NON-MEDICAL PRESCRIBING GUIDANCE

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1. Background

1.1. Non-medical prescribing is prescribing by specially trained healthcare professionals working within their clinical competence as either independent and/or supplementary prescribers.[1]

1.2. Non-medical prescribing has been allowed in the UK since 1992.[2] Its development over the past 24 years has been marked by 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.).[2]

1.3. Since the inception of non-medical prescribing in the UK in 1992, the types of healthcare professionals that are eligible to become Non-Medical Prescribers (NMPs), the numbers of NMPs and the range of medicines they are legally able to prescribe has grown.[2] NMPs are a large and expanding workforce, who play an increasing role in supporting the clinical commissioning programme for the modern NHS.[2]

1.4 The principles that underpin non-medical prescribing are[3,]:

- 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

2. Purpose

2.1 This document sets out a framework for the development and implementation of non-medical prescribing within the Clinical Commissioning Group (CCG) and its member practices in order to support a consistent approach. It sets out the administrative and procedural steps necessary to ensure patient safety and support effective prescribing.

2.2 The purpose of this document is to ensure that all prescribing by all NMPs 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 non-medical prescribing practice

3. Scope

3.1 The scope of this document applies to all activity by NMPs working within the CCG and its member practices. NMPs working for other organisations should refer to the Non-Medical Prescribing Guidance for their employing organisation.

3.2 This guidance applies to all registered nurses, pharmacists and other allied healthcare professionals employed by a GP practice, other primary care providers or an

organisation linked to the CCG prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.

4. Types of non-medical prescribers

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

4.2 **Non-Medical Prescribers (NMPs):**

- NMPs 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 Prescribers**.[4]
- **Independent NMPs** 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.[1, 4]
- 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.[1, 4, 12] 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.[5]
- Independent and Supplementary NMPs are identified by an annotation next to their name in the relevant professional register with the level of prescribing he/she is qualified to undertake.[5]

4.3 Under current legislation, the health professionals listed below can all undertake a further qualification to become an independent or supplementary NMP.[4, 6 - 9] The below lists are not exhaustive and may be expanded following further legislation changes:[4, 6 - 9]

- Independent NMP:
  - Nurses
  - Advanced paramedics
  - Pharmacists
  - Physiotherapists
  - Podiatrists
  - Optometrists
  - Therapeutic radiographers (specialists in using radiation to treat cancer and other medical conditions)
- Supplementary NMP:
  - Dietitians
  - Nurses
  - Advanced paramedics
  - Pharmacists
  - Physiotherapists
  - Podiatrists
  - Optometrists
  - Diagnostic radiographers (specialists in using medical imaging techniques, such as X-rays)
  - Therapeutic radiographers (specialists in using radiation to treat cancer and other medical conditions)

5. What can non-medical prescribers prescribe?

5.1 Nurse independent NMPs are able to prescribe any medicine for any medical condition.[4, 7] Nurse independent NMPs are able to prescribe, administer and give directions for the administration of schedule 2, 3, 4, and 5 controlled drugs.[4, 7] This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction.[3] Nurse independent NMPs must work within their own level of professional competence and expertise.[4, 7]

5.2 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.[1, 4, 7, 8]

5.3 Independent prescribing by advanced paramedics came into effect from 1 April 2018.[10] Advanced paramedic independent NMPs 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.[11] In the future, advanced paramedic independent NMPs may be permitted to prescribe from a restricted list of controlled drugs.[11] Advanced paramedic independent NMPs must only prescribe within their own defined scope of practice, clinical speciality and competency.[11]

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

5.5 Physiotherapist independent NMPs can prescribe any medicine for any medical condition.[4] This includes "off-label" medicines subject to accepted clinical good practice.[2, 4] 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.[3] Physiotherapist independent NMPs must work within their own level of professional competence and expertise.[4]

5.6 Optometrist independent NMPs 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.[4, 7] Optometrist independent NMPs must work within their own level of professional competence and expertise.[4]

5.7 Podiatrist independent NMPs can prescribe any medicine for any medical condition.[4] This includes "off-label" medicines subject to accepted clinical good practice.[4] They are also allowed to prescribe the following controlled drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam.[4] Podiatrist independent NMPs must work within their own level of professional competence and expertise.[4]

5.8 Therapeutic Radiographer independent NMPs can prescribe any medicine for any medical condition.[4] This includes "off-label" medicines subject to accepted clinical

good practice.[4] Therapeutic Radiographer independent NMPs must work within their own level of professional competence and expertise.[4]

5.9 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.[4, 12] There are no legal restrictions on the clinical conditions that may be dealt with by a supplementary prescriber.[12] Supplementary prescribing is primarily intended for use in managing specific long-term medical conditions or health needs affecting the patient.[12] However, acute episodes occurring within long-term conditions may be included in these arrangements, provided they are included in the CMP.[12]

5.10 See appendix 1 for full information on who can prescribe what on the NHS.[4, 8, 9]

6. Responsibilities

6.1 **Responsibilities of a Non-Medical Prescriber:**

6.1.1 It is the responsibility of the NMP 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 programme to be legally allowed to prescribe (see appendix 2 for checking registration of healthcare professionals).

6.1.2 NMPs should ensure that they hold appropriate and adequate indemnity insurance for this role.[15]

6.1.3 NMPs should work within their own level of professional competence and expertise and are clinically responsible for any prescription that they issue.[4, 16]

6.1.4 NMPs 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.[1, 15]

6.1.5 NMPs 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.[1]

6.1.6 NMPs should prescribe within their own documented scope of practice and recognise the limits of own knowledge and skill (see appendix 3 for an example of a Scope of Practice Form which can be adapted/amended and see 6.2.9).[1] 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 NMP involved.

