feel it is in the patient's best interests and to avoid potential harm. An up-to-date telephone number/bleep number must be included (in the address box) on all prescriptions to facilitate contact from the dispensing pharmacist, including FP10 prescribing.

Occasionally a prescription may require dispensing out of normal pharmacy opening hours. There are selected community pharmacies now available for extended hours. A number of community pharmacies are now open until midnight and weekend.

The location and availability of Community Pharmacists and opening hours can be checked using the following link: http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx .

It is good practice to telephone the Community Pharmacy nearest to where the patient lives to make any necessary arrangements e.g. to check if they have the prescribed item in stock before the patient leaves the hospital. The community pharmacist may be able to suggest suitable alternatives if necessary

It is unethical for a non-medical prescriber to recommend a particular Pharmacy to patients. This is a matter of patient choice unless this is in the best interests of patient care or in an emergency situation

6.13 Prescribing and dispensing – separation of duties

There should, other than in exceptional circumstances, be separation of prescribing and dispensing roles, in keeping with the principles of safety, clinical and corporate governance.

The GPhC standard on prescribing within the Code of Ethics states that pharmacists should ensure that there is separation of prescribing and dispensing wherever possible. In exceptional circumstances, where a pharmacist is both prescribing and dispensing a patient's medication, a second suitably competent person should normally be involved in the checking process. The audit arrangements must allow checking for clinical appropriateness.

In such exceptional circumstances, prescribing and dispensing by non-pharmacists can be carried out by the same individual according to MedPolSOP1 provided that:

• clear accountability arrangements are in place to ensure patient safety and probity,

and:

• Prescribing audit and clinical governance arrangements are in place, which can track prescribing and dispensing by Independent Prescribers. Where the two roles do co-exist, another person must carry out a final accuracy check. Where possible, a check for clinical appropriateness should also be carried out.

6.14 Adverse drug reaction (ADR) reporting.

If a patient suffers a suspected adverse reaction to a prescribed, over-the-counter (Pharmacy or General Sales List) or herbal medicine, the adverse reaction should be reported using the Yellow Card Scheme.

See **MedPolSOP15** 'Reporting Adverse Drug Reactions'

If a patient suffers harm due to an adverse incident, including those involving medicines, or if harm could have been caused to the patient (a near miss), the incident or near miss should also be reported by the non-medical prescriber using both local and appropriate national reporting systems according to Trust policy.

6.15 Legal and clinical liability.

Liability of Prescriber/Professional indemnity

Prescribers are accountable for all aspects of their prescribing decisions. They should therefore only prescribe those medicines they know are safe and effective for the patient and the condition being treated. They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients or colleagues) that may contribute to, or result in, inappropriate prescribing.

All prescribers should ensure that they have sufficient professional indemnity arrangements, for instance by means of membership of a professional organisation or trade union which provides this cover.

The GPhC Code of Ethics states that pharmacists must only prescribe within the limits of their registration and must comply with statutory requirements applicable to their prescribing. Pharmacist prescribers must regularly check that they are covered by their mandatory professional indemnity insurer for any additional or different prescribing roles they undertake, and review their cover as appropriate.

The NMC and other Registering Bodies e.g. GPhC recommends that every nurse/midwife prescriber should ensure he/she has professional indemnity arrangements, by means of a professional organisation or trade union body. Prescribers must also be aware of the level of indemnity

arrangements offered by their insurer to determine whether it is sufficient for purpose. (See section 12 of the NMC Code).

Both the employer and employee (or contractor) must ensure that the employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service.

6.16 Liability of employer

Where a non-medical prescriber is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. In addition, Nurse Independent Prescribers are individually professionally accountable to the Nursing and Midwifery Council (NMC) for this aspect of their practice, as for any other, and must act at all times in accordance with the NMC Code. Pharmacist Independent Prescribers are individually accountable to the GPhC and must act in accordance with the GPhC Code of Ethics and Standards at all times. Similar standards will apply to prescribers from other professions.

