Non-Medical Prescribing Policy

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Appendix 1

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1. **Purpose and scope**

This policy has been developed in order to ensure that the Trust has defined systems in place to enable non-medical prescribers to prescribe medicines safely for the benefit of patient care. This care will be of a consistently high standard and comply with all aspects of the Clinical Governance Framework.

This policy applies to:

All non-medical prescribers, whether acting as independent or supplementary prescribers.

**Definition of independent prescribing**

According to the Department of Health, Social Services and Public Safety, independent prescribers are responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is ‘appropriate practitioner’ and include:

- Nurse and pharmacist independent prescribers are able to prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2, 3, 4 or 5 of the MDR 2002 Regulations, as amended.
- Optometrist Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue, but cannot prescribe any controlled drugs.
- Physiotherapists and Podiatrists or Chiropodists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers.

**Definition of supplementary prescribing**

Nurses, pharmacists, physiotherapists, chiropodists or podiatrists, radiographers and optometrists may train and register as a supplementary prescriber. An appropriate practitioner who has undertaken the approved training course and is registered as a supplementary prescriber with the relevant body e.g.: NMC, the General Pharmaceutical Council (GPhC) or the Health and Care Professions Council (HCPC). Supplementary prescribing is defined as a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient specific Clinical Management Plan with the patient’s agreement.

2. **Implementation strategy**

The selection of appropriate practitioners who will be trained as non-medical prescribers is a matter for the Trust and relevant managers to decide. Decisions will be based upon an assessment of local service and patients’ needs combined with the availability of an appropriately experienced individual to take on the role. Individuals should demonstrate they meet the following criteria before they begin their training.

2.1 **An appropriate period of post registration experience:**

- For nurses this is three years clinical nursing experience, of which at least one year immediately preceding application to the non-medical prescribing training programme should be in the clinical area in which they intend to prescribe
- Nurses must be assessed as competent to take a history, undertake clinical assessment and make a diagnosis on completion of the course
For pharmacists a minimum of two years post registration experience practising as a pharmacist in a clinical environment, in a hospital or community setting is necessary. Organisations have a responsibility to assure themselves that the pharmacist is competent to prescribe in the area in which they will practice.

2.2 A medical prescriber willing and able to contribute to and supervise the practitioner’s learning in practice element of training

N.B. For pharmacists, the provider must ensure that the designated medical practitioner (DMP), identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC’s requirements and learning outcomes for the programme.

2.3 The support of their employer to confirm that:

- their post is one in which they will have the need and opportunity to act as an independent prescriber once qualified.

2.4 They will work within a robust Clinical Governance framework, this will include:

- a current Disclosure and Barring Service (DBS) check
- access to continuing professional development (CPD)
- robust record keeping
- audit of practice in relation to non-medical prescribing
- access to clinical supervision
- risk management; any adverse drug reactions must be recorded via the yellow card scheme.
- appropriate indemnity
- a database is kept of all non-medical prescribers within the Nursing Directorate

3. Policy statement

3.1 Before a non-medical prescriber can prescribe the, individual must provide evidence of approval by the relevant professional body e.g. NMC, GPhC, or HCPC as an independent/supplementary prescriber and their registration number annotated to that effect.

3.2 Non-medical prescribers will only prescribe within their personal sphere of competence and clinical expertise. The relevant Professional Codes of Conduct must be observed.

3.3 The Trust Non-Medical Prescribing Lead, will hold a register of all registered non-medical prescribers within the Trust.

3.4

3.4.1 The registered non-medical prescriber should ensure that they only prescribe medicines in line with national legislation and Trust Formularies.

3.4.2 The registered non-medical prescriber should familiarise themselves with the West Suffolk Hospital NHS Foundation Trust Formulary and the Trust’s Unlicensed Medicines Policy and adhere to them at all times.
3.4.3 Non-medical prescribers will comply with existing Trust policy with regard to prescribing for self or family members.

3.5 Non-medical prescribers prescribing for hospital in- or out-patients may use three methods to prescribe:

3.5.1 Prescription chart – to be used for in-patients and EPRO electronic discharge letters only.

3.5.2 Internal hospital prescription form – to be used for out-patients (these can only be dispensed by the hospital pharmacy).

3.5.3 FP10HP prescription form. These forms should only routinely be used for off site clinics or clinics undertaken outside of normal working hours. Any other use must be specifically agreed with the Chief Pharmacist.

3.6 For situations as in 3.5.1 and 3.5.2 above, when a medicine is prescribed by the non-medical prescriber, the prescription is signed and dated by the individual and annotated “Independent or Supplementary Prescriber” as appropriate.

3.7 In situation 3.5.3 each non-medical prescriber will be issued with their own FP10HP prescription pad stamped with:

“Independent/Supplementary Prescriber (delete as appropriate)

The prescriber should keep a record of the serial number of prescription sheets issued to them. The prescription pads are controlled stationery and must be securely stored. If they are mislaid the Chief Pharmacist must be notified immediately (or on-call pharmacist out-of-hours) as outlined in the Trust’s FP10 policy.