6.1.7 NMPs should make accurate legible and contemporaneous records and clinical notes of any prescribing decisions they make in line with requirements of the registering body standards for records.[1, 15] 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.[12, 15] NMPs should not prescribe for patients without reference to their

clinical record. Where the clinical record is unavailable significant levels of caution should be applied.

6.1.8 NMPs should apply professionalism in the following ways[1]:

- Always introduces self and role to the patient and carer.
- Adapts consultations to meet the needs of different patients/carers (e.g. for language, age, capacity, physical or sensory impairments).
- Undertakes the consultation in an appropriate setting taking account of 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 (see section 11).
- Recognises when safe systems are not in place to support prescribing and acts appropriately.

6.1.9 To maintain professional responsibility for non-medical prescribing, the 'competency framework for all prescribers' should be applied to NMPs.[1] The 'competency framework for all prescribers' sets out what good prescribing looks like and aims to support NMPs to be safe and effective prescribers who are able to support patients to get the best outcomes from their medicines.[1] There are 10 competencies within the framework which are split into 2 domains.[1] Within each of the 10 competency dimensions, there are statements which describe the activity or outcomes prescribers should be able to demonstrate[1]:

- 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

6.1.10 NMPs 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 Prescribing Advisory Database (PAD): https://surreyccg.res-systems.net/pad/Search. Significant levels of caution should be applied if prescribing a medicine for the first time.

6.1.11 NMPs should refer and prescribe in line with the 'Medicines Management Guide to Prescribing' (MMGtP) where appropriate which is available on the Surrey PAD (https://surreyccg.res-systems.net/pad/Search).[13] The MMGtP provides a wide-ranging guide to a full range of resources and information around prescribing for GPs but the same principles also apply to NMPs.

6.1.12 NMPs should follow the 'recommendations on the safe & secure management of NHS prescription stationery in GP practices' guidelines which are available on the Surrey PAD (https://surreyccg.res-systems.net/pad/Search) 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

6.1.13 NMPs must have authorisation from the GP practices/primary care organisation to prescribe on behalf of their patients.

6.1.14 NMPs must ensure they have access to a budget from which to prescribe (see 6.2.8).

6.1.15 NMPs prescribing on practice FP10 prescriptions must ensure that they obtain a prescriber code using the process available on the Surrey PAD (https://surreyccg.res-systems.net/pad/Search).

6.1.16 NMPs 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. NMP 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 (see 9.3, 9.4 and 12.1). The existing prescriber details on a prescription must never be tampered, with or other prescriber details added, whether that be handwritten or by stamp.

6.1.17 If working in more than one practice, the NMP 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 NMP details directly onto the prescription (see 9.3, 9.4 and 12.1). Prescriptions are not interchangeable between practices.

6.1.18 To ensure clinical governance is maintained, NMPs 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/

6.1.19 NMPs should ensure that patients are aware they are being treated by a NMP and the scope of their prescribing practice (see appendix 3 for an example of a Scope of Practice Form which can be adapted/amended) may mean referral onto another healthcare professional if necessary.[1, 12, 15]

6.1.20 NMPs should ensure that they remain compliant with professional requirements in relation to CPD and mandatory training (see section 11).

6.1.21 NMPs should ensure that their current job description, person specification and/or service level agreement adequately covers their prescribing role (see 6.2.10 and 6.2.12).[15]

6.1.22 NMPs 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.

6.1.23 NMPs should identify a Mentor and meet with them regularly (see 6.2.1 and 6.3).

6.1.24 NMPs should take part in the annual appraisal process and have a personal development plan (PDP) in place that is reviewed annually (see 6.2.12).

6.1.25 NMPs should understand and regularly use available tools to improve prescribing e.g. patient and peer review feedback, prescribing data analysis and audit (see 6.3.4, 11.9 and appendix 4 for an example of an NMPs review of quarterly prescribing data which can be adapted/amended).[1, 15] The CCGs Medicines Management Team can provide support and advice to interpret prescribing data (6.4.3).

6.1.26 NMPs should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing as well as other aspects of practice (see 6.2.14, 6.5.1 and 11.8).[15]

6.1.27 NMPs must comply with section 11.10.

6.1.28 In addition to the above, supplementary prescribers should (see sections 6.7 and 7):

- Only prescribe in accordance with the CMP.[12]
- Recognise when they are not competent to act and pass the prescribing responsibility back to the independent prescriber.[12]
- Pass prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval (see 6.7.8), if they feel that the patient's condition no longer falls within their competence or if the patient's condition deteriorates.[12]
- Not agree to prescribe any medicine if they feel that their knowledge of medicines falls outside their area of competence.[12]

6.2 **Responsibilities of the line manager within the employing organisation e.g. GP practice / CCG:**

6.2.1 To support the NMP to identify a Mentor (see 6.1.21 and 6.3).

6.2.2 To ensure that the NMP has the adequate skills and knowledge to carry out the NMP role.

6.2.3 To check the registration and qualifications of the NMP with the authorised regulatory body (see appendix 2 for checking registration of healthcare professionals). Certificates providing evidence of qualifications must be requested.

6.2.4 To ensure that a Disclosure and Barring Service (DBS) check is completed where appropriate.

6.2.5 To be aware that when a NMP 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.[12, 15]

6.2.6 To provide the following information to the CCGs NMP lead in order to ensure accuracy of the NMP database:

- Accurate details of any NMP that joins the organisation
- Notification if the NMP has additional employment and would like to use their prescribing code
- Notification if there are any changes to the NMP's registration status
- Notification if the NMP has left the practice or ceases to prescribe

6.2.7 To provide the following information to the CCGs Medicines Management Team (MMT):

- Accurate details of any NMP they employ in order for the MMT to register the NMP with the NHS Business Services Authority (NHSBSA). Prescribing should not take place until after this registration process has been completed.
- Notification if the NMP has additional employment and would like to use their prescribing code in order for the MMT to ensure budgets are correctly aligned and prevent inappropriate charges being made.
- Notification if the NMP has left the practice or ceases to prescribe in order for the MMT to ensure budgets are correctly aligned and prevent inappropriate charges being made to the leaving practice.
- Notification of any change to registration details e.g. changes to name in order for the MMT to make the necessary changes with NHSBSA.

