Policy for Non-Medical Prescribing

<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Policy and Guideline Committee</th>
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<tr>
<td>Date of Original Approval:</td>
<td>16th July 2004</td>
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<tr>
<td>Trust Reference:</td>
<td>B18/2004</td>
</tr>
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<td>Version:</td>
<td>V9</td>
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<td>Supersedes:</td>
<td>V8 November 2017</td>
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<tr>
<td>Trust Lead:</td>
<td>Hannah Flint, Senior Nurse Medicines Management Keeley Plimmer, Medicines Management Nurse Joanne Gilbertson, Medicines Management Nurse</td>
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<tr>
<td>Board Director Lead:</td>
<td>Dr Andrew Furlong, Medical Director</td>
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<tr>
<td>Date of Latest Approval:</td>
<td>20 November 2020 Policy and Guideline Committee</td>
</tr>
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<td>Next Review Date:</td>
<td>December 2023</td>
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

November 2017 | Change to new format and minor changes to policy
Dieticians added as supplementary prescribers

October 2020 | Inclusions in definitions relating to specific groups of NMPs, prescribing of cannabinoid preparations, changes to re-affirmation process & documentation, updating and reconfiguration of appendices, process for NMPs rotating in to UHL on paid and unpaid placement (s5.5).

KEY WORDS

Non Medical Prescribing, NMP
1 INTRODUCTION

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust Policy and Procedures for non-medical prescribing.

1.2 This policy provides further detail on the policy and procedures for non-medical prescribing as defined in the Leicestershire Medicines Code (LMC) and must be used in conjunction with other Medicines policies.

1.3 The UHL NHS Trust will support non-medical prescribing by appropriately trained and registered non-medical prescribers in circumstances when an identified service need and demand has been identified.

1.4 This policy provides the framework and governance arrangements for the prescribing of medicines by appropriately trained and registered non-medical prescribers employed by UHL NHS Trust.

2 POLICY SCOPE

2.1 This policy applies to all healthcare professionals in UHL who are:
   a) NMPs (Non-medical prescribers)
   b) NMPs in training
   c) NMP practice supervisors and practice assessors
   d) Managers involved in reviewing workforce and service reconfiguration

3 DEFINITIONS

3.1 For the purposes of this policy the term non-medical prescribers (NMP) applies to non-medical healthcare professionals who have undergone a recognised prescribing course and can prescribe medicines to patients as either independent or supplementary prescribers (certain professions can be both supplementary and independent prescribers). All NMPs are expected to work within their level of competence and clinical expertise.

Further information about prescribing can be found in Chapter 2 of the Leicestershire Medicines Code.

3.2 Non-medical Independent Prescribers

These are professionals e.g. nurse, midwives, pharmacists, physiotherapists, therapeutic radiographers, chiropodist/ podiatrists, optometrists, dentists (the list is not exhaustive) who are responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing (Department of Health [DoH] 2006)

a) Nurse and pharmacist

Nurse and pharmacist independent prescribers can prescribe any licensed or unlicensed medicine for any medical condition within their clinical competence. This includes any controlled drug listed in Schedules 2-5, except diamorphine, dipipanone or cocaine for the treatment of addiction but may prescribe these medicines for treating organic disease or injury (LMC 2.1.1).
b) Optometrists

Optometrist independent prescribers are able to prescribe any licensed medicine for ocular conditions affecting the eye, and the tissue surrounding the eye, within their recognised area of expertise and competence, except for controlled drugs or medicines for parenteral administration (LMC 2.1.1).

c) Physiotherapists, podiatrists or chiropodists

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

3.3 Supplementary prescribers

Supplementary prescribing is a partnership between a medical practitioner (who must be a doctor or dentist) and a trained supplementary prescriber (e.g. nurse, pharmacist, optometrist, chiropodist, dietitian, physiotherapist, diagnostic & therapeutic radiographer) so that they can prescribe medication in order to implement an agreed patient specific Clinical Management Plan (CMP) with the patient’s agreement (see Appendix G for example templates).