6.17 Budget setting and monitoring

All non-medical prescribers must ensure that they have appropriate budgetary provision to cover their prescribing practice. This must have been be officially authorised by the budget holder with over-arching responsibility for their directorate/speciality before prescribing.
The Trust may collect and analyse prescribing data on non-medical prescribers alongside the routine monitoring of prescribing by doctors.
Each prescriber is responsible for his/her own individual practice, and must carry out regular reviews of his/her prescribing practice and take part in clinical governance activities of their employing organisation.

6.18 Clinical updates and continuing professional development (CPD)

All health-care professionals have a responsibility to keep themselves abreast of clinical and professional developments. In order to maintain competence, non-medical prescribers will be expected to keep up to date with best practice in the management of the conditions they treat and in the use of the medicines they prescribe. They must keep up to date with their professional body requirements for CPD and re-validation, including those specific to the non-medical prescriber role as well as those requirements set out by the Trust for local authorisation to prescribe as defined by the NMP Committee.

In addition the non-medical prescribing lead will chair the NMP forum. This is a group to provide support, practice updates and professional development from NMPs. The NMP forum will be held quarterly and NMPS will be required to attend at least two NMP forums per year. Attendance will be monitored by the NMP lead and individuals that do not attend will be reported to their professional head of service with the possibility of suspension of their prescribing role within the Trust.

CPD must be discussed and evidenced through the annual PDR process. Should a prescriber fail to maintain their CPD, prescribing rights should be removed by the appraiser until such a time that the NMP can evidence and demonstrate that they are up to date. NMPs who have their rights suspended as a result of non-completion of CPD must be escalated to the NMP lead for temporary suspension from the Trust non-medical prescribing register.

Evidence for CPD should include;

- Self or guided identification of learning needs and access to appropriate resource, maintenance of a personal portfolio demonstrating evidence of updates.

- Appropriate and relevant education and training attended to support maintenance of core knowledge/skills/competency. This may be represented by time for study, e-learning resource or locally delivered education.
- How on-going competency has been monitored – e.g. via professional development plans, departmental audit where appropriate and personal portfolios.

Good practice principles of prescribing have been incorporated into the NICE medicines optimisation guideline and all prescribers should be aware of these.

7. PROCESS FOR NON-MEDICAL PRESCRIBER ACCREDITATION AND REGISTRATION

7.1 Process for prospective NMP applications

The lead time from commencement of training to registering as a non-medical prescriber can be up to 12 months. This includes the 6 month non-medical prescribing course, the lag period before addition of the NMP qualification to their respective professional register, and a period to consolidate learning and to practice under supervision.

There are two possible routes to qualifying as a non-medical prescriber. The practitioner can undertake the non-medical prescribing qualification as part of a clinical Masters in Advanced Practice. Masters programmes are at least two years length with the non-medical prescribing qualification being taken in the second year. The second route is for practitioners to undertake the non-medical prescribing qualification as a stand-alone qualification. This second option requires individuals to demonstrate they have the clinical assessment skills required for prescribing in line with the individual's registering body's professional requirements.

All applications must be approved by the Non-Medical Prescribing Lead or delegated deputy. Approval will be given only when the applicant meets the required criteria, the application is completed and the speciality to which the individual is employed has clearly articulated plans for the development and funding of non-medical prescribing within a service. In the event that an application is not approved by the Non-Medical Prescribing Lead the applicant and their line manager will be contacted to discuss a way forward.

7.2 Non-medical Prescriber Trainees

It is the responsibility of the trainee to ensure they access all the resources to support them during their course and report any concerns of issues over the quality of the course to the course lead, their line manager and non-medical prescribing lead. In the event that a trainee fails any part of the course or is required to resubmit, that they must inform their line manager and non-medical prescribing lead at the earliest opportunity.

In the event that a trainee is unsuccessful in completing their courses a tripartite discussion should take place between the trainee, their line manager and course provider to identify a way forward. It is the responsibility of the trainee to inform the non-medical prescribing lead of the outcome of these discussions and the implications on completion of funded training and service delivery.