NB: If a pad is lost, the consequences could be serious; the Chief Pharmacist is responsible for informing the appropriate authorities of the loss of a pad.

3.8 The Pharmacy department will obtain and hold a sample of signatures of all registered non-medical prescribers. It is the responsibility of the individual to provide evidence of their signature to the Trust.

3.9 It is expected that the non-medical prescriber will review their prescribing practice with their appropriate lead after 6 months of registration as a prescriber and then as part of their normal PDP review.

3.10 Prescribing limitations including controlled drugs

Non-medical independent prescribers are able to prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition.

However DoH guidance necessitates that the parameters of an individual’s prescribing are agreed between the prescriber, their manager and their employer.

The prescribing of off-label medicines must be agreed by the Drugs and Therapeutics Committee for the individual concerned. It is also good practice to involve the relevant medical staff in such decisions.
If national guidance regarding unlicensed drugs becomes available then unlicensed medicines must be agreed by the Drugs and Therapeutics committee for the individual concerned.

Non-medical prescribers may prescribe any schedule 2-5 Controlled Drugs for any medical condition, within their clinical competence removing the previous limitations. These changes do not include prescribing of cocaine, diamorphine or dipipanone for the treatment of addiction (this is restricted to Home Office licensed doctors)

All Controlled Drug prescriptions must conform to the current law regarding the writing of prescriptions for Controlled Drugs.

Non-medical independent prescribers and supplementary prescribers when within the terms of a clinical management plan can mix controlled drugs for administration and provide written directions for others to do so.

Supplementary Prescribers may mix medicines themselves or direct others to mix, but only where that preparation forms part of the Clinical Management Plan for the individual patient.

Mixing of medicines should:
- Only be undertaken in the best interests of the patient
- Be avoided where possible
- Only be done by a person competent and willing to do so
- Take place in a pharmacy, where possible.

3.11 Clinical Management Plans for Supplementary Prescribing

All Clinical Management Plans (CMP) within the West Suffolk Hospital NHS Trust will be developed in line with the following criteria:


- CMPs may be used for patients suffering from chronic health problems

- The attached recommended format will be used at all times (see appendix 1)

- An annual joint review i.e.: independent prescriber and supplementary prescriber should take place for every patient being managed under a CMP

- The CMP will be stored in the patient’s notes/documentation.

3.12 Any medications that cause adverse drug reactions should be reported using the Trust’s Incident and Reporting channels and National mechanisms.

3.13 The range of medicine available to non-medical prescribers to prescribe will be governed by the current legislation regarding the national formulary. All non-medical prescribers employed by the West Suffolk Hospital NHS Trust will abide by the Hospital Drugs Formulary.
4. **Records and Documentation**

All prescribers are required to keep contemporaneous records, which are unambiguous and legible and in line with West Suffolk Hospitals Trust’s Record Keeping Policy and in the case of nurses, the NMC Standards for Records and Record Keeping, which outlines the requirements of nurse’s records. The record of the prescription must be entered into the medical patient records as soon as possible thereafter, preferably contemporaneously and certainly within 24 hours. It must be marked to indicate that it is a non-medical prescription and who the prescriber was. Supplementary prescribers must ensure that there is a copy of the current CMP filed in the patient’s notes, and that this is updated as necessary and certainly annually.

The records should clearly indicate the date, the name of the prescriber, the name of the item prescribed and the quantity prescribed. For medicinal preparations, items to be ingested or inserted into the body, the dosage schedule and route of administration, e.g. Paracetamol oral suspension 5mls – four hourly. For topical medicinal preparations the quantity to be applied and frequency of application should be indicated. For dressings and appliances, details of how to be applied and how frequently changed are useful.

In some circumstances, in the clinical judgment of the non-medical prescriber, it may be necessary to advise the doctor immediately of the prescription. This action should be recorded in the nurse’s records.

When prescribing using an FP10(P) or FP10 (HP) the Prescriber must draw a line under the last item prescribed and sign under the line in order to ensure no other items are added after the prescriber’s signature.

5. **Legal Liability**

Where an eligible member of staff has had NMC/AHP approved training and is qualified and prescribes as part of their clinical duties, West Suffolk Hospitals Trust is held vicariously liable for their actions. In addition nurse prescribers are individually and professionally accountable to the NMC for this aspect of their practice and must act at all times in accordance with the NMC Code of Professional Conduct and Scope of Professional Practice. There are similar lines of accountability to the GPhC or HCPC for AHP prescribers.

It is advisable for staff to obtain additional professional indemnity by means of their membership with a professional organization or trade union.

6. **On-Going Education**

All prescribers have a professional responsibility to keep themselves abreast of developments. Prescribers will be expected to keep themselves up-to-date with best practice in the management of conditions for which they can prescribe and the items on the Secretary of State’s list for nurse prescribers and/or extended nurse prescribers. Although many pharmaceutical companies offer training and education, no commercial company will be recognized for formal training purposes relating to non-medical prescribing.