The CMP will be drawn up with the patient’s / guardians agreement, following diagnosis of the patient by the medical practitioner and following discussion and agreement between the medical practitioner and supplementary prescribers. Supplementary prescribers are able to prescribe all medications specified on the CMP, including controlled drugs or unlicensed medication.

There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although the Department of Health would normally expect supplementary prescribing to be used for the management of chronic medical and health conditions (DoH May 2005).

4 ROLES AND RESPONSIBILITIES

4.1 The Executive Director with overall responsibility for this policy is the Medical Director.

4.2 The Executive Director is responsible for nominating a designated Non-Medical Prescribing Lead for the Trust. Within UHL, this role is undertaken by the Senior Nurse Medicines Management (SN MM).

4.3 The SN MM is responsible for ensuring that the processes outlined in this policy document are followed across the Trust and that all records are maintained and the central non-medical prescribers database is kept current. The SN MM is the link with De Montfort University and other universities/organisations disseminating relevant information and courses to assist NMPs in maintaining their competence.

4.4 Following successful completion of the NMP course, the Chief Pharmacist, alongside the SN MM sign the Authorisation to Prescribe form (Appendix B) to allow the NMP to prescribe within the Trust.
4.5 Clinical Management Groups (CMG):

Clinical Directors, Heads of Service, Heads of Nursing and CMG Lead Pharmacists (Professional Leads) are responsible for:

a) Identifying clinical areas and patient care which may benefit from the introduction of non-medical prescribing practice.

b) Identifying and supporting the training of named non-medical practitioners employed by the CMG, including ensuring those nominated meet the requirements for entry onto a course.

c) Identifying a registered Designated Prescribing Practitioner (DPP) The aim of the DPP is “to oversee, support and assess the competence of non-medical prescribing trainees in collaboration with academic and workplace partners, during the period of learning in practice” (Royal Pharmaceutical Society 2019).

d) Assessing and managing the service and financial impact of the introduction of non-medical prescribers in relation to CMG managed services.

e) Ensuring the registration and notification processes for new non-medical prescribers are followed. This includes linking with the SN MM to ensure that the database is kept updated and notifying the SN MM should an NMP leave the Trust.

f) Ensuring the monitoring of ongoing professional registration and competence of non-medical prescribers employed in the CMG.

g) The appropriateness of the training and development of the NMP role within the service must be agreed with the CMG Manager, Lead Clinician (who may/ may not be the designated DPP) and a Professional Lead.

h) It is the responsibility of the Lead Clinician to consider whether a patient Group Direction (PGD) may be the more appropriate course of action and to advise accordingly. Further guidance on this matter may be obtained from the Chief Pharmacist. Please refer to the Patient Group Direction policy (B43/2005).

4.6 Non-medical prescriber responsibility

Individual non-medical prescribers have a responsibility to follow this policy and ensure that they maintain prescribing competence and provide evidence of Continuing Professional Development (CPD) in line with their own professional governing body. This includes:

- submitting their details to be added to the NMP database managed by the SN MM following successful completion and qualification as a NMP. See Appendix A & B for flowchart detailing process.

- the NMPs clinical responsibility and accountability for ensuring all their prescribing is within their scope of agreed practice.

- working only within the area of clinical competence and with reference to their own regulatory body’s professional standards.

- ensuring that their level of clinical and pharmacological knowledge is credible and relevant to their practice.

- maintaining their continuous professional development.

- completing an audit of their practice three yearly and discuss the outcome with their line manager and designated practice supervisor.

- reporting of any incidents that may arise as a result of their prescribing and ensure that any additional learning is undertaken so that future incidents can be avoided.

- seeking advice and making appropriate referrals to other professionals with different expertise.
operating within the professional code of conduct and standards as stipulated by the appropriate professional regulatory body i.e. Nursing & Midwifery Council (NMC), General Pharmaceutical Council (GpHC), Health & Care Professions Council (HCPC).

