Non-medical Prescribing Policy

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### Review and Amendment Log

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<td>30.03.16</td>
<td>Updated with legal changes to prescriber rights Updated contacts, weblinks and telephone numbers reflecting new/changed details of organisations. Updated SOPs/processes for supply, distribution, and safe and secure handling of prescriptions. Updated new contact details for incidents of loss or suspected theft of prescriptions Removed cross boundary agreement and any related information as no longer relevant. Clarified and Updated responsibilities of Workforce and SystmOne teams Removed paragraph on prescribing in pregnancy as no longer features on NMC or RCN websites Removed reference to the conversion course for pharmacists as no longer available</td>
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1 **Introduction**

Non-medical prescribing assists in the provision of more patient-centred services and enables rapid access to medicines. It enables rapid access to medicines with the use of fewer health care professionals in the patient journey, thus enhancing the patient experience.

The DH (2006)\(^1\) asserts that Non-medical prescribing provides benefits to patients as follows:

- improved patient care without compromising patient safety
- easier and quicker access for patients to the medicines they need
- increased patient choice in accessing medicines
- better use of the skills of health professionals

This policy provides operational procedures and a clinical governance framework to support non-medical prescribing within Locala Community Partnerships (LCP).

The policy covers:

- Community Practitioner Nurse Prescribers
- Nurse Independent/Supplementary Prescribers
- Pharmacist Independent/Supplementary Prescribers
- Allied Healthcare Professional Prescribers (Physiotherapists, Podiatrists, Radiographers and Optometrists).

This list may expand to cover other Health Care Professionals given prescribing rights by the Department of Health.

2 **Purpose**

Locala Community Partnerships Community Interest Company (LCP) will develop non-medical prescribing practice to fulfil all statutory, organisational and best practice requirements.

The primary aim of this policy is to ensure that non-medical prescribing is delivered in a safe and effective manner within LCP. Implementation will improve access to medicines without compromising patient safety and further utilise the skills of a range of practitioners resulting in increased flexibility of multidisciplinary working.

This policy is to provide guidance for non-medical prescribers and to inform LCP colleagues and those contracted to provide services for LCP of the organisational processes involved when managing or working as a non-medical prescriber within Locala.
3 Target population

This policy will apply to all qualified non-medical prescribers (NMPs), employed within LCP including those on temporary or honorary contracts, bank staff and students who carry out the duties of independent/supplementary or community practitioner nurse formulary prescribing in their clinical role.

Prescribing should be reflected as a key result area in an individual’s job description.

All LCP employees who manage or support Non-medical prescribers must follow the processes set out in this document.

4 Explanation of Terms

Community Practitioner Nurse Prescribers
Health visitors, district nurses and specialist practitioner/specialist community public health nurses holding the NMC V100 qualification and registered nurses holding the V150 qualification may prescribe independently from a limited formulary; the Community Nurse Prescribers Formulary (NPF). This consists of dressings, appliances and some medicines, including a small number of prescription only medicines. Training for prescribing from this formulary is normally incorporated into the Specialist Practice training for all specialist practitioners with a proviso that there is a clinical need.

Independent Prescribing
Independent prescribing is prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions, and for decisions about the clinical management required, including prescribing. These practitioners are not restricted by a separate formulary but can prescribe any licensed or unlicensed medication for any condition, including most controlled drugs. The limit for any prescribing is the scope of the prescriber’s professional practice as defined by their professional registering body; the registered prescriber may only prescribe within their own level of experience, knowledge and competence and professional role.

Supplementary Prescribing
Supplementary prescribing is a voluntary partnership between an independent prescriber, (who must be a doctor or a dentist), and a supplementary prescriber, who has completed necessary training, to implement an agreed patient specific clinical management plan (CMP), with the patient’s agreement. It is a legal requirement for a CMP to be in place before supplementary prescribing can begin.

Supplementary prescribers can prescribe any medicine, including controlled drugs, as long as this is in line with the CMP agreed with the patient and the doctor. There is no formulary for supplementary prescribing, and no restrictions on the medical conditions that can be managed under these arrangements. The supplementary prescriber will provide ongoing clinical management of patient care through review and revision of medication management within an agreed clinical plan. A
supplementary prescriber is not an independent prescriber and cannot initiate a
treatment plan.

Further information is available from the following link

2 Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England

NHS BSA
The ‘NHS Business Services Authority’ is a Special Health Authority and an Arm’s
Length Body of the Department of Health which provides a range of critical central
services to NHS organisations, NHS contractors, patients and the public. Its
portfolio of service provision includes Provision of management information to over
25,000 registered NHS and DH users on costs and trends in prescribing and dental
care in England and Wales.

BNF (British National Formulary) Publications
These are essential reference books containing practical, evidence-based
information for healthcare professionals who prescribe, dispense, and administer
medicines. There are 3 publications:

• The BNF – British National Formulary details all medicines that are generally
prescribed in the UK, with information about indications and dosages,
contraindications, cautions, side effects, medicinal products and more. It is
published in updated book form twice a year, in March and September.
• The BNFC - BNF for Children includes key clinical and pharmaceutical
information covering neonates to adolescents. It is published in book form
annually.
• The NPF - Nurse Prescribers' Formulary provides an overview of common
conditions, with details of medicines that may be prescribed by Community
Practitioner nurse prescribers. It is issued in print every 2 years and is designed
for use with the BNF. It is also included in the BNF as an appendix.

NICE, provides free copies of the September editions of BNF and BNFC to NHS
health professionals in England, and in addition makes the online version available
via its website. NPF print version is also provided free of charge to eligible nurses
upon each revision.

5 Duties

5.1 Individual staff member’s responsibilities

Non-medical Prescribing Lead/Head of Medicines Management

- Support provision of initial induction and advice re policies and procedures to LCP
  services and all Non-medical Prescribers
- Support the development and maintenance of effective clinical governance
  systems to ensure the safety of non-medical prescribing and controlled stationary
- Approve Non-medical prescribing training applications
Check annotation on appropriate professional register
Ensure database of LCP Non-medical Prescribers is maintained
Maintain a copy of all Non-medical Prescriber signatures
Notify the SystmOne team of new prescribers to progress SMART card amendments to enable electronic prescribing.
Support safe systems of ordering, receipt and issue of single sheet prescription paper or pre-printed prescription pads for Non-medical prescribers by designated administration staff in localities
Link with Regional lead regarding regional and national developments on behalf of LCP
Point of contact for other Senior managers / Directors on prescribing and prescription matters
Monitor prescribing data provided by the NHS BSA and share with LCP services
Respond to enquiries regarding Non-medical prescribers prescribing issues from NHS BSA
Ensure that BNFs, BNFC’s and NPFs as appropriate are ordered and distributed to relevant Non-medical Prescribers
Liaise with Higher Education Institutions who provide educational preparation for non-medical prescribing

**Staff/Colleague responsibilities**
All non-medical prescribers employed by LCP must familiarise themselves with the correct procedures contained within this policy. The procedures also apply to non-medical prescribers who are contracted to work for LCP on a sessional basis.

All professionals are required to work within their Professional Code of Practice and terms of service.

**Managers/Service lead/Team leaders responsibilities**
It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents.

It is important that where non-medical prescribing is being considered for a particular post, that the need for this has been fully assessed, and agreed as being suitable.

Managers who contract for sessional services must make it explicit within the written contract that these sessional staff MUST follow the procedures described in this policy.

**5.2 Responsible committee**
It is the responsibility of the Locala Medicines Management Committee to ratify medicines management policies/procedures

**Chief Executive**
The Chief Executive is ultimately accountable for the implementation of these organisation-wide processes.

**6 PRACTICING AS A NON-MEDICAL PRESCRIBER**
Non-medical prescribers within LCP can only prescribe for NHS patients attending Locala services commissioned by NHS Commissioning bodies.
Accountability for the prescription rests with the non-medical prescriber who has issued the prescription.
6.1 Principles of Prescribing

The following principles should be applied to all prescribing:

- Ensure that the treatment prescribed is both safe and cost effective and meets the clinical needs of the patient.
- Prescribing should follow the organisation’s formularies and guidelines.
- Patients requiring treatments should have their needs continually assessed and prescriptions issued should reflect assessed need.
- If requested to prescribe large quantities for patients travelling abroad, prescribers should be aware that a patient ceases to be registered with a GP after 3 months absence from the country.