6.2.8 To ensure that the NMP has access to a prescribing budget (see 6.1.14).

6.2.9 To agree the scope of practice with the NMP (see appendix 3 for an example of a Scope of Practice Form which can be adapted/amended and see 6.1.6).

6.2.10 To include an accurate summary of the NMPs prescribing responsibilities within the job description, person specification and/or service level agreement (see 6.1.19 and 6.2.12)).[15] NMPs that work across healthcare organisations should have this noted within each job description/employment contract to prove vicarious liability.[15]

6.2.11 To support appropriate continual professional development of the NMP (see 11.5).[12]

6.2.12 To ensure the NMP has an annual appraisal and personal development plan (PDP) in place. This can be completed with NMPs line manager and with/without the NMPs Mentor where appropriate. The appraisal and PDP should include any relevant discussions, changes or issues highlighted in the NMP and Mentor regular meetings (see 6.3.4). Any changes to the NMPs prescribing responsibilities should be reflected within the job description, person specification and/or service level agreement (see 6.1.19 and 6.2.10).

6.2.13 To ensure the NMP is prescribing in their area of competency.

6.2.14 Ensure NMPs have access to clinical supervision (see 6.1.24, 6.5.6 and 11.8). The model of clinical supervision should be agreed at local level, taking account of other staff support mechanisms and resources.[15]

6.2.15 To follow section 9 'non-medical prescriber(s) joining or leaving a practice'.

6.3 **Responsibilities of a Mentor:**

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

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

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

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

- Meet regularly to discuss any prescribing issues and monitor the NMPs continuing professional development (CPD) portfolio for assurance purposes (see 11.7). This meeting should also include a review and if appropriate an update of the NMPs scope of practice (see appendix 3 for an example of a Scope of Practice Form which can be adapted/amended) 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 take into account the experience of the NMP and should be more frequent to support newly qualified NMPs or where there has been a change in role.
- Agree how often they should meet to review the NMPs prescribing data and discuss the financial/budgetary implications of their prescribing (can be obtained from ePACT2 via the CCGs Medicines Management Team) – see appendix 4 for an example of a NMPs review of quarterly prescribing data which can be adapted/amended.
- Use the 'competency framework for all prescribers'[1] to assess competence to prescribe.
- Ensure all the above are documented in the appraisal and personal development plan (see 6.2.12).

6.4 **Responsibilities of the CCG Medicines Management Team:**

6.4.1 Register/deregister the NMP with the NHS Business Services Authority (NHSBSA), once notified from the employer.

6.4.2 Monitor prescribing for all NMPs.

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

6.4.4 Ensure NMPs have an awareness of the prescribing budget/expenditure related to prescribing.

6.5 **Responsibilities of the NMP Lead:**

6.5.1 Produce and maintain an up-to-date database of NMPs within the CCG and GP practices. Example of information recorded in the database includes:

- Name of NMP
- Profession of NMP
- NMP registration/PIN number
- Date of registration expiry (if applicable)
- Address and telephone number of the NMPs base location and any other locations they are prescribing from
- NMPs contact telephone number and email address
- Qualification attained e.g. independent prescriber
- Date of when NMP started prescribing at the practice
- Date of when NMP ceased prescribing at the practice

6.5.2 Confirm the details of each NMP on an annual basis (however any changes to details should be sent to the NMP lead as soon as possible (see 6.2.6)).

6.5.3 Ensure the NMPs qualification is annotated on the relevant professional register (see appendix 2 for checking registration of healthcare professionals).

6.5.4 Ensure the NMP guidance is disseminated to relevant individuals.

6.5.5 Link with others leading on the NMP agenda including those from other organisations.

6.5.6 Liaise with the NMP and their line manager if concerns are raised regarding prescribing, escalating to the appropriate persons/organisations where necessary (see section 12.5).

6.6 **Responsibilities of the CCG Workforce Tutor or equivalent role:**

6.6.1 Support and facilitate with education and training for NMPs e.g. regular forums allowing peer discussions and support (see 6.1.24, 6.2.14 and 11.8).[15]

6.6.2 Link with Higher Education Institutions providing the education and training programmes.

6.7 **Responsibilities of the independent prescriber within the supplementary prescribing agreement:**

6.7.1 The independent prescriber within the supplementary prescribing agreement must be a doctor or dentist.[12]

6.7.2 It is for the independent prescriber, 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.[12] 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.[12]

6.7.3 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 an arrangement.[12]

6.7.4 The independent prescriber 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.[12]

6.7.5 The independent prescriber should be the clinician responsible for the individual's care at the time that supplementary prescribing is to start.[12] 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.[12]

6.7.6 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.[12]

6.7.7 The independent prescriber 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.[12] (The parameters should be agreed between the independent prescriber and the supplementary prescriber).[12]

6.7.8 Patient review:

- Supplementary prescribing must be supported by a regular clinical review of the patient's progress by the assessing clinician (the independent prescriber), at predetermined intervals appropriate to the patient's condition and the medicines to be prescribed, preferably with the supplementary prescriber being present.[12]
- The intervals should normally be no longer than one year (and much less than this if antibiotics are to be included in the CMP).[12] 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.[12]
- The appropriateness of such a longer period between joint or independent prescriber clinical reviews is the responsibility of the independent prescriber though it must be agreed with the supplementary prescriber.
- If a joint clinical review is not possible, the independent prescriber should review the patient, and subsequently discuss future management of the patient's condition(s) with the supplementary prescriber.[12] Both prescribers must record their agreement to the continuing or amended CMP, and the patient's agreement to the continuation of the supplementary prescribing arrangement, in order for the CMP to remain valid.[12] They should then set a new date for review.[12] Prescribing by the supplementary prescriber after the date of review, and without recorded agreement to the next phase of the CMP, should not continue.[12]

