MULTI-PROFESSIONAL PRESCRIBING (MPP) GUIDANCE FOR PRIMARY CARE

(Also known as Non-medical Prescribing and Independent Prescribing)

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Contents

1. Authors

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2. Background

Multi-professional prescribing is prescribing by specially trained healthcare professionals working within their clinical competence as either independent and / or supplementary prescribers.

Multi-professional prescribing (MPP) was formerly referred to as “non-medical prescribing” and known as independent prescribing; however, this newer term reflects a wider number of healthcare professionals who can prescribe within their scope of practice once they have completed an approved education programme and is more accurate and inclusive. This term is increasingly being adopted by professional bodies including the RPS who author the prescribing competency framework.

Multi-professional prescribing has been allowed in the UK since 1992. Its development over the years has seen changes in legislation, enabling the progression towards independent prescribing for nurses, pharmacists, and a range of allied health professionals (e.g. podiatrists, physiotherapists, radiographers etc) and paramedics.

Since the inception of non-medical prescribing in the UK in 1992, the types of healthcareprofessionals that are now eligible to prescribe, and the range of medicines they are legally able to prescribe has grown. Multi-professional prescribers (MPPs) are a large and expanding workforce, who play an increasing role in supporting the clinical commissioning program for the modern NHS.

The principles that underpin multi-professional prescribing are:

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need

- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible teams working across the health service.

3. Purpose

This document sets out a framework for the development and implementation of multi-professional prescribing within the Surrey Heartlands Integrated Care System (ICS) to support a consistent approach. It sets out the administrative and procedural steps necessary to ensure patient safety and support effective prescribing.

The purpose of this document is to ensure that all prescribing by all MPPs is managed and governed robustly and to ensure:

- Prescribing benefits patient care by improving timely access to medicines
- Standards, systems and processes are in place to manage risk
- Professional and statutory obligations are met
- Clarification on accountability and responsibility
- Safe and effective multi-professional prescribing practice

4. Scope

The scope of this document applies to all activity by multi-professional prescribers working within Surrey Heartlands ICS and member GP practices. Multi-professional prescribers working for other organisations should refer to Prescribing Guidance for their employing organisation.

This guidance applies to all registered nurses, pharmacists and other allied healthcare professionals employed by a GP practice, Primary Care Network, other primary care providers or an organisation linked to the Surrey Heartlands Integrated Care Board (ICB) prescribing budget, who, in accordance with their job descriptions, undertakes prescribing as part of their role.

5. Changes since last guidance

NICE (National Institute for Health & Care Excellence) tasked the Royal Pharmaceutical Society (RPS) with managing the updates of future prescribing competency frameworks on behalf of all prescribing professions in the UK. The new guidance was published in September 2021 but was not effective until September 2022. This supersedes the previous guidance produced in 2016.

Key changes in the new RPS English Competency Framework

- *Issue around remote prescribing and preventing associated risks (page 17 of guidance)*
- *Social prescribing (page 10 of RPS English Competency Framework guidance)*
- *Eco-directed and sustainable prescribing. Reducing carbon footprint and considering the environmental impact of medications (page 19 of guidance)*
- *Advising on wellbeing and lifestyle changes (page 10 of RPS English Competency Framework guidance)*
- *The importance of patient factors including the assessment of patient literacy and understanding (page 14 of RPS English Competency Framework guidance)*
- *Shared decision making and informed choice (page 7 RPS English Competency Framework of guidance)*
- *Supporting values of equality, diversity, and cultural needs (page 11 o fRPS English Competency Framework guidance)*
- *Safety netting, signposting, and the need for a clear management plan (page 14 of RPS English Competency Framework guidance)*
- *Use of appropriate reporting systems, learning from errors and the use of prescribing audits (page 17 of RPS English Competency Framework guidance)*
- *Accountability for prescribing and clinical decisions under shared care protocols(page 18 of RPS English Competency Framework guidance)*
- *Prescribing for self, close family and friends (page 18 of RPS English Competency Framework guidance)*

- *Factors that can influence prescribing such as cognitive bias, financial gain and prescribing incentive schemes (page 18 of RPS English Competency Framework guidance)*

- *Taking responsibility for own learning and CPD. The need to support others learning and becoming a Designated Prescribing Practitioner (DPP) (page 19 of guidance)*

6. Types of multi-professional prescriber

Medical prescribers are independent prescribers and include doctors. Dentists are also independent prescribers.

Multi-professional Prescribers (MPPs):

- MPPs are a range of healthcare professionals who have undertaken the appropriate training from an approved higher education institution to be able to prescribe medicines for patients as either **Independent** or **Supplementary Prescriber**.

- **Independent MPPs** are prescribers who are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing and any monitoring where necessary.

- Supplementary prescribing is a voluntary partnership between an independent prescriber who is either a doctor or dentist and a **supplementary prescriber** to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that this would be used for the management of chronic conditions.

- Independent and Supplementary MPPs are identified by an annotation next to their name in the relevant professional register with the level of prescribing they are qualified to undertake.