Non-medical prescribers may only prescribe:

- For patients they have personally assessed.
- Using their own prescription pad or personalised computerised prescriptions.
- With an agreed Clinical Management Plan (CMP) for Supplementary Prescribers
- Only as described in the nurse formulary for community nurse practitioner prescribers.
- Within their own agreed level of professional competence and expertise
- No more than six repeat prescriptions, and only for patients they have reviewed within the last six months

Non-medical prescribers may not prescribe:

- Outside their own agreed areas of competence and expertise.
- For themselves, family, friends or colleagues.
- On another prescribers prescription pad
- On behalf of another person
- To replace an item that has been administered to a patient using GP or clinic stock items.
- For patients in GP practices not covered within LCP or which a prescribing budget has not been agreed.
- For patients they believe may have received a recent prescription for the same product but have been unable to assess the relevant documentation.

All non-medical prescribers must abide by LCP policy for Controlled Drugs and LCP Medicines Management Policy available via Elsie.

6.2 What Can Be Prescribed By Non-Medical Prescribers

- **Community Nurse Practitioners** who have completed the necessary training can only prescribe items listed in the Nurse Prescribers’ Formulary (NPF) for Community Practitioners. This can be found in the appendix of the British National Formulary (BNF) and in part XVIIb(i) of the Drug Tariff.
- **Nurse Independent Prescribers** who have completed the necessary training programme can prescribe any licensed or unlicensed medicine for any medical
condition, including 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) (Dept of Health, 2012). 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. The disease management areas that prescriptions are to be issued for must have been agreed and approved prior to any prescribing taking place. See section 6.8.

- **Pharmacist Independent Prescribers** can also prescribe any licensed or unlicensed medicine for any medical condition including 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) (Dept of Health, 2012). 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. The disease management areas that prescriptions are to be issued for must have been agreed and approved prior to any prescribing taking place. See section 6.8.

- **Physiotherapist and Podiatrist independent Prescribers** are able to prescribe any licensed medicine (apart from controlled drugs) provided it falls within their individual area of competence and respective scopes of practice, which are defined as follows:
  - The physiotherapist independent prescriber may prescribe any licensed medicine within national and local guidelines for any condition within the practitioner’s area of expertise and competence within the overarching framework of human movement, performance and function.
  - A podiatrist independent prescriber can prescribe only those medicines which are relevant to the treatment of disorders affecting the foot, ankle and associated structures, in line with current practice and consistent with published professional guidance.

- **Allied healthcare professional independent prescribers** cannot prescribe any controlled drugs.

- **Supplementary prescribers** (i.e. nurses, pharmacists, physiotherapists, chiropodists/podiatrists, radiographers and optometrists) may prescribe any medicine for the patient that is referred to in the clinical management plan, until the next review by the independent prescriber. Supplementary Prescribers can prescribe Controlled Drugs and unlicensed medicines in partnership with a doctor, where the doctor agrees within a patient’s CMP.

- On 01 April 2016, a number of changes to the Human Medicines Regulations 2012 come into effect which include:
  - Permitting registered therapeutic radiographer independent prescribers to mix, prescribe, sell or supply certain types of prescription only medicines.
• Adding registered dietitians to the list of health professionals who are included in the definition of a supplementary prescriber.

• Enabling the general sale, pharmacy and certain prescription only medicines to be supplied by registered orthoptists.

• Enabling the prescription only medicines diamorphine, morphine and pethidine hydrochloride to be supplied by registered midwives.

6.2.1 Unlicensed Medicines
From 21\textsuperscript{st} December 2009 legislation changed to allow nurse and pharmacist independent prescribers to prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists (and supplementary prescribers if part of a Clinical Management Plan\textsuperscript{1}). Podiatrists/Chiropodists and Physiotherapists independent prescribers are not legally allowed to prescribe unlicensed medicines, however supplementary prescribers may do so as long as agreed with independent medical prescriber and stated within the Clinical Management Plan.

Medicines prescribed should be licensed, and licensed for the indication for which they are to be prescribed. Prescribing an unlicensed medicine increases the clinical and legal liabilities on the prescriber. Before prescribing an unlicensed medicine the prescriber must ascertain that a reasonable body of medical opinion would support the use of the product in that way (or expert guidelines support its use), and that there is no suitable licensed alternative.

In all cases of “unlicensed” prescribing within LCP, the prescriber is fully accountable and liable for their actions and must be satisfied that:

- An alternative licensed treatment would not meet the patient’s needs.
- The prescribed drug and indication is within their area of competence.
- There is satisfactory evidence or experience of safety in prescribing the medication in the circumstances faced.
- The patient or carer understands that they are being prescribed an unlicensed medication, understands the implications of this, and gives consent.

Legal responsibility for any prescription lies with the person who signs the prescription. It is the responsibility of prescribers to be aware of the license status of products they prescribe.

Patients MUST be informed of the license status and their consent gained. This discussion must be documented in the patient’s record.

6.2.2 Off-Label Prescribing
Prescribing licensed Medicines for use outside their Product Licence is called ‘Off-Label’ prescribing.

\textsuperscript{1} The status of unlicensed medicines must be recorded on the Clinical Management Plan.
In all cases of ‘off-label’ prescribing within LCP, the prescriber is fully accountable and liable for their actions and must be satisfied that:

- An alternative licensed treatment would not meet the patient’s needs.
- The prescribed drug and indication is within their area of competence.
- There is satisfactory evidence or experience of safety in prescribing the medication in the circumstances faced.
- The patient or carer understands that they are being prescribed an unlicensed medication, understands the implications of this, and gives consent.

**Independent Prescribers** may prescribe medicines outside their licensed indications (off-label) where it is accepted clinical practice. In doing so, they are fully accountable and liable for their actions, and should comprehensively document their reasons for prescribing.

**Supplementary prescribers** may prescribe medicines outside their license if they are included in relevant Clinical Management Plans. Supplementary prescribers are also fully accountable and liable for such prescribing and should comprehensively record their reasons for prescribing.

**Community Practitioner Nurse Prescribers (CPNPs)** may **not** prescribe medicines ‘off-label’, except for nystatin oral suspension for neonates under 1 month of age, where the diagnosis of oral thrush is absolutely clear. In these circumstances, it should be prescribed at the dose recommended in the BNF. This exception is without precedent and there are no other exceptions for off-label prescribing by CPNPs.

**Important Note:**
In the case of both unlicensed and “off label” prescribing it is the personal responsibility of each prescriber to ensure they have a suitable level of indemnity protection for their prescribing practice. See section 6.5.2

**6.2.3 Borderline Substances**
Nurse, Pharmacist and Allied healthcare Independent prescribers can prescribe borderline substances but Department of Health guidance recommends that they restrict their prescribing to the substances on the Advisory Committee on Borderline Substances approved list, in Part XV of the Drug Tariff

**6.2.4 Mixing Medicines in Clinical Practice**

**Mixing of Medicines**
From 21st December 2009 [legislation](#) changed to allow nurse and pharmacist independent prescribers 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. In a registered pharmacy, hospital, care home service or health centre, legislation already enables medicines to be mixed, by or under the supervision of a pharmacist.
A supplementary prescriber can 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 mixing of medicinal products to produce an unlicensed medicine can also be undertaken by another person acting on the written directions of a nurse or pharmacist independent prescriber or by a supplementary prescriber where the mixing of the medicines forms part of the clinical management plan for an individual patient.

The mixing of drugs should be avoided unless essential to meet the needs of the patient, and those involved in both the prescribing and actual mixing should be competent to do so and take full professional and clinical responsibility for their actions. In addition such actions must be within the governance structures and guidance of the employing authority and of the relevant statutory bodies.

**Mixing of Controlled Drugs**

Nurse and pharmacist independent prescribers, as well as supplementary prescribers acting in accordance within 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.

The Home Office circular, which provides full details of the changes made, is available [here](#).

Allied health professional independent prescribers cannot prescribe or mix any controlled drugs.

### 6.3 Prescription Writing

For further guidance refer to [Prescription writing: British National Formulary](#). For information about prescription form types refer to NHS BSA [here](#).