7.3 Qualified Non-Medical prescribers awaiting professional registration

On successful completion of the NMP course the NMP should contact their professional body and application for NMP status is made as appropriate. The Newly Qualified NMP should inform their line manager and the Trust Non-Medical Prescribing Lead that they have passed their University Course and are awaiting registration with their professional body.

7.4 Approval to practice as a Non-medical prescribers within WAHT

The newly qualified or newly appointed non-medical prescriber must supply a copy of proof of their professional registration, including non-medical prescribing and details of area(s) of prescribing practice to their line manager. It is the manager's responsibility to ensure the proposed clinical scope of practice is matched by the individual's prior experience.

Once the manager's authorisation is gained these details should be forwarded to the Trust NMP Lead (who is responsible for maintaining a single Trust register for all professional groups) to ensure that their name and registration details are added to the Trust register of non-medical prescribers (see appendix 3).
The Trust NMP lead will inform the Pharmacy Clinical Lead (Deputy Director of Pharmacy) or one of their Deputies in pharmacy when the database has been updated and inform the applicant that they will need to attend the relevant pharmacy department to supply a signature.

7.5 Verification of prescribing status

Before supplying a medicine on the prescription of a non-medical prescriber, the person supplying must take reasonable steps to ensure that the prescriber has the authority to prescribe. The Trust NMP Lead will notify the Trust Pharmacy Department of new additions to the Trust non-medical Prescribing database, which will be regularly updated. The individual registrants will be responsible for supplying their signature to the pharmacy department. Staff working at one site should ensure their signature is at their local pharmacy department. For staff working at Kidderminster Hospital this signature must be provided at the Alexandra Hospital. For staff working Trust wide, registrants must supply a signature at both main pharmacy departments. The Trust Non-medical prescribing database will hold a record of the individuals name, professional registration number and field of practice.

Should further verification be required then all registers are accessible here:

- Nurse Independent Prescribers - http://www.nmc-uk.org/Search-the-register/
- Pharmacist Independent Prescribers - www.pharmacyregulation.org/registers/pharmacist
- Physiotherapy Prescribing register - http://www.hcpc-uk.co.uk/

8. IMPLEMENTATION PROCESS FOR DOCUMENT

8.1 Plan for implementation
This Policy is implemented via publication on the Trust intranet and a specific NMP resource intranet page will be set up which will include the policy and the application process (Appendices 2-5)

8.2 Dissemination
This Policy is disseminated via the Trust intranet. Communication of the changes made to thepolicy will be undertaken via a specific Comms bulletin to all affected staff.

8.3 Training and awareness

Training requirements are included in the Trust's Training Needs Analysis Appendix A of the Trust's Mandatory Training Policy
Non-medical prescribers must be made aware of this Policy during their application process

9. MONITORING & COMPLIANCE

See Appendix 3 of the TRUST MEDICINES POLICY (Medicines Optimisation) PROCESS for MONITORING COMPLIANCE, which applies to this Policy.

10. POLICY REVIEW

This Policy is reviewed by the Medicines Optimisation Committee every 2 years, as part of the Medicines Policy Review Process

11. REFERENCES

DOH (2003) Supplementary Prescribing by nurses and pharmacists within the NHS in England, a guide for implementation. London

DOH (2004) Extending Independent Nurse Prescribing within the NHS in England; a guide for Implementation. London

DOH (2006) Improving patients' access to medicines: a guide to implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. London

General Pharmaceutical Council (2012) Standards for Conduct, Ethics and Performance. http://www.pharmacyregulation.org/standards/conduct-ethics-and-performance

Health and Care Professions Council (2013) Standards of proficiency – physiotherapists. http://www.hpc-uk.org/assets/documents/10000dbcstandards_of_proficiency_physiotherapists.pdf

The Medicines Act (1968) http://www.legislation.gov.uk/ukpga/1968/67/contents

The Misuse of Drugs Act (1971) and associated regulations

NHS Drug Tariff http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx
(see also part XVIIB)