6.7.9 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.[12] 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.[12]

6.7.10 The independent prescriber may, at any time, review the patient's treatment and/or resume full responsibility for the patient's care.[12]

6.7.11 The independent prescriber and the supplementary prescriber must share access to, consult, keep up to date and use the same common patient record to ensure patient safety.[12]

6.7.12 The independent prescriber should provide advice and support to the supplementary prescriber as and when needed.[12]

6.7.13 The independent and supplementary prescriber should maintain communication on an ad-hoc basis while the supplementary prescriber is reviewing and prescribing for that patient.[12]

6.7.14 Independent and supplementary prescribers may work in more than one prescribing partnership, providing that all of the above requirements and sections 6.1 and 7 are met.[12]

7. Clinical Management Plans (CMP)

7.1 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.[12]

7.2 In each case, the independent and/or supplementary prescriber should obtain the patient's agreement to supplementary prescribing taking place and then discuss and agree the CMP for that particular patient.[12]

7.3 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.[12] This should be included in the patient record.[12] There should be a note on the patient record that the independent prescriber, supplementary prescriber and patient have agreed to the CMP.[12]

7.4 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.

7.5 See section 6.6 'responsibilities of the independent prescriber within the supplementary prescribing agreement'.

7.6 The CMP should be included in the patient record and should specify the following[12]:

- 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 to, 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).

7.7 The CMP should be kept as simple as possible.[12] 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.[12] There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor need the CMP 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.[12]

7.8 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.[12]

7.9 The independent prescriber (doctor or dentist) and supplementary prescriber must share access to, consult and use the same part of the common patient record.[12]

7.10 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 (see 6.6.8) or if they feel that the patient's condition no longer falls within their competence.[12]

7.11 The CMP comes to an end[12]:
- 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 and he or she is 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 is happy then he/she should sign it and then the supplementary prescriber can continue to prescribe.

7.12 See appendix 5 for an example of a CMP which can be adapted/amended.

8. Application process for the non-medical prescribing qualification

8.1 The requirement to undertake the non-medical 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 NMP within their area of practice.

8.2 Information for enrolment on to the non-medical prescribing programme of study e.g. entrance requirements, course details, designated medical practitioner requirements and application forms etc. can be found on individual universities websites.

8.3 The CCG NMP Lead/Primary Care Workforce Tutor or equivalent role can provide further advice on the process of the course application and available funding (if any).

9. Non-medical prescriber(s) joining or leaving a practice

9.1 The employing organisation should follow section 6.2 'responsibilities of the line manager within the employing organisation e.g. GP practice/CCG'.

9.2 The process for NMPs joining or leaving a practice should be followed for NMPs who join or leave a practice: https://surreyccg.res-systems.net/PAD/Guidelines/Detail/4979

9.3 Once the NMP is registered with the NHS Business Services Authority (NHSBSA), the NMP should follow their employer's process for ordering prescription pads and/or enter the NMPs details onto the clinical system ensuring that the prescriptions print correctly with the prescriber number, practice address and cost centre (see 6.1.15 and 6.1.16). Further information is available from: NHS Prescription Services.

9.4 Support on how to set up or remove a NMP on GP clinical systems should be obtained directly from the GP clinical systems companies.

10. Returning to practice or expanding a scope of practice

10.1 NMPs must ensure they prescribe within their scope of practice.[1]

10.2 If returning to prescribing practice after a period of time or expanding scope of practice, it is recommended that the NMP appraises their prescribing practice with their line manager and/or Mentor prior to recommencing a prescribing role:

- The NMP and line manager and/or Mentor should identify and agree a learning plan which should be linked to the NMPs appraisal.
- If the NMP wishes to return to practice, a clinical update should be completed by the NMP and they should be assessed as being competent prior to recommencing a prescribing role.
- If the NMP wishes to expand their scope of practice they must be able to prove competency in that area. This could be via a recognised clinical qualification e.g. Diploma or with relevant clinical experience in that area. See appendix 3 for an example of a Scope of Practice Form which can be adapted/amended.
- The 'competency framework for all prescribers'[1] can be used to assess competence to prescribe.[1]

11. Continuing Professional Development (CPD)

11.1 NMPs have a professional responsibility for identifying and meeting their own CPD needs to keep themselves abreast of clinical, professional and legal developments in order to exercise their professional accountability and maintain duty of care.[1, 12, 15]

11.2 NMPs 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.[1, 12]

11.3 NMPs are expected to keep up-to-date with emerging safety concerns related to prescribing.[1]

11.4 NMPs 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 (see 6.1.9).[1]

11.5 Employing organisations should ensure that they make available to their NMPs access to CPD thereby ensuring they meet their professional responsibility to main competency in this role (see 6.2.11).[12]

11.6 NMPs 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.

11.7 The Mentor should review the NMPs CPD portfolio at agreed intervals, at least annually, for assurance purposes (see 6.3.4).

11.8 NMPs should reflect on their prescribing practice within clinical supervision systems or within other forums. The model used should be agreed at local level, dependent on available resources (see 6.1.24, 6.2.14 and 6.5.6).

11.9 NMPs should regularly review their prescribing practices including the financial/budgetary implications of their prescribing (see 6.1.23, 6.2.12 and 6.3.4) – see appendix 4 for an example of a NMP's review of quarterly prescribing data which can be adapted/amended.

11.10 It is the responsibility of the NMP 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 NMP should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence is restored (see 6.1.25).

12. Prescribing

12.1 Prescription requirements:

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

12.1.2 Several pieces of information must be present on a prescription for it to be legal. NMPs 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): https://bnf.nice.org.uk/guidance/prescription-writing.html.

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

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

12.1.5 To ensure clinical governance is maintained, NMPs 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 (see 6.1.16).