Under current legislation, the health professionals listed below can all undertake a further qualification to become an independent or supplementary MPP. The below lists are not exhaustive and may be expanded following further legislation changes:

- Independent MPPs:
  - Nurses
  - Paramedics
  - Midwives
  - Pharmacists
  - Physiotherapists
  - Podiatrists
  - Optometrists
  - Therapeutic radiographers (specialists in using radiation to treat cancer andother medical conditions)

- Supplementary MPPs:
  - Dietitians
  - Nurses
  - Advanced paramedics
  - Pharmacists
  - Physiotherapists
  - Podiatrists
  - Optometrists
  - Diagnostic radiographers (specialists in using medical imaging techniques, suchas X-rays)
  - Therapeutic radiographers (specialists in using radiation to treat cancer andother medical conditions)

7. What can be prescribed by MPPs? (see appendix 2)

Nurse independent MPPs are able to prescribe any medicine for any medical condition. Nurse independent MPPs are able to prescribe, administer and give directions for the administration of schedule 2, 3, 4, and 5 controlled drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Nurse independent MPPs must work within their own level of professional competence and expertise.

Community Practitioner Nurse Prescribers (e.g. district nurse, health visitor or school nurse) can independently prescribe from a limited formulary called the ‘nurse prescribers formulary’ which is available in the British National Formulary (BNF) and Drug Tariff.

Independent prescribing by advanced paramedics came into effect from 1 April 2018. Advanced paramedic independent MPPs may prescribe any licensed medicine from the BNF, within national and local guidelines for any condition within the practitioner's area of expertise and competence. Advanced paramedic independent MPPs must only prescribe within their own defined scope of practice, clinical specialty, and competency (recent changes to Paramedic prescribing covered in section 7a).

Pharmacist independent MPPs can prescribe any medicine for any medical condition. This includes unlicensed medicines, subject to accepted clinical good practice. They are also able to prescribe, administer, and give directions for the administration of schedule 2, 3, 4, and 5 controlled drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Pharmacist independent MPPs must work within their own level of professional competence and expertise.

Physiotherapist independent MPPs can prescribe any medicine for any medical condition. This includes "off-label" medicines subject to accepted clinical good practice. They are also allowed to prescribe the following controlled drugs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride or temazepam. Physiotherapist independent MPPs must work within their own level of professional competence and expertise.

Optometrist independent MPPs can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except controlled drugs or medicines for parenteral administration. Optometrist independent MPPs must work within their own level of professional competence and expertise.

Podiatrist independent MPPs can prescribe any medicine for any medical condition, this includes "off-label" medicines subject to accepted clinical good practice. They are also allowed to prescribe the following controlled drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam. Podiatrist independent MPPs must work within their own level of professional competence and expertise.

Therapeutic Radiographer independent MPPs can prescribe any medicine for any medical condition. This includes "off-label" medicines subject to accepted clinical

good practice. Therapeutic Radiographer independent MPPs must work within their own level of professional competence and expertise.

Supplementary prescribers can prescribe any medicines within their clinical competence and expertise according to the patient specific Clinical Management Plan (CMP) which has been agreed with an independent prescriber (medical doctor or dentist) and the patient. There are no legal restrictions on the clinical conditions that may be dealt with by a supplementary prescriber. Supplementary prescribing is primarily intended for use in managing specific long-term medical conditions or health needs affecting the patient. However, acute episodes occurring within long-term conditions may be included in these arrangements, provided they are included in the CMP.

The BNF gives a useful breakdown on what can be prescribed and by whom and is found here.

7.1 Legislative changes to paramedic prescribing of CDs (December 2023)

Legislation came into place in 2018 to allow advanced paramedics to prescribe medicines to patients. Further information can be found on the NHSE website

Paramedics can undertake training in independent and supplementary prescribing. Paramedics who undertake and successfully complete an approved prescribing programme will have their HCPC registration annotated to record their ability to practice as a prescriber.

Check the Register and find a registered health and care professional | (hcpc-uk.org)

This means that paramedics can prescribe medicines for their patients without the need for the patient to see a GP.

Paramedics must work within their scope of practice. The PSNC site has useful information on what prescribing rights each healthcare profession has and can be found at Who can prescribe what? - PSNC Website

Legislative changes in relation to paramedic prescribing came into effect on 31st December 2023, which allows the prescribing of 5 controlled drugs by paramedic independent prescribers.

These are covered by insertion of regulation 6D The Misuse of Drugs (England and Wales and Scotland) (Amendment) (No. 2) Regulations 2023 (legislation.gov.uk)

A paramedic independent prescriber may prescribe any of the following controlled drugs for the treatment of organic disease or injury provided the controlled drug is prescribed to be administered by the specified method—

- Morphine sulphate by oral administration or by injection.
- Diazepam by oral administration or by injection.
- Midazolam by oromucosal administration or by injection.
- Lorazepam by injection.
- Codeine phosphate by oral administration.

Practices should be aware of what their MPP can and cannot prescribe and to ensure they are prescribing within their scope of practice.

8. Responsibilities

8.1 Responsibilities of a Multi-professional Prescriber:

It is the responsibility of the MPP to ensure that they have registered their prescribing qualification with their professional regulator, including payment of required fees, and have an annotation signifying that they have successfully completed the prescribing program to be legally allowed to prescribe.

MPPs should ensure that they hold appropriate and adequate indemnity insurance for this role.

MPPs should work within their own level of professional competence and expertise and are clinically responsible for any prescription that they issue.

MPPs remain accountable for their own practice, should apply professionalism to all aspects of their practice and adhere to their own professional codes of conduct, standards, and guidance as well as this guidance.

MPPs must accept individual, professional, and clinical responsibility for their prescribing decisions including actions and omissions, understand the legal and ethical implications and cannot delegate this responsibility to any other person.