National Institute for Health and Care Excellence (2015) Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. http://www.nice.org.uk/guidance/ng5

Nursing and Midwifery Council (2006) Standards of Proficiency for Nurse and Midwifery Prescribers. NMC

Nursing and Midwifery Council (2008) Standards for Medicines Management. NMC

Nursing and Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses and midwives. NMC

Worcestershire Acute Hospitals NHS Trust 'Medicines Policy' –current version

Department of Health controlled drug guidance available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf

Medicines Matter. A guide to mechanisms for the prescribing and supply and administration of medicines (Department of Health, 2006)

A quick guide for commissioners (National Prescribing Centre, 2010)

A single competency framework for all prescribers (National Prescribing Centre, May 2012)

Advice on independent prescribing by physiotherapists and podiatrists (DoH 2015)

12. BACKGROUND

12.1 Equality requirements

This Policy and Procedures for independent and supplementary prescribing have been assessed by the Medicines Optimisation Committee as having NO IMPACT on equality and diversity on the grounds of race, religion/belief, or disability and NO IMPACT on Race Relations.

12.2 Financial Risk Assessment

This Policy and Procedures for independent and supplementary prescribing have been assessed by the Director of Pharmacy and the Medicines Optimisation Committee as requiring no financial support that is additional to that already in place.

12.3 Consultation Process

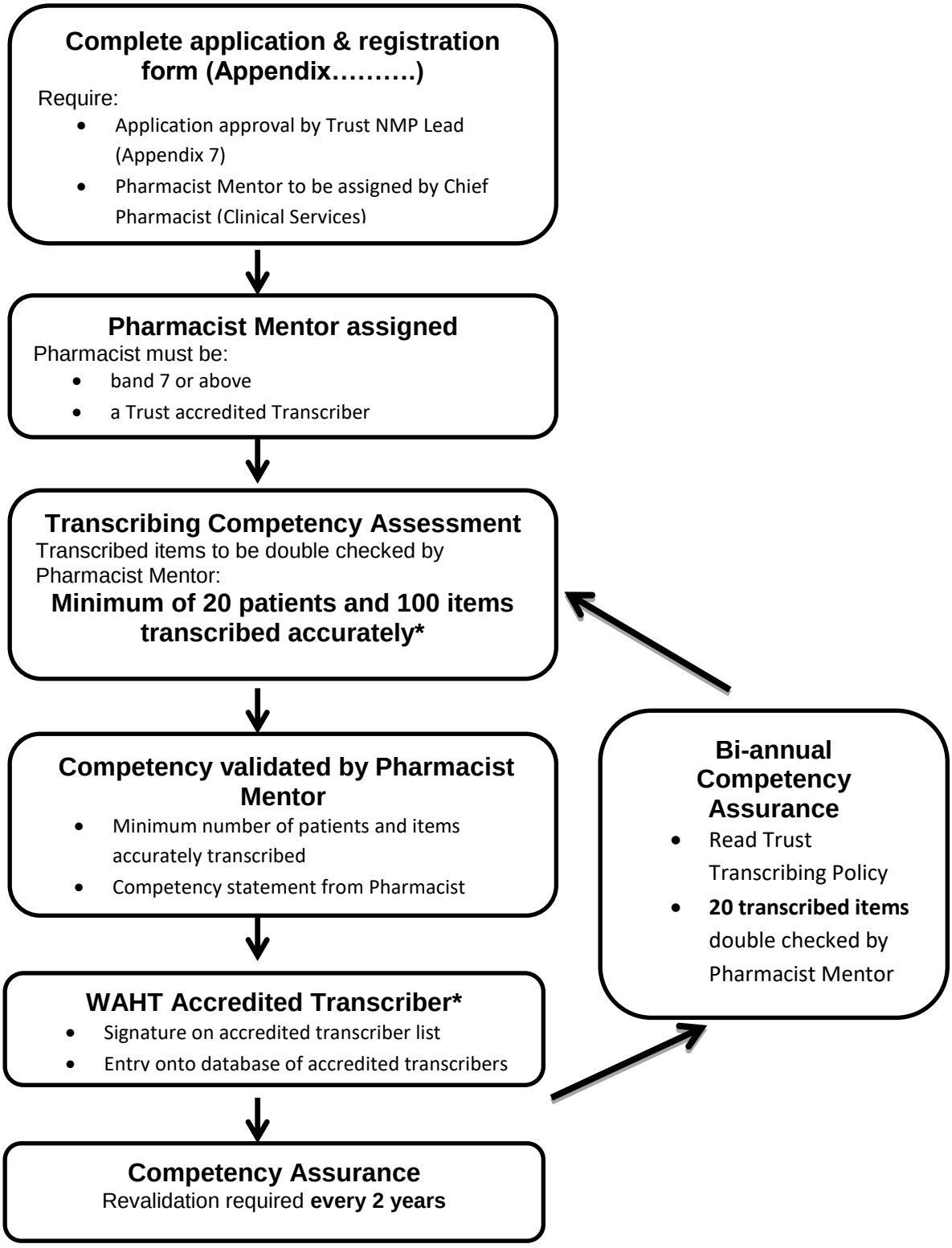
When the Policy and Procedures are reviewed by the Medicines Optimisation Committee, all non-medical prescribers in the Trust are consulted and have opportunity to comment