12.1.6 Accountability and legal responsibility lies with the NMP who has signed the prescription (see 6.1).

12.1.7 See sections 6.1, 9.3 and 9.4.

12.2 **Repeat prescribing:**

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

12.2.2 All NMPs 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.[1]

12.2.3 Before signing a repeat prescription the NMP 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 condition and monitoring is up-to-date.
- There is a suitable referral pathway for patients requiring further assessment or treatment.

12.2.4 NMPs should refer to section 5 'Prescribing situations and issues – Processes' of the 'Medicines Management Guide to Prescribing' available on the Surrey PAD which gives guidance for GPs but the same principles also apply to NMPs and covers the following:

- Section 5.1.2 Quantities - Repeat Prescriptions
- Section 5.2 Repeat dispensing
- Section 5.4 Electronic repeat dispensing (eRD)
- Section 5.10 Managed repeats
- Section 5.12 Repeat prescribing standards

12.3 **Unlicensed or off-label medicines:**

12.3.1 See appendix 1 to identify which NMPs can legally prescribe unlicensed and/or off-label medicines. NMPs should only prescribe medicines that are unlicensed, off-label or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.[1]

12.3.2 NMPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. unlicensed and off-label medicines.[1]

12.3.3 NMPs must accept professional, clinical and legal responsibility for prescribing unlicensed or off-label medicines and should only prescribe this where it is accepted clinical practice.[15]

12.3.4 The NMP 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.[15]

12.3.5 NMPs should refer to section 3.3 'unlicensed or "off label" medicines' of the 'Medicines Management Guide to Prescribing' available on the Surrey PAD which gives guidance for GPs but the same principles also apply to NMPs.

12.4 **Private prescriptions:**

12.4.1 NMPs may issue private prescriptions for any medicines that they are competent to prescribe.

12.4.2 NMPs who work outside 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.[15] For example, they must be able to show how they audit their practice, keep up-to-date with current guidance, and how they safeguard the patients in their care.[15]

12.4.3 NMPs should refer to section 3.9 'private prescription for NHS patients' of the 'Medicines Management Guide to Prescribing' available on the Surrey PAD which gives guidance for GPs but the same principles also apply to NMPs.

12.5 **Excessive prescribing and unwarranted variation:**

12.5.1 Prescribing issues may be identified via a number of sources e.g. prescribing monitoring, incident reporting, complaints etc.

12.5.2 The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death.[13] The 'Focus on excessive prescribing': sets out what might be considered to be excessive or unwarranted prescribing for GPs but the same principles apply to NMPs.[13]

12.5.3 There may be occasions where NMP prescribing at an individual practice may appear at significant variation with local peers.[13] Prescribing variation is open to interpretation and subsequent challenge.[13]

12.5.4 To further clarify examples and provide a consistent and transparent approach by CCGs, a guide defining due process has been produced with consultation by Surrey & Sussex LMC: https://surreyccg.res-systems.net/pad//Content/Documents/2/FINAL%20-%20%20Recommendations%20for%20managing%20unwarranted%20variation%20in%20prescribing%20updated%20March%202017.pdf [13]

12.5.5 See section 6.5.6.

12.6 **Prescribing for self, family and friends:**

12.6.1 Other than in emergencies, NMPs must not prescribe any drug for themselves or anyone with whom they have a close personal or emotional relationship.[12,15]

12.6.2 If an NMP prescribes for themselves or someone close to them in an emergency, the NMP should[13]:

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

12.6.3 NMPs should refer to the relevant professional bodies standards and codes of ethics for further advice (see appendix 2 for checking registration of healthcare professionals).

12.7 **Controlled drugs (CDs):**

12.7.1 See appendix 1 and section 5 to identify which NMPs can legally prescribe CDs.

12.7.2 NMPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. CDs.[1]

12.7.3 NMPs must ensure that all legal requirements for a CD prescription are met. These requirements are available in the BNF: https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html.

12.7.4 NMPs should refer to section 6.1 'controlled drugs (medicinal waste management)' and section 10 'controlled drug management' of the 'Medicines Management Guide to Prescribing' available on the Surrey PAD which gives guidance for GPs but the same principles also apply to NMPs 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

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

12.8 Medicines Management Guide to Prescribing:

12.8.1 NMPs should refer and prescribe in line with the 'Medicines Management Guide to Prescribing' (MMGtP) which is available on the Surrey PAD (https://surreyccg.res-systems.net/pad/Search).[13]

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

- Prescribing Advisory Database (Surrey PAD)
- PrescQIPP
- Using the electronic BNF and nice evidence
- Polypharmacy / de-prescribing resources
- Library services
- Specialist pharmacy service
- Managing conflicts of interest
- Prescribing Responsibilities:
  - Primary/secondary care interface
  - Medicines Commissioners Group (MCG)
  - Prescribing Clinical Network (PCN)
  - Prescribing Advisory Database (PAD) and the – Traffic Light Status
  - Medicines Optimisation Groups
  - Medicines not on the PAD / holding statements
  - Interface Prescribing Policy
  - Requests for prescribing RED/hospital only drugs
  - Payment by Results (PbR) excluded drugs and devices / funding requests to the CCG from acute Trusts for high cost drugs
- Prescribing situations and issues (general):
  - Prescribing new products
  - Generic prescribing recommendations/when to prescribe by brand
  - Unlicensed or "off-label" medicines
  - Prescribing situations NOT covered by the NHS
  - Private referral
  - Private service for travel vaccination
  - Malaria prophylaxis
  - Emergency travel kits
  - Patients travelling or moving abroad – access to NHS care
  - Temporary resident / UK visitors
  - Asylum seekers
  - Emergency or Immediately necessary treatment
  - Urgent supply (in the absence of a prescription)
  - Prescribing for yourself or those close to you
  - Private scripts for NHS patients
  - Private scripts for a branded product
  - Private scripts to avoid NHS prescription fees
- Prescribing situations and issues (clinical):
  - Infertility treatment
  - Clinical trials / research
  - Drugs requiring Selected List Scheme (SLS) endorsement
  - DVLA – medical conditions, disabilities

and driving

- Prescribing of Borderline substances
- Prescribing Gluten Free foods
- Patient specific directions (PSDs) and Patient Group Directions (PGDs)