MPPs should prescribe within their own documented scope of practice and recognise the limits of own knowledge and skill; working outside of the documented scope of practice increases the risk of serious incidents resulting in serious harm to patients and untold distress to patients, their families and the MPP involved.

MPPs should make accurate legible and contemporaneous records and clinical notes of any prescribing decisions they make in line with requirements of the registering body's standards for records. Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the patient record immediately, or as soon as possible after the consultation. MPPs should not prescribe for patients without reference to their clinical record. Where the clinical record is unavailable significant levels of caution should be applied.

MPPs should apply professionalism in the following ways:

- Always introduces self and role to the patient and carer
- Adapts consultations to meet the needs of different patients/carers (e.g. language, age, capacity, physical or sensory impairments)
- Undertakes the consultation in an appropriate setting taking account confidentiality, consent, dignity and respect
- Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements
- Takes responsibility for own learning and continuing professional development

- Learns and improves from reflecting on practice and makes use of networks for support, reflection and learning
- Recognises when safe systems are not in place to support prescribing and acts appropriately.

To maintain professional responsibility for non-medical prescribing, the 'competency framework for all prescribers' should be applied to MPPs. The 'competency framework for all prescribers' sets out what good prescribing looks like and aims to support MPPs to be safe and effective prescribers who are able to support patients to get the best outcomes from their medicines. There are 10 competencies within the framework which are split into 2 domains. Within each of the 10 competency dimensions, there are statements which describe the activity or outcomes prescribers should be able to demonstrate:

- The consultation:
    - Assess the patient
    - Consider the options
    - Reach a shared decision
    - Prescribe
    - Provide information
    - Monitor and review

- Prescribing governance:
    - Prescribe safely
    - Prescribe professionally
    - Improve prescribing practice
    - Prescribe as part of a team

MPPs should ensure they provide appropriate, evidence-based, safe, cost-effective prescribing at all times in line with local or national guidance and utilise any decision support software available e.g. OptimiseRx. Local guidance is available on the Surrey PAD. Significant levels of caution should be applied if prescribing a medicine for the first time.

MPPs should refer and prescribe in line with the 'Medicines Management Guide to Prescribing' which is available on Surrey PAD. The guide provides a wide- ranging guide to a full range of resources and information around prescribing for GPs but the same principles also apply to MPPs.

MPPs should follow the 'recommendations on the safe & secure management of NHS prescription stationery in GP practices' guidelines which are available on the Surrey PAD and covers the following:

- Responsibility

- Ordering prescription forms
- Receipt of prescription forms and pads
- Record keeping and audit trails
- Storage of and access to prescription stationery
- Using prescription forms
- Security of forms outside the practice/clinic/base
- Posting prescription forms in the mail
- Reporting missing/lost/stolen/fraudulently presented NHS prescription forms
- Post incident investigation

MPPs must have authorisation from the GP practice / primary care budget holder to prescribe on behalf of their patients.

MPPs must ensure they have access to a budget from which to prescribe.

MPPs prescribing on GP practice FP10 prescriptions must ensure that they obtain a prescriber code using the process available on the Surrey PAD.

MPPs must ensure they are set up on the practice computer system so that their prescriptions have the correct printed information on with their details i.e. MPP name, type of prescriber e.g. pharmacist, type of qualification e.g. independent prescriber, prescriber number (this is their professional body registration number), practice address and the cost centre, and should also meet the prescription writing legal requirements. The existing prescriber details on a prescription must never be tampered with or other prescriber details added, whether that be handwritten or by stamp.

If working in more than one practice, the MPP must ensure that they use the correct prescription for the practice they are prescribing in, unless the GP clinical system for the practice is electronically set up to print the MPP details directly onto the prescription. Prescriptions are not interchangeable between practices.

To ensure clinical governance is maintained, MPPs should only prescribe for a patient whom they have assessed for care. Significant levels of caution should be used if prescribing for patients who are not physically present or for walk-in patients where a diagnosis may be required. Further guidance is available at https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/high-level-principles/

MPPs should ensure that patients are aware they are being treated by a MPP and the scope of their prescribing practice may mean referral onto another healthcare professional if necessary.

MPPs should ensure that they remain compliant with professional requirements in relation to CPD and mandatory training.

MPPs should ensure that their current job description, person specification and/or service level agreement adequately covers their prescribing role.

MPPs should inform their employing organisation and Mentor if their job role or registration details changes, or if they acquire new skills and knowledge that would affect their prescribing practice.

MPPs should identify a Mentor and meet with them regularly.

MPPs should take part in the annual appraisal process and have a personal development plan (PDP) in place that is reviewed annually alongside their scope of practice.

MPPs should understand and regularly use available tools to improve prescribing e.g. patient and peer review feedback, prescribing data analysis and audit. The ICB (Integrated Care Board's) Medicines Pharmacy & Medicines Optimisation Team can provide support and advice to interpret prescribing data.

MPPs should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing as well as other aspects of practice.

In addition to the above, supplementary prescribers should:

- Only prescribe in accordance with the Clinical Management Plan.
- Recognise when they are not competent to act and pass the prescribingresponsibility back to their independent prescriber who they are in partnership with.
- Pass prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval, if they feel that the patient's condition no longer falls within their competence or if the patient's condition deteriorates.
- Not agree to prescribe any medicine if they feel that their knowledge of medicines falls outside their area of competence.