- Writing must be clear and legible using indelible ink
- A line should be inserted between each item being prescribed
- Space should be blocked out using a ‘Z’ line
- Prescriptions may be computer generated if this facility is available
- The prescription must be completed with the following details:
  - **Patient Details:**
    - Full Name (forename and surname)
    - Full Address (including postcode)
    - Age & Date of Birth should preferably be stated. This is a legal requirement when prescribing Prescription Only Medicines to children less than 12 years of age.
Details of the items to be supplied:

- Name, form and strength
- Dose and frequency
- Directions
- Quantity
- Signature & date
- Non-medical prescribers correct contact telephone/mobile number

- The names of medicines should be written clearly using approved generic titles, wherever possible.
- Prescribers working for more than one service will need separate prescription pads corresponding to the services from which they are to prescribe.
- All services within Locala have been assigned cost centres related to the relevant commissioning body e.g. District nurses working in South Kirklees will have one cost centre code linked to Greater Huddersfield CCG and District nurses working in north Kirklees will have a different cost centre linked to North Kirklees CCG.
- The cost centre to which prescribing costs are to be allocated must be recorded on the prescription.
- It is the responsibility of the non-medical prescriber and Line manager to ensure the security of the prescription pads at all times. See section 6.10 and 6.11

Electronic prescribing

- Responsibility for ensuring the clinical system i.e. SystmOne is appropriately configured and a suitable printer is available rests with the prescriber and line manager. Advice can be sought from the SystmOne Team for Smart card configuration and Dell Helpdesk for printer configuration.

6.4 Handling Adverse Drug Reactions (ADRs) and Medication Incidents

The Non-Medical Prescriber must report any medication incidents in accordance with LCP incident reporting policy available via Elsie.

If a patient suffers a suspected adverse drug reaction to a prescribed, over the counter or herbal medicine, the adverse drug reaction should be reported via the Yellow Card Scheme. Yellow cards are available electronically, together with instructions on how to complete the form, which are detailed on the MHRA website; http://yellowcard.mhra.gov.uk/

Whilst electronic submission of forms is encouraged, yellow cards are also available at the back of the BNF. Suspected adverse reactions to medicines prescribed by another prescriber should be reported and ideally discussed with the prescriber.

All ADRs should be recorded in the patient’s notes and GP record.
6.5 Accountability And Responsibility As A Non-Medical Prescriber

6.5.1 Professional Accountability and Responsibility

All non-medical prescribers must work within their own level of professional knowledge and competence, and must seek advice and make appropriate referrals to other professionals with different expertise. Non-medical prescribers are accountable for their own actions and must be aware of the limits of their knowledge and competence.

Nurses and Midwives must act according to:

- Nursing and Midwifery Council The code: Standards of conduct, performance and ethics for nurses and midwives
- Nursing and Midwifery Council (2006) Standards of Proficiency for Nurse and Midwife Prescribers. Available at:

Pharmacists must act according to:

- General Pharmaceutical council (July 2012) Standards of conduct, ethics and performance.

Allied Health Professionals must act according to:


Furthermore Allied Health Professionals must abide by their respective Standards of Proficiency found here

Good practice guidance has been produced for independent-supplementary podiatrist prescribers with clear expectation that they will adhere to this guidance, and ensure that they are accountable for their actions.

Good Practice in Prescribing and Medicines Management for Podiatrists

6.5.2 Vicarious Liability/ Indemnity Insurance

Where an employed nurse, midwife, pharmacist or allied healthcare professional is appropriately qualified and prescribes within their agreed area of practice, as part of their professional duties with the consent of the employer, LCP is vicariously liable for their acts and omissions.

For Non-medical Prescribers who are directly employed by GPs or other commissioned services, the responsibility for vicarious liability/indemnity insurance lies with the individual prescriber and their employer.
It is the personal responsibility of ALL Non-Medical Prescribers to ensure arrangements for vicarious liability/indemnity insurance provides a suitable level of protection for their intended prescribing practice.

6.5.3 Reporting Arrangements and Record Keeping

All Non-Medical Prescribers are required to keep records, which are unambiguous and legible. Prescription details must be entered immediately into the prescriber’s patient records / parent-held child health records / professional record / medication sheet, as appropriate.

The record of all non-medical prescriptions should clearly indicate:

- Date
- Name of prescriber
- Name and form of item prescribed
- Dosage schedule
- Route of administration
- Quantity (where possible) and frequency of application (for topical)
- Advice given

The majority of the above is usually recorded automatically within current electronic clinical systems i.e. SystmOne.

GP records should be amended as soon as possible. Notification of any prescription must be forwarded to the relevant GP within 48 hours. In some situations it may be necessary to advise the GP immediately of the prescription. In these circumstances the action should also be documented in the records.

The GP may be informed:

- In person
- By telephone
- By tasking (for S1 GP practices only)
- By secure fax (until alternative solution found)
- By Nurse Prescribing Communication Sheet
- By other local protocols agreed with the GPs

If a prescription is given to a patient from another community nurses’ caseload, the caseload holder must be informed within 24 hours where possible, but within 48 hours of writing the prescription. The caseload holder may be informed by any of the routes above, or by e-mail.
6.5.4 Continuing Professional Development (CPD)

LCP accepts the recommendation from the DH (2006)\(^1\) that non-medical prescribers must keep up to date with evidence and best practice in the management of the conditions for which they prescribe and in the use of the relevant medicines.

Furthermore the respective regulatory bodies all stipulate CPD requirements and non-medical prescribers must fulfil these obligations in terms of both their prescribing role and their wider practice. Therefore LCP requires each non-medical prescriber to use CPD as a means of enhancing their professional knowledge and competence related to their non-medical prescribing role.

To assist non-medical prescribers review their competency, the National Prescribing Centre produced a single competency framework which can be found at the following link:

A single competency framework for all prescribers

LCP encourages non-medical prescribers to use this framework to review their competence in non-medical prescribing. The framework can be used to help healthcare professionals prepare to prescribe and help prescribers to identify strengths and areas for development through self-assessment. It is a generic framework which may be contextualised for application to specific clinical and professional settings.

CPD takes a variety of forms. Examples of how individual non-medical prescribers may undertake CPD to achieve competence includes:

- Personal reading and study keeping up to date therapeutic and regulatory knowledge
- Attendance at external formal events such as conferences or events delivered by Universities
- Attendance at LCP study events
- Attendance at non-medical prescribing network meetings
- Buddying
- Time spent with medical or non-medical prescriber colleagues on relevant prescribing activities.
- Reviewing competence using the National Prescribing Centre competency framework.
- Undertaking audit
- Use of supervision to focus on prescribing issues
- Developing reflective accounts that focus on prescribing as evidence for Professional Body revalidation/renewal evidence

6.5.5 Appraisal/Personal Development Review (PDR)

The appraisal/PDR process will facilitate non-medical prescribing in two key ways:

- The identification of individual non-medical prescribers suitable to train as non-medical prescribers
- The ongoing review of performance related to non-medical prescribers once trained and identification of any further training requirement. Non-medical prescribers should include prescribing as part of their review annually in order to continue in this role.
Annual Declaration of Competence
Each year, as part of their annual appraisal/review, all Non-Medical Prescribers will be asked to declare ongoing competence. Details will be recorded within the individual's appraisal/PDR. See section 6.8.1 if returning to practice after a period of not working in a prescribing role.

6.5.6 Audit
Audit is an essential element of the clinical governance of non-medical prescribing. Within the organisation audit will operate at two levels:

- **Organisational level** - LCP will audit non-medical prescribing as a means of determining the standard of current non-medical prescribing practice and future service requirements.
- **Non-medical prescriber level** - non-medical prescribers will audit their own prescribing practice as a means of demonstrating its quality. This can be done using SystmOne audit tools. Additionally non-medical prescribers can fulfil such audit requirements by participating in audit being undertaken within their team.