• adhering to all relevant polices and guidelines within the Trust.

• ensuring they have indemnity insurance which would provide legal support and representation in the event of any criminal proceedings or professional conduct proceedings. The line manager will require a copy of the NMP’s indemnity insurance.

• ensuring that they maintain professional CPD requirements in terms of both their prescribing role and their wider practice e.g. attendance at conferences/events/ study sessions/ audit.

4.7 Practice Supervisors

a) Are responsible for ensuring the registration and notification processes for new NMPs are followed.

b) Clinical supervisors are expected to meet regularly with their NMPs and support them with their prescribing.

c) They must sign (either electronically or physically) the three yearly re-affirmation form to state that the non-medical prescriber continues to practice and is competent to prescribe (see Appendix C for re-affirmation process)

• Introducing clinical governance procedures to ensure non-medical prescribing practices are monitored within the divisional structure.

• Ensuring the monitoring of ongoing professional registration and competence of non-medical prescribers employed in the CMG.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Selection of New Non-Medical Prescribers

5.1.1 The selection of individuals who will receive prescribing training from amongst those eligible will be decided within CMGs as stated in section 4.4

5.1.2 In addition to fulfilling the legal requirements for eligibility to prescribe, applicants will need to:

a) Refer to their own individual professional bodies to determine the requirements to apply for an approved NMP programme.

b) To have been working in the area (with the exception of pharmacy) in which they intend to prescribe for greater than 1 year.

c) DBS check within the last 3 years. (DBS must be completed again when new employment is gained)

d) Fulfil any other additional entry requirements as specified by the institute of higher education where the study for a degree or masters qualification in prescribing is to be undertaken.

5.2 Verification and on-going approval of Non-Medical Prescribers (Appendix A)

5.2.1 Upon successful completion of the prescribing programme the individual’s professional body will be notified by the university.
5.2.2 The new non-medical prescriber must complete the Authorisation to Prescribe form (Appendix B). This should be scanned and returned to UHLNMP Mailbox UHLNMP@uhl-tr.nhs.uk. A copy of the prescriber’s registration status from their professional body should also be included.

5.2.3 The Authorisation to Prescribe form and the non-medical prescribers registration status is checked and signed either electronically or physically by UHL Chief Pharmacist and SN MM and entered onto the Trust NMP database. Once entered, an electronic copy of the completed Authorisation to Prescribe form will be emailed to the NMP at which point the NMP can now prescribe within the Trust.

5.2.4 If necessary, the job description will be amended by the non-medical prescribers’ line manager to reflect the new prescribing role. Both the employer and employee should ensure that the employee’s job description includes points a-c below to reflect that prescribing is required as part of the duties of that post or service. This needs to be dated and signed by the non-medical prescriber and line manager with a copy kept by both parties.

a) Prescribe and review medication for therapeutic effectiveness, appropriate to patient needs and in accordance with evidence-based practice and national and practice protocols, and within scope of practice.

b) Work with patients in order to support compliance with and adherence to prescribed treatments.

c) Provide information and advice on prescribed or over-the-counter medication on medication regimens, side-effects and interactions.

Where there are changes to pay scale following completion of the non-medical prescribing course, ESR will need notifying by the line manager accordingly.

5.3. Three yearly reaffirmation of non-medical prescribing competency and CPD (Appendix C)

As part of the three yearly reaffirmation process:

a) Each non-medical prescriber must have a named UHL supervisor who formally reviews the individuals prescribing practice over the last 3 years.

b) 4-6 weeks prior to the date of re-affirmation, a reminder will be sent to the non-medical prescriber along with the re-affirmation and self-certification process for ongoing competence and CPD (Appendix D). These must be completed and returned via email to the UHLNMP mailbox or via internal mail by the deadline given in the reminder.

c) If the completed forms are not returned by the date of reaffirmation and the non-medical prescriber continues to prescribe during this period, they will be working outside the scope of UHL policy.

d) Issues regarding the competence of prescribing must be communicated to the Professional Lead e.g. Head of Nursing, Head of Service, CMG Lead Pharmacist/ Pharmacy Professional Development Lead within the CMG who must then inform the SN MM of any changes in prescribing status so that the non-medical prescriber database can be updated accordingly.

