



Non Medical Prescribing Policy

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Author: Kathleen Carolan

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Document Development Coversheet

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Author (of revised policy)	Non Medical Prescribing Leads via the NMP Group	
Executive Lead	Kathleen Carolan, Director of Nursing & Acute Services	

Proposed Groups to Present Document to:	
Non Medical Prescribing Group (NMPG)	Area Clinical Forum (to distribute to professional advisory committees) (ACF)
Area Drug & Therapeutics Committee (ADTC)	H&CS/Hospital Management Teams (HMT)
Clinical, Care & Professional Governance Committee (CCPGC)	Community Health Partnership Operations Group (CHP Ops)

Date	Version	Group	Reason	Outcome
10/15	1	NMPG	To consider the technical changes needed to ensure the policy is based on current best evidence	All changes proposed were accepted. The revisions to the policy include clearer guidance on the selection process for independent prescribing applicants and prescribing controlled drugs. Additional policy guidance on prescribing unlicensed medications was provided by the Clinical Pharmacist
01/16	2	NMPG, ACF, ADTC, HMT, CHP Ops	To review the final changes before taking to CCPGC for approval	No comments
03/16	3	NMPG	To consider the technical changes needed to ensure the policy is based on current best evidence	All changes proposed were accepted. The revisions to the policy include clearer guidance on the selection process for independent prescribing applicants and prescribing controlled drugs. Additional policy guidance on prescribing unlicensed medications was provided by the Clinical Pharmacist along with other revisions. Suggested additional headings for associated topics e.g. blood products and antimicrobial stewardship

Date	Version	Group	Reason	Outcome
06/16	3	CCPGC	Approval of the new policy	Approved
05/17	4	NMPG	To consider the technical changes needed to ensure the policy is based on current best evidence	
05/18	5	NMPG	Update to Appendix A	Completed and new version uploaded to Intranet
02/19	5	NMPG	For review	See changes recorded below

Date	Record of Changes Made to the Document
10/15	Reviewed at NMPG in 12/15. Updated definitions section, updated roles and responsibilities section, inclusion of the selection process, inclusion of the guidance on returning to practice, updated section on restrictions and prescribing controlled drugs, updated section on clinical governance arrangements, inclusion of guidance on revalidation requirements for NMC registrants, updated notification of intention to practice form and inclusion of guidance on transcribing
01/16	Comments from Clinical Pharmacist in 12/15 (incorporated into V2). Inclusion of The Human Medicines Regulations 2012, updated the guidance on unlicensed medicinal products, new section on SACT, new section on transcribing,
01/17	Comments from Clinical Pharmacist in 03/16 (incorporated into V3). Revised content regarding the Human Medicines Regulations 2012, updated the guidance on unlicensed medicinal products, new section on blood transfusion and new section on antimicrobial stewardship
05/17	Comments from Clinical Pharmacist and Blood Transfusion Lead in 05/17 (incorporated into V4). Notification form updated to reflect annual review and validation of recordable qualification with the NMC. Governance section updated to also note the need for annual confirmation to practice. Reference to the competency framework included in CPG/governance requirements
05/18	Appendix A was reviewed by the Non medical prescribing group and updated. Version number has been updated and is now version 5. Document formatted to be more reader friendly. Contents page updated to show correct page numbers. Appendix 1 retitled to reflect what is noted in contents page.
02/19	Section 7 – Selection process has been updated to include clarity on the position of the Board in commissioning V150 training and the consideration of band 5 practitioners for non medical prescribing qualifications. Sentence added to clarify oxygen prescribing. Appendix A has been updated: Now includes additional information box, BNF Chapter example has been removed and area and scope boxes have been merged.

Thanks and acknowledgements to NHS Forth Valley for sharing materials which have been adapted and incorporated into this policy document.

Original authors: Marie Hurson, Cardiac Specialist Nurse (and independent prescribing lead for specialist nurses) & Dr David Anderson, Pharmacy Manager

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EQIA	
Rapid Impact Assessment	attached

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Table of Contents

Chapter	Item	Page
1	Introduction	6
2	Legislative drivers	6
3	Definitions	6
4	Scope of the policy	8
5	Objectives	8
6	Responsibilities	9
7	Selection process	11
8	Liability of the employer	12
9	Accountability and professional indemnity	12
10	Restrictions to non medical prescribing	13
11	Prescribing for self, family and friends	13
12	Prescribing unlicensed medicines	13
13	Prescribing off label	14
14	Systemic Anti-Cancer Therapy (SACT)	15
15	Gifts and benefits	15
16	Adverse drug reactions	16
17	Writing prescriptions	16
18	Transcribing	16
19	Prescription form security	17
20	Prescribing for inpatients	17
21	Controlled drugs	17
22	Record keeping	18
23	Clinical governance, audit and evaluation	18
24	Other associated topics relevant for non medical prescribers	19
Appendix A	Notification of intention to practice as a non medical prescriber	21

1. INTRODUCTION

This document sets out the policy guidance for Non Medical Prescribing (NMP) for NHS Shetland.