6.6 Support For Non-Medical Prescribers
The following table details the support for non-medical prescribing and the responsibilities of key personnel in the provision of this support:

<table>
<thead>
<tr>
<th>Support</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of a current BNF/BNFC/NPF</td>
<td>The Non-medical prescribing lead /Medicines Management Team will distribute to eligible prescribers when editions are delivered – normally a BNF/BNFC in September of each year for Independent prescribers and for Community nurse prescribers an NPF when published - normally biannually in September.</td>
</tr>
<tr>
<td>Information relating to pharmacovigilance and other non-medical prescribing related updates</td>
<td>The Non-medical prescribing lead when notified will inform via email/ Medicines News Live Newsletter/Locala LIVE or ELSIE.</td>
</tr>
<tr>
<td>Medicines information</td>
<td>The Non-medical prescribing lead /Medicines Management Team will inform via email/ Medicines News Live newsletter/Locala LIVE or ELSIE.</td>
</tr>
<tr>
<td>Prescription pads</td>
<td>Each Business Unit has two designated Administration Hubs that manages the ordering and supply of prescriptions to individual prescribers following sanction by medicines management team. Prescription paper and pads are delivered to the Locality Base for collection by the relevant Non-medical prescriber. Representatives are not allowed to collect prescription pads of other colleagues.</td>
</tr>
</tbody>
</table>
6.6.1 Access to British National Formularies (BNF’s, BNFC’s and NPF’s)
NICE provides access to the British National Formulary (BNF) and British National Formulary for Children (BNFC) in digital and print formats (annually only) for prescribers working in the NHS in England. They also provide access to the Nurse Prescribers Formulary (NPF) in print format every alternate year to community practitioner nurse prescribers in England.

Note: The NPF is also contained within the BNF.

Healthcare professionals eligible for free printed versions of the formularies are described in the following NICE webpage; British-National-Formulary

Printed copies of only the September editions are sent to the NMP lead within Locala for onward distribution to eligible registered non-medical prescribers. Copies are sent out by the Medicines management team to the nominated admin hub of each eligible practitioner listed on the Non-medical prescriber Database. There are no free printed copies available for clinic rooms etc. Prescribers must carry their own printed copy with them when working at different sites or access the BNF digitally.

The link to BNF’s is available via Medicines Management Page under ‘Useful links’ on Elsie
The formularies are also available digitally via http://www.evidence.nhs.uk/formulary/bnf/current

BNF and BNFC can also be accessed through a tablet or smartphone using apps and the content is updated monthly and is the easiest way for clinicians to keep up to date. Apps can be used without an internet connection which is very useful. NICE’s BNF and BNFC apps are free for health and social care professionals working for the NHS. To access content you need an NHS Athens account.

6.6.2 Buddying for Non-Medical Prescribers
The DH (2006)¹ recommends buddying for non-medical prescribers. LCP accepts this recommendation. Support from other professional colleagues is invaluable to non-medical prescribers, especially to those who are newly qualified. A buddy or mentor could be a doctor or another non-medical prescriber. LCP will encourage the engagement of newly qualified non-medical prescribers with buddy ing and furthermore will encourage doctors, non-medical prescribers and line managers to provide this role.

6.6.3 Clinical Supervision
The DH (2006)¹ recommends that independent prescribers should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing, as well as other aspects of practice. LCP accepts this recommendation for all of its non-medical independent prescribers. The Locala Supervision Guidelines available on Elsie provide a framework to support LCP colleagues to utilise supervision as part of their professional responsibility to deliver safe and effective care.
6.6.4 Non-Medical Prescribers Network

It may be helpful for Non-Medical Prescribers and those undergoing training to form network links. Any issues can be discussed and concerns taken forward to the Medicines Management Committee which is accountable to the Board. Non-medical prescribers from a range of specialities are encouraged to become members of the Medicines Management Committee.

CPD remains the responsibility of the non-medical prescriber. It is the responsibility of the non-medical prescriber to keep up to date in their field of practice and with any changes in national and local policy. The line manager should ensure that CPD is encouraged to maintain competence in their clinical area. Individual non-medical prescribers will negotiate their CPD requirements using LCP appraisal/PDR process. See section 6.5.5

6.7 Registration As A Non-Medical Prescriber Within LCP

The following subsections describe the actions to be taken when

a) an individual successfully completes their non-medical prescribing training

OR

b) a new employee with a prescribing qualification joins LCP.

(See Appendix C for a flowchart describing the complete process).

Note: Examples of all notification forms are available in Appendix E- 'Standard Operating Procedure for Non-medical prescriber Notifications'. Editable versions are also available on Elsie here.

6.7.1 Actions by the Individual Non-Medical Prescriber

Once the individual non-medical prescriber has successfully completed their prescribing training, they will be notified by the relevant Higher Education Institution. The Higher Education Institution also notifies:

- The Nursing and Midwifery Council in the case of Nurses and Midwives
- The General Pharmaceutical Council in the case of Pharmacists
- The Health and Care Professions Council in the case of Physiotherapists, Podiatrists, Radiographers, and Optometrists

The relevant regulatory body will then make the appropriate non-medical prescribing annotation on the register for the individual non-medical prescriber. Any costs associated with recording the qualification with their appropriate regulatory body will be met by the individual non-medical prescriber. The individual non-medical prescriber cannot legally prescribe until this annotation has been made.
Prescribing MUST NOT be carried out by Locala employees until the following are completed:

- Once the individual non-medical prescriber has received notification from the relevant regulatory body that an annotation has been made on the register they must provide a copy to their line manager.

- Ensure their job description reflects their non-medical prescribing role. The job description MUST state that non-medical prescribing is a requirement for the post. Workforce can support line managers with the required change to Job description.

  If there are changes to banding as a result of the process, Managers should go through ‘Manager Self Service’ on ESR to make any relevant changes to the contract.

- Register with the NHS Business Services Authority. This is actioned by the Head of Medicines Management upon receipt of relevant form(s):
  
  - Community Practitioner Nurse Prescribers (CPNP) must complete the ‘Qualified as Community Practitioner Nurse Prescriber (CPNP)’ Notification form - Notification E
  
  - Independent/Supplementary Prescribers must complete the ‘Intention to practice as an independent/supplementary prescriber’ Notification form - Notification F(i)
  
  - All nurse and pharmacist non-medical prescribers wishing to prescribe controlled drugs from Schedule 2, 3 and 4 must complete Notification F(ii)

  The newly qualified prescriber must receive confirmation from LCP Medicines Management that they are registered with NHS BSA before commencement of prescribing.

  After a period of time gaining experience, should independent/supplementary prescribers wish to prescribe additional items which were not approved in their original independent prescribing proforma, they should complete Notification G - ‘Independent prescribing additional competency notification’ form and submit to the Non-Medical Prescribing Lead.

6.7.2 Actions by the Line Manager

The line manager will ensure that they:

- View a copy of the individual non-medical prescriber's course results letter and/or notification of annotation to the register from the relevant regulatory body.

- Ensure that the individual non-medical prescriber’s job description refers to their non-medical prescribing role. The Job description MUST state that Non-medical prescribing is a requirement for the post.

- Sign the completed notification forms;
- **Notification F** (i) +/- **Notification** F (ii) - for independent-supplementary prescribers, or
- **Notification** E for community practitioner nurse prescribers, to confirm that the relevant prescribing qualification has been achieved and that prescribing is a requirement of that non-medical prescriber’s role.

- Once confirmation has been received from the Non-medical Prescribing Lead that prescribing can start, ensure update of the non-medical prescribers’ status on SystmOne has taken place so they are recognised as prescribers and can produce correct electronic prescriptions. Contact SystmOne team or Dell helpdesk for support if required.

### 6.7.3 Actions by the Non-Medical Prescribing Lead

LCP Non-Medical Prescribing Lead will be responsible for:

- Registering the non-medical prescriber with the NHS Business Services Authority upon receipt of correctly completed notification forms and following verification that the prescribing qualification is annotated on the relevant regulatory body’s register as follows:
  - The Health and Care Professions Council at: [http://www.hcpc-uk.org/landing/?id=4](http://www.hcpc-uk.org/landing/?id=4)

- Entering the individual non-medical prescriber’s prescribing status on the Locala non-medical prescribing data base.

- Sending confirmation to the SystmOne Team details of the new prescriber so their SMART card can be updated with the correct prescriber status.

- Sending confirmation to the newly qualified non-medical prescriber that they can now begin to prescribe together with a letter signposting the prescriber to relevant, useful resources and advice on how to obtain prescription stationery so as to facilitate their new role as a prescriber.

### 6.7.4 Actions by Workforce

Workforce will be responsible for receiving and retaining on file the individual non-medical prescriber’s:

- Revised job description
- Proof of DBS check if appropriate.

### 6.8 Employment Of A Non-Medical Prescriber

When employing a non-medical prescriber that has been trained previously via a different organisation, the individual non-medical prescriber, their line manager, LCP Non-Medical Prescribing Lead and Human Resources need to act in accordance with section 6.7 of this policy. The individual MUST demonstrate they have completed the
appropriate training and have their competencies assessed by their line manager before applying to be registered as a non-medical prescriber within LCP.