5.4 Verification and approval of Non-medical prescribers new to UHL (Appendix E)

Individuals with a non-medical prescriber qualification, who are newly appointed to the Trust in a role that requires non-medical prescribing, must demonstrate the following:
a) They have been actively prescribing and can provide evidence of affirmation in the last 12 months.

b) Confirm with their Head of Nursing, Head of Service, CMG Lead Pharmacist/Pharmacy Professional Development Lead within the CMG that a continuation of non-medical prescribing is required by the service.

c) Once this is confirmed the non-medical prescriber must contact the UHLNMP Mailbox or SN MM to discuss the process for admission onto UHL NMP database.

d) The non-medical prescriber to provide written proof they were actively prescribing in the last year; a reference from previous professional lead is acceptable.

e) The non-medical prescriber must identify a suitable practice assessor and supervisor with support of the Professional Lead.

f) Non-medical prescriber to identify with practice assessor and supervisor the level of support/ supervision required for assessor to sign off affirmation (dependant on previous role and length of break may be as little as a couple of observed practices)

g) Return signed Authorisation to Prescribe form, plus affirmation to UHL NMP mailbox along with supporting evidence/ reference. The non-medical prescriber should additionally include a copy of confirmation of prescriber registration status documentation from their professional body.

h) SN MM will check the professional register, then both the SN MM and Chief Pharmacist will sign off the Authorisation to Prescribe form and confirm to the non-medical prescriber that they are authorised to prescribe within UHL.

i) Job description to be amended by the line manager as noted at section 5.2.4 to reflect non-medical prescriber status.

j) The non-medical prescriber is then required to provide affirmation as outlined in section 5.3.

In the event the individual has not been prescribing for longer than 1 year they should contact the SN MM for advice about recommencing prescribing. This will be determined on a case by case basis but for outline guidance see Appendix F.

It is the responsibility of the non-medical prescriber, or their line manager to notify the SN MM of upcoming maternity leave, sickness or any other absence from work so that the NMP register can be updated accordingly.

5.5 Process for NMPs rotating into UHL on Paid or Unpaid Placement

See also UHL Policy for Unpaid Placements (B8/2019)

The UHL Strategic Lead for Advanced Practice will liaise with substantive employer to confirm:

- NMP is on national register with NMP qualification registered with no restrictions to practice
- level of registration i.e. Independent and Supplementary, or Supplementary only
- that the current substantive employer has no concerns or current performance management issues with regards to the NMP prescribing activity

The UHL Strategic Lead for Advanced Practice notifies the SN MM of NMPs due to start in the Trust with the proposed start date.

The NMP completes the Authorisation to Prescribe form (Appendix B) which is then signed by the UHL Strategic Lead for Advanced Practice. The form is forwarded to the UHLNMP Mailbox.
for review and signing by the SN MM and Chief Pharmacist. At this point, the NMP will be added to the UHL database and able to prescribe within the Trust.

The NMP needs to ensure they have completed the necessary eMeds e-learning via HELM.

5.6 Prescribing Framework

5.6.1 Non-medical prescribers must only prescribe medicines for patients within their speciality and must be within their competence. See also Section 3.

5.6.2 Legal cannabinoid preparations must not be initiated by NMPs. The prescribing for patients admitted on these preparations can only be under the direct supervision of a specialist. Prescriptions must be countersigned by Specialist Registrar or above (Misuse of Drugs Regulations 2018).