Non Medical Prescribing aims to maximise benefits to patients and the NHS by:

- Providing better access to and use of medicines
- Better, more flexible use of workforce skills
- Ensuring that quality and patient safety underpins this provision

Nurses	<ul style="list-style-type: none">• V100 – Pre 2006, District Nurse/Public Health Nurse Prescribers (Nurse Prescribers Formulary for Community Practitioners)• V150 – Community Practitioner Nurse Prescriber (CPNP) (Nurse Prescribers Formulary for Community Practitioners)• V200 – Nurse Supplementary Prescribers (NSP)• V300 – Nurse Independent Prescribers (NIP)
Pharmacists	<ul style="list-style-type: none">• Pharmacist Independent/Supplementary Prescribers
Optometrists	<ul style="list-style-type: none">• Optometrist Independent/Supplementary Prescribers
AHPs	<ul style="list-style-type: none">• Chiropodist Independent/Supplementary Prescribers• Podiatrist Independent/Supplementary Prescribers• Physiotherapist Independent/Supplementary Prescribers• Radiographer Supplementary Prescribers

Further expansion of roles, and professions is anticipated e.g. paramedics and specialist dieticians. It is important that these activities are acknowledged and harnessed to deliver safe, effective, patient care.

Evidence of improvements in access, patient safety and patient-centred care can be attributed to role development and non medical prescribing in practice (RCN, 2012).

2. LEGISLATIVE DRIVERS

At a national level, *Shifting the Balance of Care (2007)* emphasises the necessity to organise and deliver services around the needs of patients. In order to achieve this, traditional demarcations between clinical roles have been and will be further broken down to allow clinical professionals to work more flexibly for the benefit of patients.

*The Human Medicines Regulations 2012*¹ are the result of the initiative by the Medicines and Healthcare products Regulatory Agency (MHRA) to consolidate and review UK medicines legislation.

3. DEFINITIONS

There are two types of non medical prescriber:

Independent Prescribing: An independent prescriber is legally able to prescribe from the

¹ http://www.legislation.gov.uk/ukxi/2012/1916/pdfs/ukxi_20121916_en.pdf

full British National Formulary (BNF) with the exception of certain controlled drugs (see table). The independent prescriber is allowed to prescribe drugs 'off-label' (a licensed drug not used for its licensed indication), 'black triangle' drugs and drugs marked less suitable for prescribing in the BNF. However they must take full clinical and professional responsibility for their prescribing and should only prescribe 'off label' where it is considered best practice to do so.

As a result of changes in the drug tariff as of January 2010, Nurse and Pharmacist Independent Prescribers may now prescribe unlicensed medicines.

They are able to initiate and complete an episode of patient contact independently including; assessment, diagnosis and treatment. They must practice within the limits of their own competence.

Independent prescribers will refer to other appropriate professionals whenever their scope of an episode of patient care exceeds their level of competence. Independent prescribers are fully accountable for their practice.

Supplementary Prescribing: Supplementary prescribing is a voluntary prescribing partnership between a supplementary prescriber who has completed an approved course, and independent medical prescriber who is either a doctor or dentist and the patient. Prescribing in this context is implemented with the use of a patient specific clinical management plan (CMP) which will inform all prescribing decisions.

A supplementary prescriber cannot practice outside of the agreed CMP. Within the framework set the by the CMP a supplementary prescriber is able to prescribe from the full range of medications within the BNF (with the exception of some controlled drugs). They are also able to prescribe 'off-label' as well as unlicensed drugs provided that this is clearly stated within the clinical management plan.

Community Practitioner Nurse Prescribing: This group of nurses have either qualified from a V100 or V150 course. They are fully accountable for their own practice. They are only able to prescribe from the community nurse prescriber's formulary and can only prescribe those medicines for the specific conditions listed within the formulary. This qualification is of most benefit to nurses working within the community but the V150 course is open to all nurse practitioners.

All prescribers working within NHS Shetland must only prescribe within their own level of competence and confidence, and within the requirements of the Access to Medicines Policy.

Prescriber type	Restricted formulary prescribing	Able to prescribe controlled drugs	Able to prescribe unlicensed medicines	Able to prescribe borderline medicines	Able to prescribe appliances
Independent nurse prescriber	No	Yes – able to prescribe schedule 2-5 controlled drugs. This extends to to diamorphine, dipipanone and cocaine for treating organic disease but not for treatment of addiction	Yes – Refer to Access to Medicines Policy	Yes – according to restrictions listed in appendix 7 of the BNF	Yes – according to drug tariff
Community practitioner nurse prescriber	Yes – only according to the nurse prescriber formulary at back of BNF	No	No	No	Yes – according to drug tariff
Supplementary prescriber (nurse, pharmacist, AHP or optometrist)	Restricted to those drugs detailed on the patients clinical management plan (CMP)	Yes – if included on patients CMP	Yes – only included in patients CMP and in reference to Access to Medicines Policy	Yes – if on CMP and according to restrictions listed in appendix 7 of the BNF	Yes – if on CMP and according to drug tariff
Optometrist Independent Prescriber	Yes – may prescribe any licensed medicine for ocular conditions effecting the eye and tissues surrounding the eye. Excludes drugs for parenteral administration	No	No	No	Yes – according to drug tariff but only for the treatment of eye conditions or tissues surrounding the eye

4. SCOPE OF THIS POLICY

This policy applies to all healthcare professionals - nurses, midwives and public health nurses, pharmacists, podiatrists, physiotherapists, radiographers and optometrists, (employed by, or an independent contractor to the Board) who are UK registered as Non Medical Prescribers, in accordance with their job descriptions/ KSF Outlines, to undertake prescribing as an independent prescriber, as part of their role. The scope of this policy does not cover the professional exemptions of midwives and podiatrists.