### 6.8.1 Return to Practice as a Non-Medical Prescriber

A non-medical prescriber may complete ‘return to practice’ requirements laid down by their regulatory body and wish to resume non-medical prescribing. The individual non-medical prescriber and their line manager will need to:

- **Assess prescribing competence** - this will be undertaken using LCP appraisal/PDR review process. The individual non-medical prescriber’s personal portfolio will also be of use in determining existing competence and continuing professional development needs. Individuals will be encouraged to review their prescribing competency using the National Prescribing Centre competency framework detailed in section 6.5.4 of this policy. The non-medical prescriber and manager must work in partnership to identify individual non-medical prescribing CPD needs within their new area of practice.

- **Continuing professional development (CPD) needs** - individual CPD needs will determine the length of time it takes for a non-medical prescriber who has returned to practice to feel confident and competent to prescribe in their area of practice. This must be incorporated into the appraisal/PDR process. The non-medical prescriber is responsible for attaining the knowledge and competence that will give them the skills to re-apply the principle of prescribing. It would be good practice to undertake reflective supervision with the prescribing team in practice, which should include the lead clinician (mentor).

- **Independent prescribing** - before initiating prescribing the non-medical prescribing lead must be informed by completion of Notification F(i) and F(ii) as applicable. Registration with NHSBSA will be confirmed and the non-medical prescriber database will be amended to show the individual non-medical prescriber’s therapeutic area of competence following return to practice.

- **Supplementary prescribing** - before supplementary prescribing can take place the non-medical prescriber and partner independent prescriber must be satisfied that the individual non-medical prescriber has achieved the necessary knowledge and competence in their new area of prescribing practice. A clinical management plan must then be completed as required by the DH (2005) (see appendix D).

### 6.8.2 Registering Changes to a Non Medical Prescriber

Non-medical prescribers may change their role within an organisation as a result of:

- Career development
- Service redesign
- Succession planning

- The non-medical prescriber should notify the Non-Medical Prescribing Lead of any role change by submitting Notifications E or F(i) as relevant, so that the LCP prescriber database and cost centres of prescribers can be amended to reflect the non-medical prescriber’s new prescribing area.

- If a non-medical prescriber moves to another area of practice they must consider the requirements of their new role and only ever prescribe within their own level of knowledge and competence.
Continuing professional development (CPD) needs.
The non-medical prescriber and their new manager must work in partnership to identify individual non-medical prescribing CPD needs within their new area of practice. Individual CPD needs will determine the length of time it takes for a non-medical prescriber who has moved practice areas, to feel confident and competent to prescribe in their new area of practice. This must be incorporated into the appraisal/PDR process. The non-medical prescriber is responsible for attaining the knowledge and competence that will give them the skills to apply the principle of prescribing in a new area. It would be good practice to undertake reflective supervision with the prescribing team in practice, which should include the lead clinician (mentor).

Independent/Supplementary prescribing.
Before independent/supplementary prescribing from a different therapeutic area can take place (Notification G) must be completed and submitted to the Non-Medical Prescribing Lead, who will be responsible for ensuring the Non-medical prescribing Data base is amended to record the individual non-medical prescriber’s expanded area of competence.

Supplementary prescribing. Before expanding the original scope of prescribing the non-medical prescriber and the independent prescriber involved must be satisfied that the individual non-medical prescriber has achieved the necessary knowledge and competence in their new area of prescribing practice. A clinical management plan must then be completed as required by the DH (2005). See appendix D.

Change of Prescriber Name
If a registered non-medical prescriber has a name change this must be:

- Formally recorded on the register of their relevant professional body.
- Notified to the Non-Medical prescribing lead by completing the relevant form – Notification E or Notification F(i) so that registration details can be amended with NHS BSA and on the Locala database of Non-medical prescribers.

NB Prescription pad details will not be updated until these actions are completed.

Moving teams or Leaving/Changing role in LCP

The following actions must be undertaken when a non-medical prescriber moves teams, leaves their prescribing role or leaves the organisation.

The Non-Medical Prescriber should:

- Notify the Non-Medical Prescribing Lead using Notification E or F(i) to be de-registered with the NHS BSA and removed from the Locala database.
- Return all unused FP10 prescription forms for recording and shredding, to the Line Manager or Business Unit nominated Administration support from where they would normally order prescriptions.
GP practice prescribers must return all unused prescription pads to the Practice Manager who will then return them to PCSE.

The Line Manager and Non-medical prescribing lead must act in accordance with Section 6.7.2 and 6.7.3 respectively.

6.9 Ordering and Supply of Prescriptions

The non-medical prescriber will receive notification from the Non-medical Prescribing Lead via email when the registration process within NHS BSA is complete and prescribing can commence.

The non-medical prescriber can commence to prescribe electronically with immediate effect once Smart card amendments have been made. The non-medical prescriber’s details must be added to the clinical system prior to issuing computerised prescriptions to patients. This is to ensure any prescribing undertaken is attributable to the individual prescriber and that the regulations for writing prescriptions are complied with.

Obtaining a supply of Computerised Prescription Forms

- All prescribers within Locala can have access to producing prescriptions electronically. Once registration of a new non-medical prescriber is complete, the Non-medical Prescribing Lead will communicate with the SytmOne team to ensure appropriate changes are made to the new prescribers SMART card.

Ordering of electronic prescription forms must be done via the Business unit nominated administration Support. These blank electronic forms must be securely stored at any service dealing with electronic prescriptions. There must be nominated prescribers within each team/service who are responsible for the secure use of prescription forms stored at each site.

The process for secure handling of such forms is described in Appendix I – SOP for services handling computerised prescriptions.

Obtaining a supply of Hand Held Prescription Pads

Non-medical prescribers should routinely generate electronic prescriptions. However in the event of there being a need to prescribe using hand held pads:

- Requests for hand held prescription pads should be emailed to the relevant Nominated administration support by the non-medical prescriber. If the administration hub has a record of the prescriber a formal order will be submitted to Xerox.

- Clinic based non-medical prescribers currently use electronically generated prescriptions. However in the event of hand held pads being required (e.g. as emergency backup if electronic systems fail), consent should be gained from the line manager and a request submitted via email to the relevant Nominated administration support.

- Prescribers will be notified when the prescription pads arrive and asked to collect in person with evidence of identification, from the relevant locality base

- See section 6.10 and Appendix H for guidelines that must be adhered.
In the interest of security no more than 1 pad will be handed over to a non-medical prescriber. Requests for quantities which exceed this amount should be addressed to the Non-Medical Prescribing Lead.

For GP practice staff requests for hand held prescription pads should be sent to PCSE by the non-medical prescriber on a PN FP10 order form. (This is available from PCSE or Medicines Management Team on request). The order form can either be faxed, emailed or posted to PCSE as instructed on the form.

The prescription pads will be returned to the individual non-medical prescriber at the GP practice via the GP post bag system.

6.10 Safe Handling Of Prescriptions

Administration Hubs
Ordering, receipt, distribution and destruction of hand held prescription pads for locality/health centre based registered Non-Medical Prescribers is the responsibility of the relevant nominated administration support in each Business Unit. Nominated prescription administrators are expected to follow the following SOPs.

Appendix F - SOP for handling computerised prescriptions at BU admin hubs
Appendix G - SOP for handling prescription pads at BU admin hubs

Non medical prescribers
Upon receipt of prescriptions the responsibility for safe and secure handling of prescriptions rests with non-medical prescribers. All non-medical prescribers are expected to follow the following guidance and SOP.

Appendix H - Good Practice Guidelines in the Safe and Secure Handling of Prescription pads for Non - Medical Prescribers
Appendix I - SOP for services handling computerised prescriptions

6.11 Loss or Suspected Theft of Prescriptions
In the event of loss or suspected theft the nominated administrator (if occurs in the admin hub) or the prescriber in charge of the lost prescriptions must report this immediately to their relevant Service/Line Manager – who will immediately organise:

- Emailing NHS England
- Informing the police
- Notifying NHS Protect
- Completing the organisations incident reporting form
- Informing the Locala Head of medicines management/CDAO and the relevant prescriber(s) as necessary

All security breaches /incidents of this nature are serious and will be investigated thoroughly with necessary action taken to prevent re- occurrence.
See Appendix J - SOP for reporting loss or suspected theft of prescriptions for details of contacts/telephone numbers and reporting requirements.