5.6.3 Non-medical prescribers must adhere to the Leicestershire Medicines Code for standards of prescribing using approved UHL prescribing stationary or electronic systems.

5.6.4 Access to patient’s medical records must be available prior to prescribing. It is the responsibility of the non-medical prescriber to recognise those situations when it is inappropriate for them to prescribe.

5.6.5 A non-medical prescriber prescribing as an independent prescriber will sign the prescription and endorse it IP. A non-medical prescriber prescribing as a supplementary prescriber will sign the prescription and endorse it with the letters SP.

Clinical Management Plans

5.6.6 Prior to supplementary prescribing taking place, it is obligatory for the agreed CMP to be in place (written or electronic) relating to a named patient and to that patient’s specific condition[s] to be managed by the supplementary prescriber. This must be included in the patient’s medical record (Appendix G for template).

a) The CMP is written in partnership between the independent and supplementary prescriber following patient/guardian agreement.

b) Either an independent or supplementary prescriber may draft the CMP but both must agree and sign.

c) The CMP should be kept as simple as possible.

d) It may refer to national or local evidence based guidelines/protocols. There is no need to repeat the advice of these in the body of the CMP. When guidelines/protocols are referenced they must be readily available and a copy must be retained in Pharmacy.

e) The CMP is part of the shared common patient record and must be stored within it. It cannot be stored separately.

5.6.7 Regulations state that the CMP must include:

a) The name of the patient to whom the plan applies.

b) The illness or conditions which may be treated by the supplementary prescriber.
c) The date on which the plan is to take effect and when it is to be reviewed by the
doctor who is party to the plan.

d) Reference to the class or description of medicines or types of appliances which
may be prescribed or administered under the plan.

e) Any restrictions or limitations as to the strength or dose of any medicine which
may be prescribed or administered under the plan, and any period of
administration or use of any medicine or appliance which may be prescribed or
administered under the plan.

f) Relevant warnings about known sensitivities of the patient to, or known difficulties
of the patient with particular medicines or appliances.

5.6.8 It must also contain arrangements for notification of:-

a) Suspected or known reactions to any medicine which may be prescribed or
administered under the plan, and suspected or known adverse reactions to any
other medicine taken at the same time as any medicine prescribed or
administered under the plan.

b) Incidents occurring with the appliance which might lead, might have led to the
death or serious deterioration of state of health of the patient

c) The circumstances in which the supplementary prescriber should refer back to, or
seek the advice of the doctor who is party to the plan.

5.6.9 Prescribing intervention made by non-medical prescribers must be recorded in the
patients’ health care record. Where more than one record exists information must be
entered into each record.

5.6.10 Non-medical prescribers must not prescribe for themselves and members of their
family or friends.

5.6.11 Monitoring of prescribing budgets and the appropriateness of prescribing will be
subject to clinical monitoring / audit in accordance with Trust procedures.

6 EDUCATION AND TRAINING REQUIREMENTS

For a Healthcare Professional to become a non-medical prescriber they must:

6.1 Successfully complete an accredited non-medical prescribing course

6.2 Maintain their competences to prescribe in line with training requirements outlined in
the Leicestershire Medicines Code.

6.3 Maintain professional development requirements in line with professional bodies

6.4 Complete the eMeds prescriber training (and nurses and midwives training if the NMP
has not used the eMeds system previously) via HELM. Once completed, the line
manager is required to request an account via IM&T sdrequests@uhl-tr.nhs.uk

7 PROCESS FOR MONITORING COMPLIANCE

7.1 As part of the appraisal process to ensure that professional development
requirements have been met and re-affirmation form has been completed.