8.2 Responsibilities of the line manager within the employing organisation

- To support the MPP to identify a Mentor
- To ensure that the MPP has the adequate skills and knowledge to carry out the MPP role
- To check the registration and qualifications of the MPP with the authorised regulatory body (see appendix 1 for checking registration of healthcare professionals). Certificates providing evidence of qualifications must be requested.
- To ensure that a Disclosure and Barring Service (DBS) check is completed where appropriate
- To be aware that when a MPP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions
- To provide the following information to Surrey Heartland's ICS Lead for MPP **syheartlandsicb.ip-dpp@nhs.net** to ensure accuracy of the MPP database:
    - Accurate details of any MPP that joins the organisation
    - Notification if the MPP has additional employment and would like to use their prescribing code
    - Notification if there are any changes to the MPP's registration status
    - Notification if the MPP has left the practice or ceases to prescribe
    - Notification of Designated Prescribing Practitioner (DPP) status, or experience of working as a DPP
- To provide the following information to the ICB Pharmacy & Medicines Optimisation Team syheartlandsicb.gpandnmpchanges@nhs.net
    - Accurate details of any MPP they employ to register the MPP with the NHS Business Services Authority (NHSBSA). Prescribing should not take place until after this registration process has been completed (see section 11 – Multi-professional prescriber(s) joining or leaving a practice).
    - Notification if the MPP has additional employment and would like to use their prescribing code, to enable the Pharmacy & Medicines Optimisation Team to ensure budgets are correctly aligned and prevent inappropriate charges being made.

- Notification if the MPP has left the practice or ceases to prescribe for thePharmacy & Medicines Optimisation Team on syheartlandsicb.gpandnmpchanges@nhs.net to ensure budgets are correctly aligned and prevent inappropriate charges being made to the leaving practice (see section 11).

- Notification of any change to registration details e.g. changes to name to make the necessary changes with NHSBSA.

- To ensure that the MPP has access to a prescribing budget.

- To agree the scope of practice with the MPP

- To include an accurate summary of the MPPs prescribing responsibilities within the job description, person specification and/or service level agreement MPPs that work across healthcare organisations should have this noted within each job description/employment contract to prove vicarious liability.

- To support appropriate continual professional development of the MPP.

- To ensure the MPP has an annual appraisal and personal development plan (PDP) in place. This can be completed with MPPs line manager and with/without the MPPs Mentor where appropriate. The appraisal and PDP should include any relevant discussions, changes or issues highlighted in the MPP and Mentor regular meetings and review of scope of practice. Any changes to the MPPs prescribing responsibilities (scope of practice) should be reflected within the job description, person specification and/or service level agreement. Discussion about role development to become a Designated Prescribing Practitioner should be included where appropriate.

- To ensure the MPP is prescribing in their area of competency.

- Ensure MPPs have access to clinical supervision. The model of clinical supervision should be agreed at local level, taking account of other staff support mechanisms and resources.

8.3 Responsibilities of a Mentor

A Mentor is a registered medical independent prescriber e.g. GP or MPP, who has adequate relevant experience (no less than 12 months) in prescribing in the same clinical area(s) as the MPP.

The Mentor is nominated in the practice or service where the MPP is employed.

The Mentor should agree to provide support and mentorship to the MPP where needed.

The Mentor should ensure the MPP is prescribing in their area of competency and has the adequate skills and knowledge to carry out a MPP role. The MPP and Mentor should:

- Meet regularly to discuss any prescribing issues and monitor the MPPs continuing professional development (CPD) portfolio for assurance purposes This meeting should also include a review, and if appropriate an update of the MPPs scope of practice reflecting any change in clinical areas of responsibility and changing competencies.

- Agree how often they should meet to discuss competencies, prescribing and CPD.The decision should consider the experience of the MPP and should be more frequent to support newly qualified MPPs or where there has been a change in role.

- Use the 'competency framework for all prescribers' to assess competence to prescribe.

- Ensure all the above are documented in the appraisal and personal development plan.

8.4 Responsibilities of the Pharmacy & Medicines Optimisation Team

- Register / de-register the MPP with the NHS Business Services Authority (NHSBSA), once notified from the employer.

- Monitor prescribing for all MPPs.

- Provide medicines management support and advice to interpret prescribing data.

- Ensure MPPs have an awareness of the prescribing budget / expenditure related to prescribing.

8.5 Responsibilities of the MPP System Lead

- Produce and maintain an up-to-date database of MPPs within the ICB and GP practices. Example of information recorded in the database includes:
    - Name of MPP
    - Profession of MPP
    - MPP registration/PIN number
    - Address and telephone number of the MPPs base location and any other location they are prescribing from
    - MPP's contact telephone number and email address
    - Qualification attained e.g. independent prescriber
    - Date prescribing qualification attained
    - Date when MPP started prescribing at the practice
    - Date when MPP ceased prescribing at the practice
    - DPP status
- Confirm the details of each MPP on an annual basis (however any changes to details should be sent to the MPP lead as soon as possible.
- Ensure the MPP's qualification is annotated on the relevant professional register.
- Ensure the MPP guidance is disseminated to relevant individuals.
- Link with others leading on the MPP agenda including those from other organisations.
- Liaise with the MPP and their line manager if concerns are raised regarding prescribing, escalating to the appropriate persons/organisations where necessary.

8.6 Responsibilities of the Workforce Tutor or equivalent role

- Support and facilitate with education and training for MPPs e.g. regular forums allowing peer discussions and support
- Link with Higher Education Institutions providing the education and training programmes.