7  EQUALITY IMPACT ASSESSMENT

Locality Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool (Appendix A) provides evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149 (1) of the [Equality Act 2010]

8  PREVENT

All healthcare employees have a role to play in protecting and supporting vulnerable individuals especially those who may be vulnerable to radicalisation. Prevent aims to stop people becoming terrorists or supporting terrorism. In carrying out their day to day work colleagues may notice unusual changes in the behaviour of someone (patient, carer or employee) which are sufficient to cause concern. It is important that if anyone has a cause for concern, they contact their line manager, who will inform the Locala PREVENT lead.

9  CONSULTATION PROCESS

The document was circulated to the following groups of colleagues for consultation over a 2 week period from 7th March to 18th March 2016:

- Heads of all Business Units
- All Business Unit Operational Managers for onward circulation to relevant Business Unit service leads
- All Business Unit Quality Managers
- Head of Quality
- Members of the Medicines Management Committee

All comments received during the consultation have been collated, reviewed and actioned as appropriate. See Appendix B.

10 DISSEMINATION AND IMPLEMENTATION

10.1 Dissemination

The Non-medical prescribing policy is detailed and carefully outlines roles and responsibilities for all activities related to non-medical prescribing. In order to ensure that policies, guidelines and protocols are introduced and work effectively, there is a need to provide adequate communication and instruction once the policy is published on Elsie. Colleagues will be informed about the publication of the policy via Locala News Live and Medicines Live newsletter. Operational managers of Business Units will be specifically targeted to be mindful of the content of the policy and relay the responsibilities to their relevant service leads.
10.2 Training

For all applicants LCP needs to:

- Verify that the member of staff’s post is one in which they will have the need and opportunity to act as a prescriber immediately upon qualifying, with an appropriate prescribing budget in place.

- Approve the designated mentor, (for community practitioner nurse prescribers), and ensure the mentor has agreed to provide supervision for the duration of the programme. It is the responsibility of the applicant to identify this mentor who must be a practising community practitioner nurse prescriber.

- Approve the designated medical practitioner, (for independent/supplementary prescribers), hereafter referred to as the medical mentor, and ensure the mentor is willing and able to contribute to and supervise 12 days of learning in practice. It is the responsibility of the applicant to identify this mentor. See below for further requirements and guidance.

- Ascertain whether the individual will need to prescribe for children and young people on qualification. If the individual is to prescribe for children and young people LCP must ensure only non-medical prescribers with relevant knowledge, competence, skills and experience in treating children and young people should prescribe for children and young people.

  This is in compliance with the NMC Circular 22/2007: Prescribing for children and young people

- Agree with the individual independent/supplementary non-medical prescriber the therapeutic areas in which they will prescribe.

- Support staff undertaking their course whilst training.

  - Support continuing professional development (CPD) opportunities related to their prescribing role on completion of the course. For more details contact training department or the Non-medical Prescribing Lead.

  - Provide written confirmation to the Higher Education Institution providing the training that the applicant has had a recent Disclosure and Barring Service (DBS) check (within the previous 3 years for nurses or 3 months for Allied Healthcare professionals) at the time of applying.

Before individual non-medical prescribers apply for training to become a non-medical prescriber, they and their supporting manager must confirm the following professional body criteria:

10.2.1 Nurses and Midwives

To undertake the preparation programme to prescribe as a community practitioner nurse prescriber, the Nursing and Midwifery Council (2006) state that nurses and midwives should:
- Have practiced for a sufficient period to be deemed competent in the area they intend to practice. This would normally be a minimum of 2 years.

- Provide evidence via the Accreditation of Prior and Experiential Learning (APEL) process of their ability to study at minimum academic level three (degree level).

- Be assessed as being competent to take a history, undertake a clinical assessment and make a diagnosis. For example, they must be able to carry out a comprehensive assessment of the patient’s physiological and/or psychological condition, and understand the underlying pathology and the appropriate medicines regime. The student prescriber must also be deemed to be adequately numerate to fulfil the role of a prescriber.

To undertake the preparation programme to prescribe as a nurse independent/supplementary prescriber the DH (2006)\(^1\) and the Nursing and Midwifery Council (2006)\(^2\) standards state that nurses and midwives should:

- Have the ability to study at Level 3 (degree level).

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

- Be assessed as being competent to take a history, undertake a clinical assessment and make a diagnosis. For example, they must be able to carry out a comprehensive assessment of the patient’s physiological and/or psychological condition, and understand the underlying pathology and the appropriate medicines regime.

10.2.2 Pharmacists

- To undertake the preparation programme to prescribe as a pharmacist independent/supplementary prescriber the DH (2006)\(^1\) and the General Pharmaceutical Council (GPhC)\(^3,4\) state that pharmacists should:

  - Have the ability to study at Level 3 (degree level).

  - Be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI)

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

  - have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice

  - demonstrate how they reflect on their own performance and take responsibility for their own CPD.
10.2.3 Allied Health Professionals

To undertake the preparation programme to become a supplementary or independent prescriber the DH (2005)\(^2\) and the Health and Care Professions Council (2005) standards state that allied health professionals should:

- Have the ability to study at Level 3 (degree level), although some courses are offered at masters level.
- Normally have at least 3 years relevant post-qualification experience.
- Meet the education providers’ selection and entry criteria, including appropriate academic and professional entry standards together with accreditation of prior (experiential) learning and any other inclusion mechanisms.

For Nurses, Midwives, Pharmacists and Allied Health Professionals seeking to prescribe as supplementary prescribers their competencies will be agreed by their independent prescriber partner who must be a doctor.

10.2.4 Mentors

The mentor has a crucial and highly responsible role in teaching and assessing the non-medical prescriber and assuring competence in prescribing as identified by the Higher Education Institution providing the training.

For **community practitioner nurse prescribers** the mentor:

- Must be an experienced practicing community practitioner nurse prescriber, with at least 3 years prescribing experience in the relevant field of practice.

For **independent/supplementary prescribers** the medical mentor:

- Has normally had at least 3 years medical, treatment and prescribing responsibility for a group of patients/clients in the relevant field of practice.
- Is within a GP practice or works in the relevant field of expertise and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate or is a specialist registrar, clinical assistant or a consultant within the geographical boundaries of Locala services.
- For those non-medical prescribers intending to prescribe for children and young people, the mentor should be experienced and competent in prescribing for children and young people so they can confirm the demonstration of competence by students wishing to prescribe for this age group on qualification.
- Has some experience or training in teaching and/or supervising in practice.
Support for the Mentors
The National Prescribing Centre (2005) has produced a guide *Training non-medical prescribers in practice* to help doctors prepare for and carry out the role of the medical mentor.

The University chosen for non-medical prescribing training may provide mentor training as well as support by the course leader.

Support from an Experienced Non-medical Prescriber
The Nursing and Midwifery Council states that practice assessment in Independent/Supplementary prescribing programmes is the legal responsibility of a designated medical practitioner who supports, teaches and supervises the student with, where possible, an experienced non-medical prescriber who should ensure that the learning is applied to specific areas of practice. LCP supports this statement and will encourage where possible allocation of an experienced non-medical prescriber to assist non-medical prescribing students apply their learning to their specific area of practice.

10.2.5 Qualification to Become A Non-Medical Prescriber

The Non-Medical Prescribing Course
Course details can be obtained from the Higher Education Institution to which the applicant wishes to apply. Search the following website to identify universities that offer the course within the Yorkshire and the Humber Strategic Health Authority, by typing in PRESCRIBING in the search box.

http://www.yhcoursefinder.co.uk/

Applicants should initially seek approval from their line manager, then the LCP Non-Medical Prescribing Lead and LCP Learning and Development Approval Panel before applying to undertake a prescribing course.

The following LCP requirements all need to be in place before applying to any Higher Education Institution:

- Line management agreement,
- study leave/funding approval from LCP Learning and Development panel
- an agreed mentor and
- approval from LCP Non-Medical Prescribing Lead

Applicants should complete *Notification H ‘Approval to Undertake Non-Medical Prescribing Course’ form*. Example available in Appendix E - ‘SOP for Non-medical prescriber Notifications’. The editable version of Notification H is available from Elsie and must be returned with the university application form, to the Non-Medical Prescribing Lead for organisational approval.