- Prescribing situations and issues (processes):
  - Prescribing and review
  - Quantities - Acute prescriptions
  - Multi-compliance aids (MCAs)
  - Prescribing for nursing & residential homes
  - Quantities - Repeat prescriptions
  - Reviewing prescribing
  - Excessive prescribing and Unwarranted Variation
  - Repeat dispensing
  - Electronic prescription service (EPS)
  - Electronic repeat dispensing (eRD)
  - Controlled Drugs governance arrangements
  - Recording non-GP (Hospital Only (RED) drugs
  - Remote prescribing
  - Managed repeats
  - Medicines Optimisation
  - Repeat prescribing standards
  - Medicines reconciliation
  - Decision Support software solution (OptimiseRx, ScriptSwitch)
  - Community Pharmacy services
  - Pre-payment certificates
- Medicinal Waste Management:
  - Medicinal waste management introduction
  - Controlled Drugs
  - Sharps waste disposal arrangements
  - Drug donations to other countries
- Home Oxygen:
  - Oxygen therapies
  - Specialist assessment
  - Prescribing Home Oxygen
  - Consent and Risk Mitigation forms (HOCF / IHORM)
  - Home Oxygen order form (HOOF)
  - Ordering process
  - Holiday provision
  - Emergency provision
  - Hospital discharge
  - Nursing / Residential home requesting oxygen
  - Managing oxygen costs – prescribing advice
  - Resources and contacts
- Vaccines:
  - Vaccine information sources
  - The Green Book
  - Vaccine Update newsletter
  - Patient Group Directions (PGDs)
  - Travel advice for health professionals
  - Contractual and service information
  - Supply and reimbursement arrangements
  - National Immunisation programmes
  - Travel vaccinations
  - Vaccinations for specific clinical risk groups
  - Vaccination for occupational risk
  - Private supply
  - Additional sources if information from the BMA and GPC
- Patient Safety Reporting:
  - General Practice Patient Safety Reporting
  - GMC Guidance
  - Rationale for incident reporting
  - What should be reported?
  - Reporting incidents to the NRLS
  - CPD credits for GPs
- Controlled Drug management:

- Controlled Drug governance arrangements
- Ordering and collection
- Registers and record keeping
- Storage and security
- Prescribing controlled drugs
- Destruction of Controlled Drugs
- Legislation and guidance

13. Adverse drug reactions and incidents

13.1 NMPs should detect and report suspected adverse drug reactions (ADRs) using appropriate reporting systems.[1] The GP responsible for the patient should be notified and the adverse reaction and subsequent actions should be documented in the patient's notes.

13.2 NMPs 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 address below and are also bound in the inside back cover of the BNF. Further information ADR reporting can be found here: https://bnf.nice.org.uk/guidance/adverse-reactions-to-drugs.html.

13.3 NMPs should report prescribing errors, near misses and critical incidents, and review practice to prevent recurrence.[1]

13.4 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 to the National Reporting and Learning System (NRLS) - the national patient safety incident database.

13.5 In addition to the above, supplementary NMPs should notify the medical prescriber of any ADRs and incidents in line with the CMP (see 7.6).

13.6 NMPs should refer to section 9 'Patient Safety Reporting' of the 'Medicines Management Guide to Prescribing' available on the Surrey PAD which gives guidance for GPs but the same principles also apply to NMPs.

13.7 The NMP should follow local policy for any safeguarding and/or child protection concerns.

14. Prescribing and dispensing for Pharmacist NMPs

14.1 Pharmacist NMPs should, other than in exceptional circumstances, separate prescribing and dispensing roles, in keeping with the principles of safety, clinical and corporate governance.[15]

14.2 In exceptional circumstances, where the Pharmacist NMP is involved in both prescribing and dispensing a patient's medication, a second suitably competent practitioner should be involved in the checking the accuracy of the medication provided.[15]

15. Managing conflicts of interest

15.1 NMPs should be able to recognise and deal with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).[1, 15]

15.2 NMPs should work within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.[1]

15.3 NMPs should refer to section 1.12 '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.

16. Documents this framework should be read in conjunction with:

- The 'Medicines Management Guide to Prescribing' which is available on the Surrey Prescribing Advisory Database (PAD): https://surreyccg.res-systems.net/pad/
- Local policies and guidelines available on the Surrey PAD: https://surreyccg.res-systems.net/pad/
- https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-november-2019.pdf
- Relevant Professional Body's guidance around non-medical prescribing and the administration and management of medicines:
  - Nursing and Midwifery Council
  - General Pharmaceutical Council
  - Health and Care Professions Council.

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Appendix 1: Who can prescribe what on the NHS?[7, 8, 10, 14]