8.7 Responsibilities of the independent prescriber within the supplementary prescribing agreement

- The independent prescriber within the supplementary prescribing agreement must be a doctor or dentist.

- It is for the independent prescriber (doctor or dentist), in discussion with the supplementary prescriber, to determine which patients may benefit from supplementary prescribing and the medicines that may be prescribed by the supplementary prescriber under the Clinical Management Plan (CMP) including the scope of the CMP. The independent prescriber will clearly need to take account of the professional relationship between themselves and the supplementary prescriber as well as the experience and degree of expertise of the supplementary prescriber when coming to a decision.

- The independent prescriber will need to assure themselves that the supplementary prescriber has the level of skill/knowledge and is competent to take part in such anarrangement.

- The independent prescriber (doctor or dentist) is responsible for reaching an agreement with the supplementary prescriber about the limits of their responsibility for prescribing and review which should be set out in the CMP.

- The independent prescriber (doctor or dentist) should be the clinician responsible for the individual's care at the time that supplementary prescribing is to start. If this responsibility moves from one independent prescriber to another (for example from the patient's GP to a hospital consultant, or from one GP to another), the supplementary prescriber may not continue to prescribe, unless he/she negotiates and records in the patient record a new agreement to enter a prescribing partnership with the new independent prescriber.

- Supplementary prescribing may only take place after a specified point in the individual patient episode, i.e. after assessment and diagnosis by an independent prescriber and the development of a written CMP agreed between the independent and supplementary prescriber.

- The independent prescriber (doctor or dentist) is responsible for the initial clinical assessment of the patient, diagnosis and setting the parameters and determining the scope of the CMP, although they need not personally draw it up. (The parameters should be agreed between the independent prescriber and the supplementary prescriber).

Patient review:

- Supplementary prescribing must be supported by a regular clinical review of the patient's progress by the assessing clinician (doctor or dentist), at predetermined intervals appropriate to the patient's condition and the medicines to be prescribed, preferably with the supplementary prescriber being present.

- The intervals should normally be no longer than one year (and much less than this if antibiotics are to be included in the CMP). However, longer periods during which the patient continues to be reviewed by the supplementary prescriber, may be occasionally acceptable in the CMP where the patient's condition has shown to be stable and deterioration of the condition is not expected during a period longer than 12 months.

- The appropriateness of a longer period between clinical reviews is the responsibility of the independent prescriber (doctor or dentist),though it must be agreed with the supplementary prescriber.

- A joint review of the patient would be preferable; however, if a joint clinical review is not possible, the independent prescriber (doctor or dentist), should review the patient, and subsequently discuss future management of the patient's condition(s) with the supplementary prescriber. Both prescribers must record their agreement to continuing or amend the CMP, and the patient's agreement to the continuation of the supplementary prescribing arrangement, for the CMP to remain valid. They should then set a new date for review. Prescribing by the supplementary prescriber after the date of review, and without recorded agreement to the next phase of the CMP, should not continue.

- The independent prescriber (doctor or dentist) should determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP. The independent prescriber will clearly need to take account of the experience and areas of expertise of the supplementary prescriber, and the professional relationship between the independent and supplementary prescriber(s) when coming to this decision.

- The independent prescriber may, at any time, review the patient's treatment and /or resume full responsibility for the patient's care.

- The independent prescriber (doctor or dentist), and the supplementary prescriber must share access to consult, keep up to date and use the same common patient record to ensure patient safety.

- The independent prescriber should provide advice and support to the supplementary prescriber as and when needed.

- The independent and supplementary prescriber should maintain communication on an ad-hoc basis while the supplementary prescriber is reviewing and prescribing for that patient.

- Independent and supplementary prescribers may work in more than one prescribing partnership, providing that all of the above requirements are satisfied.

9. Clinical Management Plans (CMP)

Supplementary prescribing is a partnership between the independent prescriber (doctor or dentist) and the supplementary prescriber, who between them should draw up and agree an individual Clinical Management Plan (CMP) for the patient's condition before supplementary prescribing begins.

In each case, the independent and/or supplementary prescriber should obtain the patient'sagreement to supplementary prescribing taking place and then discuss and agree the CMP for that patient.

Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included inthe patient record. There should be a note on the patient record that the independent prescriber (doctor or dentist), supplementary prescriber and patient have agreed to the CMP.

It is good practice for each supplementary prescriber to keep a record of all their CMPs with respect to awareness of expiration dates and for other audit purposes.

The CMP should be included in the patient record and should specify the following:

- The name of the patient to whom the plan relates.

- The illness or conditions which may be treated by the supplementary prescriber.

- The date on which the plan is to take effect and when it is to be reviewed by the independent prescriber (doctor or dentist).

- Reference to the class or description of medicines or types of appliances which

may be prescribed or administered under the plan.

- Any restrictions or limitations of strength or dose of any product which may be prescribed or administered under the plan.

- Any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.

- Relevant warnings about known allergies and sensitivities of the patient, or known difficulties that the patient may have with particular medicines or appliances

- The arrangements for notification of:
  - Suspected or known adverse reactions to any product which may be prescribed or administered under the plan AND
  - Suspected or known adverse reactions to any other product taken at the same time as any product prescribed or administered under the plan AND
  - Incidents occurring with the product which might lead, might have led or has led to the death or serious deterioration of state of health of the patient.

- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the independent prescriber (doctor or dentist).