The applicant must also apply for support to study as per [Locala Learning and Development policy](#).

Please note, Locala’s learning and development approval panel meets monthly, so please allow enough time for your application to be processed.
11 MONITORING COMPLIANCE WITH THE DOCUMENT

The Non-medical prescribing policy is detailed and carefully outlines roles and responsibilities for all activities related to non-medical prescribing. In order to ensure that policies, guidelines and protocols are introduced and work effectively, there is a need to provide adequate communication and instruction once the policy is published. The non-medical prescribing lead will endeavour to promote the content of this policy by publishing on Elsie and raising its profile to individuals and managers holding responsibilities in this professional area.

11.1 Process for Monitoring Compliance

Adherence to the policy will be monitored by the Medicines Management Team.

Line managers will be responsible for managing individual prescriber activity.

Business Units will be responsible for ensuring the policy and principles of prescription security are adhered to.

Prescribing data will be reviewed as a standing agenda item by the Medicines Management Committee.

11.2 Key Performance Indicators

- Uptake of prescribing activity by all practicing qualified Non-medical prescribers
- Prescribing activity adherence to prescriber qualification and Compliance to formularies
- Assessment of competency via appraisal/PDRs
- Review of datix incidents related to prescription security

12 References / Bibliography

1 Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England

2 Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England

3 General Pharmaceutical council (2011) Pharmacist independent prescribing programme - learning outcomes and indicative content London: GPhC.

4 GPhC Entry requirements

13 Associated Policy Documentation

This policy should be read in conjunction with the following policies and procedures:
- Medicines Management Policy
- Controlled Drug Policy
- Patient Safety and Non-Clinical Incident Reporting SOP
- DH Consent Policy
## Appendix A - Equality Impact Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the document/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Nationality</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Gender (including gender reassignment)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Culture</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Religion or belief</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Sexual orientation</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>Is the impact of the document/guidance likely to be negative?</td>
<td>No</td>
</tr>
<tr>
<td>5.</td>
<td>If so, can the impact be avoided?</td>
<td>N/A</td>
</tr>
<tr>
<td>6.</td>
<td>What alternative is there to achieving the document/guidance without the impact?</td>
<td>N/A</td>
</tr>
<tr>
<td>7.</td>
<td>Can we reduce the impact by taking different action?</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Appendix B – Consultation Process with Key Stakeholders

Stakeholders are usually people with specialist knowledge of the subject or who potentially will be affected by it. The Senior Nurse for Infection Control is a mandatory Stakeholder for all clinical policies.

<table>
<thead>
<tr>
<th>Stakeholder name and designation</th>
<th>Date feedback requested</th>
<th>Date feedback received</th>
<th>Details of feedback received</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gemma Fowler – Head of Quality</td>
<td>6.03.16</td>
<td>11.03.16</td>
<td>Correction on Supervision guidelines being available not policy</td>
<td>Updated policy and added weblink</td>
</tr>
<tr>
<td>Sheila Sorby – Quality Manager</td>
<td>6.03.16</td>
<td>15.03.16</td>
<td>Clarification wanted over prescriber liability. Suggested incident reporting should link/highlight need to complete yellow card</td>
<td>Jane Kennedy confirmed that LCP covers prescribers via vicarious liability Ongoing development</td>
</tr>
<tr>
<td>Victoria Jones – Quality Manager</td>
<td>6.03.16</td>
<td>8.03.16</td>
<td>Required explanation of some acronyms</td>
<td>Explanation provided in Section 4</td>
</tr>
<tr>
<td>Carolyn Dixon – Head of</td>
<td>6.03.16</td>
<td>18.03.16</td>
<td>Remove references to Totara as will no longer be used.</td>
<td>Updated policy</td>
</tr>
<tr>
<td>Liz Clough – Professional</td>
<td>6.03.16</td>
<td>16.03.16</td>
<td>provided updates on learning and development panel and Totara</td>
<td>Updated policy</td>
</tr>
<tr>
<td>Development Lead Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrea Stocks - Workforce</td>
<td>6.03.16</td>
<td>7.03.16</td>
<td>Clarified route to amending Job descriptions post qualifying.</td>
<td>Policy updated</td>
</tr>
<tr>
<td>Rebecca Hood – SystmOne project</td>
<td>6.03.16</td>
<td>22.03.16</td>
<td>Refined the process around SMART card adjustments post qualifying/registration</td>
<td>Policy Updated</td>
</tr>
<tr>
<td>manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Palfreeman – Head of</td>
<td>6.03.16</td>
<td>7.03.16</td>
<td>Suggestions made to clarify various SOPs</td>
<td>Updated where necessary</td>
</tr>
<tr>
<td>Integrated Childrens BU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMC members</td>
<td>8.03.16</td>
<td>17.03.16</td>
<td>Suggested alterations to Appendix I SOP</td>
<td>SOP updated</td>
</tr>
<tr>
<td>Laura Gardiner – Specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pharmacist</td>
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</tbody>
</table>
Notification Process for a New Non-medical Prescriber

Successful completion of a Non-medical Prescribing course

University module leader notifies:

The Nursing and Midwifery Council
Health and Care Professions Council
General Pharmaceutical Council

The Non-medical prescriber (NMP)

NMP supplies copies of qualification details to their line manager when registration with professional body is confirmed. These documents are to be kept in the non-medical prescribers personnel file

NMP completes the relevant notification form available from ELSIE and forwards to the Non-medical Prescribing lead.

See SOP for NMP notifications on Elsie

Upon registering the new prescriber with NHSBSA, formal notification via email will be sent by medicines management to the new prescriber

The non-medical prescriber can then initiate computerised prescribing in the community setting or can request a hand held prescription pad to be ordered by their respective business unit admin hub. Contact details are provided in the email from Medicines management.

The non-medical prescriber should liaise with line manager to ensure Systmone and printers can be set up for generating prescriptions.
### SUPPLEMENTARY PRESCRIBING CLINICAL MANAGEMENT PLAN (CMP)

<table>
<thead>
<tr>
<th><strong>Patient Label / Details</strong></th>
<th><strong>Existing Patient Medication Not Covered Under CMP</strong></th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Allergies / Sensitivities</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Independent Prescriber(s)</strong></th>
<th><strong>Supplementary Prescriber(s)</strong></th>
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<tbody>
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<table>
<thead>
<tr>
<th><strong>Condition(s) to be Treated</strong></th>
<th><strong>Aim of Treatment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Treatment Plan

<table>
<thead>
<tr>
<th><strong>Indication</strong></th>
<th><strong>Preparation &amp; Dosage</strong></th>
<th><strong>Dose Schedule</strong></th>
<th><strong>Referral back to the Independent Prescriber</strong></th>
</tr>
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<tbody>
<tr>
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</tr>
</tbody>
</table>
Review & Monitoring:

<table>
<thead>
<tr>
<th>Supplementary Prescriber</th>
<th>Independent Prescriber</th>
</tr>
</thead>
</table>

**Process for reporting Adverse Drug Reactions**

Yellow Card Scheme

IR1 if applicable

**Documentation & Record Keeping**

**Guidelines supporting Supplementary Prescriber’s Treatment Plan**

<table>
<thead>
<tr>
<th>Names of Independent Prescriber(s) Managing this Patient’s CMP</th>
<th>Date</th>
<th>Name(s) of Supplementary Prescriber(s) Prescribing from this CMP</th>
<th>Date</th>
<th>Date Agreed with Patient / Carer</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Standard Operating Procedures (SOP) for Non Medical Prescriber (NMP) Notifications

Scope:
For Colleagues wishing to apply for a prescriber qualification, register as a prescriber or notify a change in status within Locala Community Partnerships.

Process:
The following notification forms are to be completed, personally signed and sent to the Non-medical prescribing lead if any employee wishes to apply to:

1. Undertake training to become a non-medical prescriber - Notification H
2. Register as a Community practitioner nurse Prescriber - Notification E
3. Register as an Independent/Supplementary non-medical prescriber - Notification F(i)
4. Prescribe any controlled drugs from Schedule 2, 3, or 4. - Notification F(ii)
5. Expand the areas of prescribing competence originally provided to NMP lead upon initial registration – Notification G

All non-medical prescribers must immediately notify the non-medical prescribing lead of the following:

6. Change of name - Notification E or Notification F(i) (depending on qualification)
7. Moving Teams/service - Notification E or Notification F(i) (depending on qualification)
8. Leaving the organisation or a prescribing role - Notification E or Notification F(i) (depending on qualification)
9. Returning to a prescribing role - Notification E or Notification F(i) (depending on qualification)

Example Forms are shown below.