7.2 Ensure that non-medical prescriber incidents are reported in accordance with UHL
electronic incident reporting system (Datix) so that themes and trends can be
monitored and relevant actions put in place.
<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements Who or what committee will the completed report go to.</th>
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</thead>
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<tr>
<td>CPD requirements &amp; three yearly affirmation</td>
<td>SN MM</td>
<td>Central Database</td>
<td>Quarterly</td>
<td>CMG Heads of Service, Clinical Directors, Heads of Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medicines Optimisation Committee (MedOC)</td>
</tr>
<tr>
<td>Prescribing incidents</td>
<td>Medication Safety Pharmacist</td>
<td>Datix incident reporting tool</td>
<td>Monthly</td>
<td>Medicines Optimisation Committee (MedOC)</td>
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8 **Equality Impact Assessment**

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9. **Supporting References, Evidence Base and Related Policies**


Nursing and Midwifery Council [2016] Standards for medicine management.


Misuse of Drug Regulations (2018)

Further Information can be obtained from:

https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/

https://www.rpharms.com/

https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/

Leicestershire Medicines Code (available via Insite)
10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 The updated version of the Policy will then be uploaded and available through Insite Documents and the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

10.2 This Policy will be reviewed every three years or sooner in response to clinical or risk issues.
Appendix A

Non-Medical Prescribing – Authorisation to Prescribe

This process applies once NMP course successfully completed and entry on professional register recorded

Once course has been successfully recorded on professional register, NMP to complete Part A of Authorisation to Prescribe form (Appendix B)

Once Part A completed, form to be returned via UHLNMP Mailbox with scanned copy of the professional register statement of entry which details Supplementary and /or Independent prescriber qualification

SN MM and Chief Pharmacist review professional register statement of entry and sign Authorisation to Prescribe form

Database updated with details of new NMP

Completed Authorisation to Prescribe form saved in NMPs electronic personal file

Copy of completed Authorisation to Prescribe form sent to NMP via UHLNMP mailbox

NMP advised now able to prescribe

Address for NMP mailbox: UHLNMP@uhl-tr.nhs.uk
Appendix B

Non-medical prescribing- Authorisation to Prescribe form

Part A to be completed by Prescriber and HoN/ HoS or CMG Lead Pharmacist (for pharmacist NMPs only):

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<thead>
<tr>
<th>Name:</th>
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<tr>
<td>Post Held:</td>
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<tr>
<td>Work Address:</td>
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<tr>
<td>CMG:</td>
</tr>
<tr>
<td>Employee No:</td>
</tr>
<tr>
<td>N.I. No:</td>
</tr>
<tr>
<td>Prescribing Course:</td>
</tr>
<tr>
<td>V300 SP/IP</td>
</tr>
<tr>
<td>V300 SP</td>
</tr>
<tr>
<td>Start Date:</td>
</tr>
<tr>
<td>Date statement of entry added to professional register (send copy alongside this form):</td>
</tr>
<tr>
<td>Signature of Head of Nursing, Head of Service or CMG Lead Pharmacist (pharmacist NMPs) only:</td>
</tr>
<tr>
<td>Print name:</td>
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<tr>
<td>Signature:</td>
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<tr>
<td>Date:</td>
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When you have completed Part A please return your form, alongside a copy of your professional register statement of entry, retaining a copy for your records, to Senior Nurse Medicines Management, University Hospitals of Leicester, c/o Rogers Ward, Leicester Royal Infirmary or scan and send via UHLNMP Mailbox.

Part B to be completed by Trust Leads:

<table>
<thead>
<tr>
<th>Authorised by UHL Chief Pharmacist:</th>
<th>Authorised by SN MM:</th>
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<tbody>
<tr>
<td>Print Name:</td>
<td>Print Name:</td>
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<tr>
<td>Signature:</td>
<td>Signature:</td>
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<tr>
<td>Date:</td>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Added to UHL NMP database and to commence prescribing:</th>
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<tbody>
<tr>
<td>Print name:</td>
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<tr>
<td>Signature:</td>
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<td>Date:</td>
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Appendix C

Process for three yearly Re-affirmation

Four weeks prior to expiry of affirmation SN MM emails NMP to advise of expiry date cc HoN/ HoS/ CMG Lead Pharmacist