The CMP should be kept as simple as possible. The CMP may refer to national or local evidence-based guidelines, policies, or protocols to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor is there a need for the CMP to repeat detailed patient information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

The supplementary prescriber has discretion in the choice of dosage, frequency, product and other variables in relation to medicines only within limits specified by the CMP.

The independent prescriber (doctor or dentist) and supplementary prescriber must shareaccess to, consult and use the same part of the common patient record.

The supplementary prescriber should pass prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the

specified interval or if they feel that the patient's condition no longer falls within their competence.

The CMP comes to an end:

- At any time at the discretion of the independent prescriber (doctor or dentist) or the supplementary prescriber
- At the request of the supplementary prescriber or the patient
- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time)
- Where there is a sole independent prescriber (doctor or dentists) and they are replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor. If a CMP is in place and the new independent prescriber (doctor or dentist) is happy then they should sign it and then the supplementary prescriber can continue to prescribe.

10. Application process for undertaking a multi-professional prescribing programme (Independent prescribing / supplementary prescribing qualification)

The requirement to undertake a multi-professional prescribing programme of study should be discussed as part of the practitioner's appraisal / personal professional review with their line manager. The member of staff and line manager should ensure that there is a need for a MPP within their area of practice.

Information for enrolment onto a prescribing programme of study e.g. entrance requirements, course details, designated prescriber practitioner requirements and application forms etc. can be found on individual universities websites.

The MPP Lead syheartlandsicb.ip-dpp@nhs.net / Primary Care Workforce Tutor or equivalent role where this is available, can provide further advice on the process of the course application and available funding (if any).

11. Multi-professional prescriber(s) joining or leaving a practice

The employing organisation should follow the information given in section 8.2 ‘responsibilities of the line manager within the employing organisation’ e.g. GP practice

The process for MPPs joining or leaving a practice should be followed for MPPs who join or leave a practice: Surrey PAD Rx codes links

Once the MPP is registered with the NHS Business Services Authority (NHSBSA) the MPP should follow their employer’s process for ordering prescription pads and / or enter the MPP’s details onto the clinical system ensuring that the prescriptions print correctly with the prescriber number, practice address and cost centre. Further information is available from: NHS Prescription Services.

Support on how to set up or remove a MPP on GP clinical systems should be obtaineddirectly from the GP clinical system companies.

Process for when a new prescriber starts.

Please notify the Medicines Management (MMT) ICB team on syheartlandsicb.gpandnmpchanges@nhs.net with the following information

- Name of paramedic
- Title (Mr/Mrs/Miss/Ms)
- Registration no
- Start date.
- Practice(s) covered.

The Medicines Optimisation Team will complete the form required for NHSBSA prescription services and ensure that the prescribing code is linked to the practice so the prescribing can be allocated back to the correct place.

If a prescriber is working in more than one practice then the process needs to be repeated so that they are registered at each individual practice they work at.

For paramedics to be added onto a clinical system please ensure the NHSBSA require an additional 0 to be added to their registration numbers as they require a min of 8 characters for their system.

Registration No: PA0XXXXX (an extra 0 is required after the PA)

Prescribing code: PAXXXXX

When any prescriber leaves a practice the Medicines Optimisation Team must be notified, and they will ensure that they are removed with NHSBSA prescription services. Ensure on your clinical system the prescriber has been deactivated.

12. Returning to practice or expanding a scope of practice

(acknowledgement to Jatinder Saimbi & Claire Liptrott Lancashire and South Cumbria ICB for their assistance with this section)

A period of absence from prescribing practice can occur because of maternity leave, sabbatical, sick leave or changes in organisational structure and role.

If returning to prescribing practice after a prolonged period of absence, it is recommended that you review your professional regulatory body standards on returning to practice*:

*NB the following links are to *Return to Practice* (RtP) guides for professions, NOT specifically for *Return to Prescribing Practice* (RtPP). RtPP guides do not exist. The practitioner is directed to the Royal Pharmaceutical Society's "A Competency Framework for all Prescribers". See below.

For NMC standards see:

Standards for return to practice programmes - The Nursing and Midwifery Council (nmc.org.uk)

For GPhC standards see: https://www.pharmacyregulation.org/returning-register and

Return to practice and providing a portfolio of evidence (pharmacyregulation.org)

The RPS also have some useful support materials which can be accessed from the following link:

Returning to practice guide | RPS (rpharms.com)

For HCPC standards see:

Returning to practice | (hcpc-uk.org)

For GOC standards see:

Restore as a fully qualified individual | GeneralOpticalCouncil.

As a Non-Medical Prescriber, you are responsible for:

- Assessing if you require additional training to return your competencies, as a prescriber, to a safe level, using A Competency Framework for all Prescribers | RPS (rpharms.com)
- Ensuring you comply with your organisation's requirements on returning to practice
- This information may be found in your organisation's MPP policy, or from your MPP Lead Reviewing your professional regulatory body standards on returning to practice and completing any actions
- Identifying and agreeing a learning plan with your clinical supervisor
- Appraising your prescribing practice with your clinical supervisor / mentor, prior to recommencing a prescribing role
- Ensuring your clinical supervisor has assessed you as being competent to prescribe prior to recommencing a prescribing role.

We would recommend:

- Following a break in prescribing practice of 3 months or more, it is advisable that the prescriber should agree with their employer and undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experienced prescriber.