Editable versions of the forms are available from Elsie here

Ratified by Medicines Management Committee: 30th March 2016
Review date: 1st April 2018
Qualified as Community Practitioner Nurse Prescriber (CPNP) Notification

CPNP INTENTION TO PRESCRIBE (i.e. Nurse Formulary Prescriber V100/V150 Qualification)

FULL NAME (print): ……………………………………………… PROF. REG NO.: ……………………

TITLE (Mr/Miss/Ms/Mrs): …………………………… DATE OF BIRTH: ……………………………

PROFESSIONAL STATUS (i.e. District Nurse, Health Visitor etc): …………………………………

JOB TITLE: ……………………………………………………… TEAM: ……………………………

SERVICE/TEAM BASE: ………………………………………………………………………

CONTACT DETAILS (Mobile number): …………………………………………………

Tick Applicable boxes

• I have registered my qualification with my professional body

• I am a new employee within Locala

• I have moved from ……………………………………. team/service to ……………………………….. team/service and require my Locala registration updating.

• I have changed my name recently and my professional registration body has been informed

  (My previous registered name was ………………………………………)

SIGNATURE: ……………………………………………… Date: ……………

(Actual signature is mandatory)

TEAM LEADER/SERVICE MANAGER APPROVAL

I confirm that (insert name): …………………………………………….. is employed in their role as

(insert job title): …………………………………………….. and that they are required to prescribe in this role.

APPROVED BY

(Name)……………………………………………………………….(Signature)…………………………

(Job Title)………………………………………………………………. Date)…………………………

Base/Contact No…………………………

Return to: Non-Medical Prescribing Lead, Medicines Management Team, Locala Community Partnerships, Beckside Court, Bradford Road, Batley, WF17 5PW
**INTENTION TO PRACTICE AS AN INDEPENDENT/SUPPLEMENTARY PRESCRIBER (i.e. V300 Qualification)**

Please complete this form electronically, then print, sign and arrange for manager and lead clinician (mentor) to sign before forwarding to NMP Lead.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title (Ms/Miss/Mrs/Mr):</th>
<th>Base:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Reg. Number:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional (tick):**
- [ ] Health Visitor
- [ ] District Nurse
- [ ] Specialist nurse/Community Matron
- [ ] Pharmacist
- [ ] Podiatrist
- [ ] Physiotherapist
- [ ] Other (please state)...

**Tick applicable boxes**
- [ ] I have gained the Independent Prescribing Qualification
- [ ] Supplementary prescribing qualification
- [ ] I have registered my new qualification with my professional body
- [ ] I am a new employee within Locala
- [ ] I have been prescribing from the Nurse Formulary within Locala
- [ ] I have moved from ................................................. team/service to ........................................................
  ................................................. and require my Locala registration with NHS BSA updating.
- [ ] I have changed my name recently and my professional registration body has been informed
  (My previous registered name was ..........................................................)

**Continued overleaf**
<table>
<thead>
<tr>
<th>Disease Area</th>
<th>Evidence of Competence to prescribe for this disease area</th>
<th>CPD undertaken supporting prescribing within this area</th>
<th>State items to be prescribed and guidelines worked to, or attach protocols.</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Asthma</td>
<td>E.g. Asthma Diploma or 10 years experience (whatever is applicable)</td>
<td>E.g. Formal updates, courses attended (whatever is applicable) Please give as much information as possible including dates attended etc.</td>
<td>You may list individual items or make reference to guidelines or sections of BNF. Prescribing intentions must be clear and the evidence base identified.</td>
</tr>
<tr>
<td>Have you received a prescribing related appraisal in last 12 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, when and with whom.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not, identify when and with whom this will take place.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you receive clinical supervision for your prescribing role?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so please give brief description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not identify how you will receive clinical supervision for your prescribing role.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What plans do you have to audit your prescribing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please provide a brief description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you identified any CPD needs related to prescribing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so how do you plan to address these needs?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Independent Prescribers Signature:** ............................................................ Date: ........................................ (Actual signature is mandatory)

My intended scope of prescribing practice has been discussed and agreed with my line manager and lead clinician (mentor).

**Managers Name:** ............................................................ **Base/Contact No:** .............................................................

**Managers Signature:** ............................................................ Date: ........................................

**Lead Clinicians Name (Mentor):** ............................................................ **Base/Contact No:** .............................................................

**Lead Clinicians Signature (Mentor):** .......................... Date: ........................................

Please send the completed **and signed form** to:

Non Medical Prescribing Lead, Medicines Management Team, LCP, Beckside Court, Bradford Road, Batley, WF17 5PW

*A copy should be retained by the Non-Medical Prescriber and Line Manager.*
Application for an Independent/Supplementary Prescriber to Prescribe Controlled Drugs (CD’s) from Schedule 2, 3 and 4.

FULL name in BLOCK CAPITALS………………………………………………………………………………

Date of Birth …………………… Job Title………………………………………………………………………………

Profession ………………………………..Team/Service……………………………………………………

Contact Details

Base Address…………………………………………………………………………………………………………

Mobile no………………………………………………………………………………………………………………

Is applying for registration with Locala Community partnerships to prescribe, administer and give directions for the administration of Schedule 2, 3 and 4 Controlled Drugs (CDs)

- Independently YES/NO for Independent prescriber
- in accordance with a Clinical Management Plan YES/NO for Supplementary prescriber

(indicate CDs and conditions for which you would prescribe below):

………………………………………………………………………………………………………….
………………………………………………………………………………………………………….
………………………………………………………………………………………………………….
………………………………………………………………………………………………………….
………………………………………………………………………………………………………….
………………………………………………………………………………………………………….

Signature

(Actual signature is mandatory)

Date………………………………………………

The applicant must send the completed form to their Line manager for approval and forward to the Non-medical Prescribing Lead for entry onto the Register

<table>
<thead>
<tr>
<th>Application approved by</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-medical Prescribing Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After signing the Non-medical Prescribing lead to retain for their records and send copies to:

✔ The applicant (as proof of ‘authorisation’ to prescribe CDs)
✔ The Line Manager
INDEPENDENT PRESCRIBING ADDITIONAL COMPETENCY notification

ADDITIONS TO COMPETENCY PRACTICING AS AN INDEPENDENT/SUPPLEMENTARY PRESCRIBER

Please complete this form electronically, then print, sign and arrange for manager and lead clinician (mentor) to sign.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title (Ms/Miss/Mrs/Mr):</th>
<th>Base:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td></td>
<td>Contact No (mobile):</td>
</tr>
<tr>
<td>Professional Registration Number:</td>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

Tick applicable boxes

- I have gained additional competencies in prescribing
- I have moved team/service and expanded my range of prescribing competencies

(Previous team/service worked in ..........................................................)

Continued overleaf
<table>
<thead>
<tr>
<th>Disease Area</th>
<th>Evidence of Competence to prescribe for this disease area</th>
<th>CPD undertaken supporting prescribing within this area</th>
<th>State items to be prescribed and guidelines worked to, or attach protocols.</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Asthma</td>
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<td>You may list individual items or make reference to guidelines or sections of BNF. Prescribing intentions must be clear and the evidence base identified.</td>
</tr>
</tbody>
</table>

**Independent Prescribers Signature:** ..........................................................  
**Date:** .............................................  
*(Actual signature is mandatory)*

Continued overleaf
My intended scope of prescribing practice has been discussed and agreed with my manager and lead clinician (mentor).

Managers Name: ........................................................................ Base/Contact No.................................................................

Managers Signature: .......................................................... Date: ..................................................

Lead Clinicians Name (Mentor): ........................................ Base/Contact No...........................................................

Lead Clinicians Signature (Mentor): .................................. Date: ..................................................

Please send the completed and signed form to:
  Non Medical Prescribing Lead, Medicines Management Team, LCP, Beckside Court, Bradford Road, Batley, WF17 5PW
A copy should be retained by the Non-Medical Prescriber and Manager.