NMP completes form and also signs section (a) Re-affirmation and Self-Certification Process for Ongoing Competence and CPD form (Appendix D)

Designated Practice Supervisor completes and signs section (b)

Head of Service (HoS), Head of Nursing (HoN) or CMG Lead Pharmacist (for pharmacy NMPs only) completes and sign section (c)

Line manager and NMP sign declaration and return via UHL NMP mailbox or internal mail (ensuring you take a copy for your records)

NMP receives confirmation via NMP mailbox that affirmation has been entered onto database

If appropriately completed affirmation is not received by date of expiry, and the non-medical prescriber continues to prescribe during this period, they will be working outside the scope of UHL policy

Copy of form kept by NMP, line manager and SN MM

Address for NMP mailbox: UHLNMP@uhl-tr.nhs.uk
### Re-affirmation and Self-Certification
#### Process for Ongoing Competence and CPD

| Name of NMP: |  |
| CMG: |  |
| Occupation: |  |
| Work Address: |  |
| Work Telephone: |  |
| E-mail Address: |  |
| Professional Register Number: |  |

| Type of Prescriber: | V300 IP/SP | V300 SP |
| Date of Registered Qualification: |  |
| Area of Prescribing Practice e.g. COPD, Asthma, Diabetes |  |

Any expansion in areas of prescribing since last review?  Yes / No

If yes, please specify:

---

I have undertaken the following activities:

<table>
<thead>
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<th>Areas to self-certify</th>
<th>Date</th>
<th>Please give an example or evidence. (Continue on separate piece of paper if necessary)</th>
</tr>
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<tbody>
<tr>
<td>Read updates on prescribing</td>
<td></td>
<td></td>
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<tr>
<td>Read and understood relevant NICE guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read and understood relevant evidence and literature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been clinically supervised within NMP role and area of prescribing practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If appropriate, undertaken an audit around non-medical prescribing</td>
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</tbody>
</table>

**Evidence of CPD relevant to your area of non-medical prescribing:**

Where can your CPD evidence be found?

- e.g. Case studies/reflection/evidence of competence in prescribing decisions (identity and attach for discussion with your line manager)
Training needs

If you have identified training needs during your PDP (professional development plan) or annual review (appraisal) in relation to non-medical prescribing please state them and how they will be addressed:

<table>
<thead>
<tr>
<th>Training need identified</th>
<th>Training resource identified and booked e.g. Course, shadowing, reading, etc.</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Has there been any specific circumstances impacting upon your prescribing practice over the past year, i.e. long term sickness, etc.

a) To be completed by Non-medical prescriber

Are you actively prescribing? Yes ☐ No ☐

If No, please give reasons for non-activity

Area(s) of prescribing practice

Self-Declaration

I prescribe often enough to maintain my confidence & competence as a prescriber and have evidence to support this

I maintain up-to-date prescribing knowledge & skills through CPD, to enable me to prescribe competently, safely, and in line with policy and legislation.

General Comments

Prescriber’s Signature

Date:

b) To be completed by designated Practice Supervisor: Name: __________________________

Designation: __________________________ (e.g. NMP or medical colleague)

The non-medical prescriber is:

1. Prescribing appropriately & effectively
2. Prescribing safely
3. Prescribing in line with policy & legislation

General Comments

Supervisor’s Signature

Date:
c) To be completed by HoS, HoN, CMG Lead Pharmacist

<table>
<thead>
<tr>
<th>Name:____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:_____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Service, Head of Nursing, CMG Lead Pharmacist (pharmacist NMPs only) Signature</th>
</tr>
</thead>
</table>

The non-medical prescriber is:

1. Prescribing appropriately & effectively
2. Prescribing safely
3. Prescribing in line with policy & legislation
4. Is the role still required as part of the service? Yes No (please circle)

General Comments

Date: ____________________

I declare that I am competent in the area where I am currently prescribing:

<table>
<thead>
<tr>
<th>NMP signature ____________________________ Date: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Manager’s signature: __________________ Date: ____________________</td>
</tr>
</tbody>
</table>

*Copy to be held by NMP, Line Manager and NMP Lead*
Appendix E

Authorisation process for NMP newly appointed to the Trust to prescribe

The following applies for new employees to UHL who have been actively prescribing in their previous post within the year.