12.4 Approval Process

This Policy and Procedures are approved by the Medicines Optimisation Committee

Appendix 1

WAHT TTO Transcribing Accreditation process



***Excludes patient types & medication in the exemptions/restrictions list in Transcribing policy & Medicines Policy**

Appendix 2

Worcestershire Acute Hospitals (NHS) Trust
Application for approval to Transcribe medications

Transcriber Details

Name……

Role ……

Location ……

Professional Identification Number and registering body:

……..

Signature

Rationale for requirement for transcribing in area.

These are the agreed parameters for this individual's **transcribing** activity within the Trust.

Non-Medical Prescriber Signature …… Date……..

Professional Manager Signature …… Date…….

Trust NMP lead…….. Date…….

Director of Pharmacy…… Date……..

Appendix 3

Record of Transcription competency.

Name of Transcriber……

Pharmacist mentor (B7 or above)……..

Transcription Number	Hospital Number	Number of items transcribed	Signature of pharmacist mentor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

Transcription Number	Hospital Number	Number of items transcribed	Signature of pharmacist mentor
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Date of completion……..

Signature of pharmacist Mentor……

Print Name…….

I understand that this competency is valid for 2 years only and that I have read and fully understand my responsibilities according to the Trust Non-medical prescribing policy

Signature of Transcriber……

Print Name…….

When complete please send to trust NMP lead.

Appendix 4

Non-Medical Prescriber Requirements for NMP training applications

Applicants for **prescribing** training will need to meet the following requirements:

1. All applicants must be able to demonstrate the ability to study at degree level.
2. Nurses and physiotherapists should have at least 3 years post-registration clinical experience or part time equivalent, 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. Nurses must have completed a course of education that includes comprehensive health assessment and diagnosis. Physiotherapists must demonstrate high level health assessments skills or complete health assessment education.
3. Pharmacists should have at least two years practising as a pharmacist in a clinical environment following their pre-registration year after their graduation and have completed a course of education that includes comprehensive health assessment and diagnosis. Managers should assure themselves that the pharmacist is competent to prescribe in the area in which they will prescribe following training.
4. There is a medical Supervisor willing and able to contribute to and supervise the non-medical prescriber trainees 78hours (90 hours for Physiotherapists) learning in practice element of training.
5. The applicant has the support of their employer, who can confirm that
   a) their post is one in which they will have the need and opportunity to prescribe
   b) the therapeutic area in which they prescribe has been agreed
   c) they have access to a prescribing budget
   d) they have access to CPD
   e) they work within a robust Clinical governance structure
   f) The applicants prescribing role is included in their job description or an addendum added to their existing job description.