Type of prescriber	Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics	Off-label/off-licence	Unlicensed medicines	Controlled Drugs (CDs)	Appliances or chemical reagents listed in Part IX	Selected List Scheme (SLS)	Borderline Substances (ACBS)	Additional information
Doctors**	✓	✓ Subject to accepted clinical good practice	✓ Subject to accepted clinical good practice	✓ See additional information	✓	✓	✓	• Can write emergency supply requests.* • CDs: A Home Office licence is required to prescribe cocaine, dipipanone, or diamorphine for treating addiction.
Dentists**	⚠ See additional information	✗	✗	⚠ See additional information	⚠ See additional information	✗	⚠ See additional information	• ⚠ = Only if included in the Dental Prescribing Formulary (Part XVIIA of the Drug Tariff) on an FP10D prescription.
Nurse independent NMPs**	✓	✓ Only when it is accepted clinical practice & they accept clinical responsibility.	✓ Subject to accepted clinical good practice	✓ See additional information	✓	✓ Only where this is within their scope of professional practice.	✓	• Can write emergency supply requests.* • CDs: Any schedule 2-5 (except diamorphine, dipipanone or cocaine for the treatment of addiction).
Pharmacist independent NMPs**	✓	✓ Only when it is accepted clinical practice & they accept clinical responsibility.	✓ Subject to accepted clinical good practice	✓ See additional information	✓	✓ Only where this is within their scope of professional practice.	✓	• Can write emergency supply requests.* • CDs: o Any schedule 2-5 (except diamorphine, dipipanone or cocaine for the treatment of addiction). o A Home Office licence is required to prescribe cocaine, dipipanone, or diamorphine for treating addiction.
Community Practitioner Nurse Prescribers**	⚠ Only if included in the Nurse Prescribers' Formulary (Part XVIIB(i) of the Drug Tariff).	✗	✗	✗	✓ (Is included in the Nurse Prescribers' Formulary (Part XVIIB(i) of the Drug Tariff).	✗	✗	Can write emergency supply requests (no CDs).

Type of prescriber	Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics	Off-label and off-licence	Unlicensed medicines	Controlled Drugs (CDs)	Appliances or chemical reagents listed in Part IX	Selected List Scheme (SLS)	Borderline Substances (ACBS)	Additional information
Advanced Paramedic independent NMPs**	 Within national & local guidelines for any condition within the area of expertise & competence diagnosing & treating patients with urgent health needs.							CDs: At the time of writing proposed changes to legislation in relation to the use of certain CDs were still to be considered by the Home Office
Therapeutic Radiographer independent NMPs**	 Any licensed medicine, within national and local guidelines, for any condition, the practitioner's area of expertise and competence, and the overarching framework of treatment of cancer.	 Only when it is accepted clinical practice & they accept clinical responsibility.		 See additional information				• Can write emergency supply requests.*** • CDs: At the time of writing proposed changes to legislation in relation to the use of certain CDs were still to be considered by the Home Office
Physiotherapist independent NMPs**	 Can prescribe any licensed medicine for any condition within their competence within the overarching framework of human movement, performance & function.	 Only when it is accepted clinical practice & they accept clinical responsibility.		 See additional information	 They can only prescribe appliances/ dressings for the treatment of conditions relevant to their respective areas of professional practice.	 Only where this is within their scope of professional practice.	 Permitted to prescribe however, the Drug Tariff indicates that they should not need to prescribe any ACBS items.	• Can write emergency supply requests.*** • CDs: On 1 June 2015 the Misuse of Drugs Regulations 2001 were amended to allow physiotherapist independent prescribers (PIPs) to prescribe and administer a specified list of CDs. PIPs are able to prescribe for the treatment of organic disease or injury provided that the CD is prescribed to be administered by the specified method: ○ Diazepam, dihydrocodeine, lorazepam, morphine, oxycodone, temazepam, by oral administration ○ Morphine for oral administration or for injection • Fentanyl for transdermal administration.

Type of prescriber	Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics	Off-label and off-licence	Unlicensed medicines	Controlled Drugs (CDs)	Appliances or chemical reagents listed in Part IX	Selected List Scheme (SLS)	Borderline Substances (ACBS)	Additional information
Podiatrist independent NMPs**	 Can prescribe any licensed medicine for any condition within their competence & relevant to the treatment of disorders affecting the foot, ankle & associated.	 Only when it is accepted clinical practice & they accept clinical responsibility.		 See additional information	 They can only prescribe appliances/ dressings for the treatment of conditions relevant to their respective areas of professional practice.	 Only where this is within their scope of professional practice.	 Permitted to prescribe however, the Drug Tariff indicates that they should not need to prescribe any ACBS items.	• Can write emergency supply requests.*** • CDs: On 1 June 2015 the Misuse of Drugs Regulations 2001 were amended to allow podiatrist independent prescribers (PoIPs) to prescribe and administer a specified list of CDs. PoIPs are able to prescribe for the treatment of organic disease or injury provided that the CD is prescribed to be administered by the specified method: ○ Diazepam; ○ Dihydrocodeine; ○ Lorazepam; and ○ Temazepam by oral administration.
Optometrist independent NMPs**	 Can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue.	 Only when it is accepted clinical practice & they accept clinical responsibility			 Only for ocular conditions affecting the eye and surrounding tissue.	 Only where this is within their scope of professional practice.	 Permitted to prescribe however, the Drug Tariff indicates that they should not need to prescribe any ACBS items.	Can write emergency supply requests (no CDs)
Supplementary prescribers**	 They can prescribe any medicine as agreed by the patient and the doctor as part of a patient's clinical management plan (CMP).	 Providing it is in accordance with the patient's CMP and subject to accepted clinical good practice	 Providing it is in accordance with the patient's CMP and subject to accepted clinical good practice	 See additional information	 Providing it is in accordance with the patient's CMP.	 Providing it is in accordance with the patient's CMP.	 Providing it is in accordance with the patient's CMP.	• Can write emergency supply requests, providing it is in accordance with the patient's CMP.* • CDs: ○ Any schedule 2-5 (except diamorphine, cocaine and dipipanone for the treatment of addiction), providing it is in accordance with the CMP.

* A request, in an emergency, for the supply of a prescription only medicine, includes phenobarbital for epilepsy but not a Schedule 1, 2 or 3 Controlled Drug. The prescriber must give an undertaking to furnish a prescription within 72 hours.