SN MM checks validity of qualification on professional register. A reference from previous line manager confirming active prescriber in previous post is requested and reviewed. If confirmation obtained that NMP has been prescribing within last year then follow flowchart below:

CMG / NMP identifies a designated Practice Supervisor

NMP & designated Practice Supervisor agree a period of supervision

NMP completes Non-medical prescribing- Authorisation to Prescribe form (Appendix B) and Annual re-affirmation and Self-Certification Process for Ongoing Competence and CPD (Appendix D) sending to UHLNMP mailbox (keeping a copy for their own records)

Authorisation to Prescribe form signed off by Chief Pharmacist & SN MM then NMP placed on database

NMP informed via UHLNMP mailbox they can begin prescribing and that three yearly re-affirmation will be required
Appendix F

NMP has not been prescribing for one year plus

The NMP registration remains live on the NMP’s professional register therefore there is no requirement to complete the full course again. The process below identifies a possible route for updating on the live UHL database, but will need to be individualised on a case by case basis.

1. NMP identifies with CMG that prescribing is required within the role

2. NMP contacts SN MM via NMP mailbox to discuss options to be able to commence prescribing

3. Identify supervisor and jointly review competencies within National Prescribing Centre (NPC) single competency framework to agree level of support required

4. After agreed period of supervision, NMP writes reflective piece for review by Practice Supervisor and SN MM

5. NMP reinstated on UHL live database and can resume prescribing
Appendix G

University Hospitals of Leicester NHS Trust

**TEMPLATE CMP 1 (Blank): for teams that have full coterminous access to patient records**

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Patient medication sensitivities/allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient identification e.g. ID number, date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Prescriber(s):</th>
<th>Supplementary Prescriber(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition(s) to be treated</th>
<th>Aim of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medicines that may be prescribed by SP:**

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Indication</th>
<th>Dose schedule</th>
<th>Specific indications for referral back to the IP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Guidelines or protocols supporting Clinical Management Plan:

<table>
<thead>
<tr>
<th>Frequency of review and monitoring by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Supplementary prescriber

Supplementary prescriber and independent prescriber

Process for reporting ADRs:

<table>
<thead>
<tr>
<th>Shared record to be used by IP and SP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreed by independent prescriber(s)</th>
<th>Date</th>
<th>Agreed by supplementary prescriber(s)</th>
<th>Date</th>
<th>Date agreed with patient/carer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
**TEMPLATE CMP 2 (Blank): for teams where the SP does not have coterminous access to the medical record**

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Patient medication sensitivities/allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient identification e.g. ID number, date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current medication:</th>
<th>Medical history:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Prescriber(s):</th>
<th>Supplementary prescriber(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact details: [tel/email/address]</td>
<td>Contact details: [tel/email/address]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition(s) to be treated:</th>
<th>Aim of treatment:</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medicines that my be prescribed by SP:**

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Indication</th>
<th>Dose schedule</th>
<th>Specific indications for referral back to the IP</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

**Guidelines or protocols supporting Clinical Management Plan:**

<table>
<thead>
<tr>
<th>Frequency of review and monitoring by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary prescriber</td>
</tr>
</tbody>
</table>

**Process for reporting ADRs:**

**Shared record to be used by IP and SP:**

<table>
<thead>
<tr>
<th>Agreed by independent prescriber(s):</th>
<th>Date</th>
<th>Agreed by supplementary prescriber(s):</th>
<th>Date</th>
<th>Date agreed with patient/carer</th>
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