The three key principles that should be used to prioritise potential applicants are:

1. NMP status has impact on improving patient safety
2. NMP status ensure that there is a identified benefit in terms of quicker and more efficient access for patients to medicines.
3. NMP status ensure better or maximal use of the applicants professionals skills.

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

Appendix 5

Application and approval process for becoming a non-medical prescriber within Worcestershire Acute Hospitals NHS Trust

1. Individual identifies a need to prescribe to either improve patient access to medicines or to support local or national workforce directives.
2. Service Manager ensures role extension is included on Department Training plan submitted to Training and Development Department
3. Individual obtains agreement from their line manager to ensure NMP role is appropriate within current role and confirms job description either contains NMP role or amended to do so..
4. Individual discussed application with Trust NMP Lead to confirm funding available and from an appropriate source
5. Trust study leave form to ensure funding available and forward to Trust NMP lead to ensure funding route defined on study leave form.
6. When internal study leave approval obtained, individual completes academic provider application form.
7. Individual completes training
8. Individual informs line manager, service manager/professional head of service manager and Trust NMP lead once NMP qualification has been passed.
9. Individual completes required registration paperwork with registering professional body and makes necessary adjustments to their professional indemnity insurance.
10. Individual informs Trust NMP Lead, when they become an NMC/GPhC or HCPC or other HCP Registering Body Prescriber and provides proof of registration so that their name can be added to the Trust database of registered Prescribers. (Appendix 7)
11. NMP lead updates the Trust NMP register, informs the individual they are registered and authorised to prescribe according to defined role within their job description and informs Trust Clinical Pharmacy lead of the individual's addition to database.
12. Registrant provides signature to pharmacy on their parent site. When working Trust wide signatures must be provided at both pharmacies.
13. Trust clinical pharmacy lead informs Trust NMP lead when signature received.
14. Trust NMP lead informs registrant that they are able to prescribe.
15. Registrant orders prescriber stamp which includes required details see

Appendix 6

Worcestershire Acute Hospitals (NHS) Trust
Approval of Non-Medical Independent and Supplementary Prescribing Competence and Scope of Practice

Non–Medical Prescriber Details

Name……

Role ……

Location ……

Date of Registration with the appropriate Professional Body as a Non-Medical Independent and Supplementary Prescriber: ……..
(Please attach copy of Statement of entry)

Professional Identification Number: …….

Signature for Trust Non-Medical Prescriber Database

Description of the Personal Scope of Prescribing Practice, Area of Competence (including evidence of relevant Diagnostic/Assessment Skills), Clinical Areas and any Patient Conditions that apply.

These are the agreed parameters for this individual's prescribing activity within the Trust, and prescribing has been added to their Job Description (see Appendix 5)

Non-Medical Prescriber Signature …… Date……..

Professional Manager Signature …… Date…….

Please send completed form to the Trust NMP Lead.

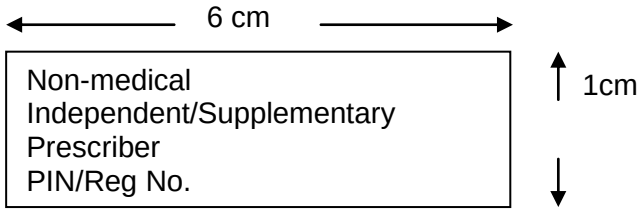
Appendix 7

Procedure for ordering non-medical prescriber personalised stamp within WAH (NHS) Trust

Non Medical Prescribers who will use a prescription pad will need to order a personalised stamp from the Trust.

Process and Stamp requirements

1. NMPs should complete a non-stock requisition form and attach a copy of this illustration layout as per DOH guidance.



2. The order will need to be completed via the Trust's ordering system.

3. Prescription pads must not be stamped in advance of use.

4. It is the responsibility of the Non-Medical Prescriber to ensure safe storage of stamp and prescription pad.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:**			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	❑	Service User	❑	Staff
	❑	Patient	❑	Communities
	❑	Carers	❑	Other _____
	❑	Visitors	❑	
Is this:	❑ Review of an existing activity			

	❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other				

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and

as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.