**Must work within their own level of professional competence and expertise.

*** A request, in an emergency, for the supply of a prescription only medicine, but not Schedule 1, 2, and 3 Controlled Drugs, including phenobarbital

Appendix 2: Checking Registration of Healthcare Professionals[14]

Healthcare professional	Where to check registration
Chiropodists or Podiatrists	Health & Care Professions Council www.hpc-uk.org 0300 500 6184
Dentists	General Dental Council www.gdc-uk.org 020 7167 6000
Dietitians	Health & Care Professions Council www.hpc-uk.org 0300 500 6184
Doctors	General Medical Council www.gmc-uk.org 0161 923 6602
Nurses	Nursing and Midwifery Council www.nmc.org.uk 020 7333 9333
Optometrists	General Optical Council www.optical.org 020 7580 3898
Paramedics	Health & Care Professions Council www.hpc-uk.org 0300 500 6184
Pharmacists	General Pharmaceutical Council www.pharmacyregulation.org 020 3713 8000
Physiotherapists	Health & Care Professions Council www.hpc-uk.org 0300 500 6184
Radiographers	Health & Care Professions Council www.hpc-uk.org 0300 500 6184

Appendix 3: Example of a Scope of Practice Form[A]

Scope of Prescribing Practice Form for Non-Medical Prescribers (NMP)											
Guidance on completion of form: • This declaration is intended to support managers and staff to identify prescribing practice areas, record experience and training which contribute to competence and identify areas for CPD and service development. It is not intended to limit prescribing but strengthen governance arrangements for non-medical prescribing. • All independent non-medical prescribers are required to complete this form. • Please complete this form electronically, except for the signatures and enlarge the table where necessary.											
NMP contact details											
Full Name:			**Tel number:**			**Email address:**					
NMP professional details											
Type of healthcare professional:		**NMC/GPhC/HCPC registration number:**			**Date prescribing qualification registered:**						
Which type of prescribing qualification held (independent or supplementary prescriber, community practice nurse prescriber):											
NMP workplace details											
Job Title:											
Base/practice name & address:											
Base/practice tel number:											
NMP Prescribing scope of practice											
Disease area(s) (e.g. hypertension) or speciality e.g. care home you will be prescribing for	**Age group(s) you will be prescribing for**	**Classes of medicines you will be prescribing e.g. ACEi**	**Evidence of competence to prescribe in this area e.g. hypertension diploma, xx years of experience**	**Recent CPD supporting prescribing in this area (include dates) e.g. attended update course by CPPE May 2019**	**State/attach guidelines /protocols worked to e.g. hypertension in adults: diagnosis & management NICE guidelines (Nov 2016)**						
How do you intend to audit your prescribing?:											
Do you receive clinical supervision?: If 'yes', give details e.g. type/frequency. If 'no', give details of when this will be resolved.											
NMP CPD requirements											
Area of CPD identified e.g. prescribing for the elderly, electronic prescribing etc.		**How are you going to address this? E.g. training, shadowing, supervised practice etc.**			**Date this CPD needs to be met**						

Authorisation date & review	
NMP authorised to act in above prescribing role from (insert date): Review of the NMPs continuation to prescribe must occur at least one month before the expiry of authorisation.	…….. until date of next appraisal

Signatures		
My (i.e. NMP) intended scope of practice and competence has been discussed and agreed with my Mentor (registered independent medical prescriber who is nominated in the practice or service where I am employed) AND my line manager.		
Agreed by NMP (please sign):	**Agreed by NMP's Mentor (please sign):**	**Agreed by NMP's Line manager (please sign):**
PRINT NAME:	**PRINT NAME:**	**PRINT NAME:**
Date:	**Date:**	**Date:**

[A] = Acknowledgement to Waltham Forest CCG

Appendix 4: Example of a Non-Medical Prescriber's Review of Prescribing Data[B]

Non-Medical Prescriber's Review of Quarterly Prescribing Data			
NMP's name:		**Date of review:**	
NMP's Mentor name:			
Date of prescribing data:			
Review of all medication other than controlled drugs			
Please list any prescribing outside your area of practice & explain why and what action you are going to take to ensure prescribing is within your area of practice e.g. change to scope of practice form if competency agreed by Mentor, further training before competency agreed, action taken to ensure no future prescribing:			
Review of branded and non-formulary items			
• **Have any branded and/or non- formulary items been prescribed (please circle):** Yes /No • **Is there a valid reason for prescribing these (please circle):** Yes /No • **If 'No', please state what action has been taken to ensure no future prescribing:**			
Review of controlled drugs			
Are you authorised to prescribe controlled drugs (please circle): Yes /No			
Have you prescribed controlled drugs (please circle): Yes /No			
Please list any prescribing outside your area of practice & explain why and what action you are going to take to ensure prescribing is within your area of practice, e.g. change to scope of practice form if competency agreed by Mentor, further training before competency agreed, action taken to ensure no future prescribing:			
NMP's Mentor signature:		**Date:**	
NMP's Signature:		**Date:**	

[B] = Acknowledgement to Wirral CCG

Appendix 5: Example of a Clinical Management Plan[12]

Clinical Management Plan (CMP)			
Name of patient:		**Patient address:**	
Patient ID number:		**DOB:**	
Patient allergies/sensitivities:			
Name of Independent Prescriber(s) (IP):	**Name of Supplementary Prescriber(s) (SP):**	**Name of GP:**	
IP contact details (tel/email/address):	**SP contact details (tel/email/address):**	**GP contact details (tel/email/address):**	
Date of implementation:		**Date of CMP review:**	
Condition(s) to be treated:		**Aim of treatment:**	
Treatment(s) that may be prescribed:			
Indication	**Preparation**	**Dose schedule**	**Specific indications that require referral back to IP**
Guidelines/protocols supporting the CMP:			
Frequency of monitoring and review by:			
SP:		**SP & IP:**	
Process for reporting adverse drug reactions:			
Shared record to be used by SP and IP:			
Agreed by IP (please sign):	**Agreed by SP (please sign):**	**Agreed with patient/patient representative (please sign):**	
PRINT NAME:	**PRINT NAME:**	**PRINT NAME:**	
Date:	**Date:**	**Date:**	