- All practitioners who are not practicing for more than six months must complete a period of supervised practice. For practitioners who have not been prescribing for a period of six months or less, each case will be considered on an individual basis.

Remember:

- A learning plan should be individualised to your own practice and development needs.
- As a MPP you should be able to demonstrate how your prescribing competencies, following a period of absence, have remained safe and up to date in your intended field of practice.

13. Continuing Professional Development (CPD)

- MPPs have a professional responsibility for identifying and meeting their own CPD needs and to keep themselves up-to-date with clinical, professional and legal developments in order to exercise their professional accountability and maintain duty of care.

- MPPs are expected to keep up-to-date with best practice in the management of conditions for which they prescribe and apply the principles of up to date evidence-based practice, including clinical and cost-effectiveness.

- MPPs are expected to keep up-to-date with emerging safety concerns related to prescribing.

- MPPs should apply the 'competency framework for all prescribers' to help identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.

- Employing organisations should ensure that they make available to their MPP access to CPD thereby ensuring they meet their professional responsibility to main competency in this role.

- MPPs are required to maintain a CPD portfolio (in line with their regulatory and professional body), including the learning achieved and demonstrating that competence is maintained.

- The Mentor should review the MPP's CPD portfolio at agreed intervals, at least annually for assurance purposes.

- MPPs should reflect on their prescribing practice within clinical supervision systems orwithin other forums. The model used should be agreed at local level, dependent on available resources (known as action learning sets / communities of practice).

- MPPs should regularly review their prescribing practices including the financial / budgetary implications of their prescribing.

- It is the responsibility of the MPP to ensure that their line manager and mentor are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The MPP should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence is restored.

14. Prescribing

14.1 Prescription requirements

- Prescriptions can be computer generated or handwritten. Where possible prescriptions should be computer generated.

- Several pieces of information must be present on a prescription for it to be legal. MPPs should ensure that all the requirements for a prescription are fulfilled for it to be legal. Details on prescription writing (including computer generated prescription requirements) is available in the British National Formulary (BNF).

- A visible audit trail of prescribing actions must be maintained.

- The existing prescriber details on a prescription must never be tampered, with or other prescriber details added, whether that be handwritten or by stamp.

- To ensure clinical governance is maintained, MPPs should only prescribe for a patient whom they have assessed for care and should only write a FP10 prescription bearing their details and own unique prescriber number.

- Accountability and legal responsibility lies with the MPP who has

signed theprescription.

14.2 Repeat prescribing

- MPPs may issue repeat prescriptions but only if all the medicines involved are within the MPP's scope of competency and practice as by signing the prescription, they are assuming full responsibility and remain accountable for their practice.

- All MPPs should minimise risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk e.g. prescribing of repeat medicines.

- Before signing a repeat prescription the MPP must be satisfied that:
    - It is safe and appropriate to do so
    - Each prescription is regularly reviewed and is only re-issued to meet clinical need
    - A regular review takes place, usually at either 3 to 6 monthly intervals, or in line with the GP practice prescribing policy
    - Suitable provision is in place for monitoring each patient's condition and monitoring is up-to-date
    - There is a suitable referral pathway for patients requiring further assessment or treatment.

14.3 Unlicensed or off-label

- MPPs should refer to Section 5 - Prescribing situations and issues – Processes of the medicines management guide to prescribing available on Surrey PAD which gives guidance for GPs but the same principles also apply to MPPs.

- MPPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. unlicensed and off-label medicines.

- MPPs must accept professional, clinical, and legal responsibility for prescribing unlicensed or off-label medicines and should only prescribe where it is accepted clinical practice.

- The MPP must ensure that the patient / patient representative knows that they are being prescribed an unlicensed or off-label medication, understands the implications of this and gives consent.

- MPPs should refer of Recommendations for the use of unlicenced meds and licensed meds for unlicensed indications available on the Surrey PAD which gives guidance for GPs but the same principles also apply to MPPs.

14.4 Private prescriptions

- MPPs may issue private prescriptions for any medicines that they are competent to prescribe.

- MPPs who work outside of NHS settings, where clinical governance systems may be different, or may not be applied in the same way, must ensure they comply with requirements to demonstrate their competence to practice. For example, they must be able to show how they audit their practice, keep up-to-date with current guidance, and how they safeguard patients in their care.

- MPPs should refer to the Policy for Prescribing Recommended during or after an Episode of Private Care available on the Surrey PAD which gives guidance for GPs but the same principles also apply to MPPs.

14.5 Excessive prescribing and unwarranted variation

- Prescribing issues may be identified via several sources such as prescription data monitoring, incident reporting, complaints etc.

- The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death. The BMA focus on excessive prescribing policy: sets out what might be considered to be excessive or unwarranted prescribing for GPs, but the same principles apply to MPPs.

- There may be occasions where a MPP, prescribing at an individual practice, may appear at significant variation with local peers. Prescribing variation is open tointerpretation and subsequent challenge.

14.6 Prescribing for self, family and friends

- Other than in emergencies, MPPs must not prescribe any drug for themselves or anyone with whom they have a close personal or emotional relationship.

- If an MPP prescribes for themselves or someone close to them in an emergency,the MPP should:
    - Make a clear record at the same time or as soon as possible afterwards. The record should include the relationship to the patient (where relevant) and the reason it was necessary for the MPP to prescribe.

    - Inform the MPP's own or the patient's general practitioner (and others treating the MPP or the patient, where relevant) what medicines the MPP has prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody close to the MPP) they object.