The Trust will ensure that prescribers have access to education and training as appropriate to maintain their competencies as laid down.

Details of additional training will need to be incorporated into the health professional’s personal professional profile for the purpose of renewing their registration with the Council.
7. **Communications**

Patient and public information should be made available outlining the roles of the non-medical prescriber in all relevant areas. Individual practitioners are also responsible for communicating their role on an individual basis to patients.

All relevant members of the multidisciplinary team must be kept informed of developments within their team.

8. **Monitoring and review**

The review of medicines prescribed by non-medical prescribers needs to form part of the annual appraisal process. Appendix 2 may be of use in the course of this if it is felt appropriate.

Non-medical prescribers should formulate a list of drugs that they are prescribing. This list is to be kept at a departmental level rather than at Trust level. This list should be updated at least annually where necessary.

9. **Useful contact information**

- Medicines and Healthcare products Regulatory Agency website
- NICE Medicines and Prescribing, (formerly National Prescribing Centre website)
- British National Formulary website
- National electronic Library for Medicines website
- National Institute for Health and Clinical Excellence website
- NHS Clinical Knowledge Summaries website
- Scottish Intercollegiate Guidelines Network website
- http://www.nmc-uk.org/
- http://www.rpsgb.org.uk/
- http://www.hpc-uk.org/
- http://www.dhsspsni.gov.uk/non-medical_prescribing_changes_in_legislation
10. References


11. Bibliography

British National Formulary.


Department of Health (May 2003, revised June 2004), Mechanisms for Nurse and Pharmacist Prescribing and Supply of Medicines.


# APPENDIX 1

West Suffolk Hospital NHS Trust – Supplementary Prescribing
Clinical Management Plan

<table>
<thead>
<tr>
<th>Patient Details:</th>
<th>Patient medication: Sensitivities Allergies/Interactions</th>
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<tr>
<td>ID Number</td>
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<table>
<thead>
<tr>
<th>Independent Prescriber</th>
<th>Supplementary Prescriber</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Condition(s) to be treated</th>
<th>Aim of treatment</th>
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<table>
<thead>
<tr>
<th>Medicines which may be prescribed by the SP:</th>
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<tr>
<td>Preparation/Form</td>
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Guidelines or protocols supporting Clinical Management Plan:
- Frequency of review and monitoring by Independent prescriber PRN - At least yearly
- Supplementary prescriber
  - Signed: [Name]
  - Pin no: [Number]
  - [Date]

Supplementary prescriber
- [Name]
- [Signature]

Independent prescriber
- [Name]
- [Signature]

Process for reporting ADRs: i) BNF Yellow Card (MHRA), ii) Ref to Independent prescriber, iii) enter in Medical records, iv) inform GP and Pharmacy

Shared record to be used by IP and SP: Medical Records

<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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Signed: [Name]
Signed: [Name]
Signed: [Name]
APPENDIX 2

Proforma to facilitate review of prescribing practice by Supervisory Consultant

This form should be completed 6 months after the non-medical prescriber commences prescribing and then annually as part of the PDP process (unless more regular reviews are indicated). The non-medical prescriber and appropriate medical lead should both participate in this process.

1. Is the non-medical prescriber regularly prescribing?
   - Yes  
   - No
   (please state frequency)

2. Which of the following methods are used (please tick as appropriate):
   - Supplementary prescribing
     - Yes  
     - No
   - Independent prescribing
     - Yes  
     - No

3. In relation to prescribing practice what have been the benefits to the service and patient’s concerned?

   ______________________________________
   ______________________________________
   ______________________________________

4. Have any difficulties been encountered in relation to prescribing?
   - Yes  
   - No
   If stated yes, please elaborate in space below

   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

5. Have these difficulties been overcome?
   - Yes  
   - No

6. If you have answered ‘no’ to question 5, what are the difficulties? Please list

   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
7. Are there any development points for the non-medical prescriber from the above issues which should be addressed via the PDP process?


8. Please enter any other information you would like entered onto the PDP system.


Concluding comments – Medical Lead Prescriber


Concluding comments – Non-Medical Lead Prescriber


Medical Lead Prescriber (print name)…………………… Signature:…………………………………..

Date:……………………

Non-Medical Prescriber (print name)……………………Signature:…………………………………..

Date:……………………
<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Deputy Chief Nurse</th>
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<tbody>
<tr>
<td>Other contributors:</td>
<td>Christine Waters – Pain Clinic, Simon Whitworth – Pharmacy, David Sapsford - Pharmacy</td>
</tr>
<tr>
<td>Approvals and endorsements:</td>
<td>Nursing and Midwifery Practices and Policies Group, Drugs and Therapeutics committee</td>
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<td>Consultation:</td>
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<td>Issue no:</td>
<td>4</td>
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<tr>
<td>File name:</td>
<td>Non-Medical prescribing policy</td>
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<tr>
<td>Supercedes:</td>
<td>All previous versions</td>
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<td>Other relevant policies/documents &amp; references:</td>
<td>Patient Group Directive</td>
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<td>Additional Information:</td>
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