- MPPs should refer to the relevant professional bodies standards and codes of ethics for further advice.

14.7 Controlled drugs (CDs)

- MPPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. CDs.

- MPPs must ensure that all legal requirements for a CD prescription are met. These requirements are available in the BNF: BNF controlled-drugs and drug dependence.

- MPPs should refer available to Section 10 - Controlled Drugs - medicines management guide to prescribing on the Surrey PAD, which gives guidance for GPs but the same principles also apply to MPPs and covers the following:
    - Governance arrangements including the contact details of

the Lead Controlled Drugs Accountable Officer (CDAO). It is legal requirement for all CD related incidents to be reported to the CDAO.
    - Ordering and collection
    - Registers and record keeping
    - Storage and security
    - Prescribing CDs and destruction of CDs
    - Legislation and guidance

- For further guidelines on the prescribing of CDs, MPPs should refer to guidance from their respective professional bodies.

14.8 Medicines Management Guide to Prescribing

- MPPs should refer and prescribe in line with the 'Medicines Management Guide to Prescribing' which is available on the Surrey PAD.

- The guide provides a wide-ranging guide to a full range of resources and information around prescribing for GPs but the same principles also apply to MPPs.

15 Adverse drug reactions (ADRs) and incidents

- MPPs should detect and report suspected adverse drug reactions (ADRs) using appropriate reporting systems. The GP responsible for the patient should be notified and the adverse reaction and subsequent actions should be documented in the patient's notes.

- MPPs can report any ADRs directly to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme using the electronic form at www.mhra.gov.uk/yellowcard.

- Alternatively, prepaid Yellow Cards for reporting are available from the following link: https://bnf.nice.org.uk/guidance/adverse-reactions-to-drugs.html

- MPPs should report prescribing errors, near misses and critical incidents, and review practice to prevent recurrence.

- All patient safety incidents (prescribing errors, near misses and critical incidents) where a patient was harmed or could have been harmed) should be reported in line with local policy. These incidents should also be reported on the national patient safety incident database Learn from patient safety events (learn-from-patient-safety-events.nhs.uk)

- In addition to the above, supplementary MPPs should notify the medical prescriber of any ADRs and incidents in line with the Clinical Management Plan.

- The MPP should follow local policy for any safeguarding and/or child protectionconcerns.

16 Prescribing and dispensing for Pharmacist MPPs

- Pharmacist MPPs should, other than in exceptional circumstances, separate prescribing and dispensing roles, in keeping with the principles of safety, clinical and corporate governance.

- In exceptional circumstances, where the Pharmacist MPP is involved in both prescribing and dispensing a patient's medication, a second suitably competentpractitioner should be involved in the checking the accuracy of the medication provided.

17 Managing conflicts of interest

- MPPs should be able to recognise and deal with factors that might unduly influenceprescribing (e.g. pharmaceutical industry, media, patient, colleagues).

- MPPs should work within the NHS / organizational / regulatory and other codes of conduct when interacting with the pharmaceutical industry.

- MPPs should refer to section 'managing conflicts of interest' of the 'Medicines Management Guide to Prescribing' available on the Surrey PAD for further information on the following:

    - Managing conflicts of interest
    - Gifts and other inducements
    - NHS guidance on hospitality
    - Education and training.

18 References

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Appendix 1

Checking Registration of Healthcare Professionals

Healthcare professional	Where to check registration
Chiropodists or Podiatrists	Health & Care Professions Council www.hpc-uk.org
Dentists	General Dental Council www.gdc-uk.org
Dietitians	Health & Care Professions Council www.hpc-uk.org

Doctors	General Medical Council www.gmc-uk.org
Nurses	Nursing and Midwifery Council www.nmc.org.uk
Optometrists	General Optical Council www.optical.org
Paramedics	Health & Care Professions Council www.hpc-uk.org
Pharmacists	General Pharmaceutical Council www.pharmacyregulation.org
Physiotherapists	Health & Care Professions Council www.hpc-uk.org
Radiographers	Health & Care Professions Council www.hpc-uk.org

Appendix 2

Medicines entitlements of AHP professionals

hcpc health & care professions council

Medicines entitlements of our registered professions

Profession	Supply and administration			Prescribing		
	PSD	PGD	Exemptions	SP	IP	IP - CDs
Art therapist	✓					
Biomedical scientist	✓					
Chiropodist / podiatrist	✓	✓	✓	✓	✓	✓
Clinical scientist	✓					
Dietitian	✓	✓		✓		
Hearing aid dispenser	✓					
Occupational therapist	✓	✓				
Orthoptist	✓	✓	✓			
Operating department practitioner	✓					
Paramedic	✓	✓	✓	✓	✓	✓
Physiotherapist	✓	✓		✓	✓	✓
Practitioner psychologist	✓					
Prosthetist / orthotist	✓	✓				
Radiographer - Diagnostic	✓	✓		✓		
Radiographer - Therapeutic	✓	✓		✓	✓	✓
Speech and language therapist	✓	✓				

Key:

Controlled drugs (CDs) and our professions

Supplementary prescribers can prescribe CDs within the limits of a clinical management plan.

Independent prescribers may prescribe from a **limited list** of CDs, **only** if extra laws allow their profession to do so.

PSD = Patient-specific direction
PGD = Patient group direction
SP = Supplementary prescribing
IP = Independent prescribing
IP - CDs = IP of controlled drugs