Patient Group Directions (PGDs): Professionals involved in the supply and administration of medicines through patient group directions are out-with the scope of this policy as this activity is not a form of prescribing.

5. OBJECTIVES

- To ensure service improvement and increased access to medication by patients and clients.

- To ensure selection of appropriate clinicians to undertake the non- medical prescribing qualification.
- To guide managers and clinicians through the process of implementing non medical prescribing within their service.
- To ensure robust clinical governance arrangements to support the implementation of non-medical prescribing

6. RESPONSIBILITIES

The NHS Shetland Non-Medical Prescribing Group is chaired by the executive lead for non medical prescribing and includes stakeholder representation from non medical prescribing leads across the professions and disciplines.

The membership includes:

Director of Nursing & Acute Services (executive lead and chair)	Director of Pharmacy (NMP clinical lead and deputy)
Clinical Pharmacist representation	Midwifery representation
Specialist Nurse representation (Out Patients, Pre-operative Assessment & Long Term Conditions)	Child health services representation (Health Visitors, Paediatrics Nurses and School Nurses)
Community nursing representation	Acute nursing representation (Surgical, Medical and High Dependency)
Advanced NMAHP representation (Primary Care)	Mental health nursing representation (Addictions, Community Mental Health & Dementia)
AHP representation (Physiotherapists)	Educationalists

The purpose of the NMP Group is:

- To develop and implement the appropriate policies and procedures to support non-medical prescribing in NHS Shetland;
- To commission educational preparation based on sound strategic need;
- To ensure that the correct governance arrangements are in place to support non medical prescribing including evaluating the impact of NMP on patient outcomes and monitoring NMP practice

The governance arrangements for non medical prescribing can be found in the clinical, care and professional governance framework. The NMP Group reports to the Area Drugs and Therapeutics Committee (ADTC), which is part of the overall governance structure through to the NHS Board.

The Director of Pharmacy has overall responsibility for ensuring that the appropriate processes are in place for Non-medical prescribers, and will monitor prescribing practice of all non-medical prescribers across NHS Shetland. Additionally, the Director of Pharmacy is responsible for commissioning training places for pharmacist prescribers.

The Non-Medical Prescribing Leads are responsible for:

- Confirming the registration of all newly registered non- medical prescribers within their discipline and reporting to the Non Medical Prescribing Group;
- Supporting the maintenance of a current register of non-medical prescribers within their discipline;

- Ensuring that newly registered non- medical prescribers inform HR, their manager and the NMP Group of their qualifications and status;
- Ensuring that all relevant information about non-medical prescribing is made available to non-medical prescribers in NHS Shetland;
- Ensuring that all registered non-medical prescribers have access to ongoing training;
- Ensuring that systems for monitoring non medical prescribing competencies are in place across the profession/discipline and that evaluation is taking place;
- Ensuring that non-pharmacist prescribers are signposted to appropriate source materials e.g. British National Formulary and websites

The Staff Development team will be responsible for:

- Commissioning sufficient places for practitioners on the NMP programme in line with service needs;
- Ensuring that all non-medical prescribers have access to Continual Professional Development (CPD) resources for to maintain competencies in prescribing;
- Support training for clinical supervisors (e.g. designated medical practitioners), as needed

The Line Manager or employer in the case of contractors to the Board will be responsible for ensuring that non-medical prescribers:

- Have successfully completed clinical competencies/qualification that are required to practice;
- Have checked that there is evidence of professional registration with the regulating body must be confirmed to the person's line manager/employer;
- Have sufficient opportunity to use prescribing knowledge in practice – so that their skills are fully utilised;
- Have identifiable continual professional development opportunities within their Personal Development Plan. This will be reflected in their KSF objectives;
- Are undertaking appropriate continuing professional development and adhere to the relevant regulatory body's standards of practice;
- Have a locked facility for prescription pads;
- Are prescribing within their scope of clinical practice

The Non Medical Prescriber's responsibility is to:

- Notify the Board of their intention to practice and renew this annually;
- To ensure that their area of competence is appropriately recorded by the Board (and to act only within that area of competence);
- Ensure that their patients are made aware of the scope and limits of non-medical prescribing and their right to refuse treatment/prescribing by a non-medical prescriber;
- Adhere to their professional code of conduct and to their employing / contracting Board's policy on non- medical prescribing;
- Undertake appropriate continued professional development;
- Ensure that they provide appropriate, evidence based, safe and cost effective prescribing to their patients/ clients at all times;
- Improve patients' access to medicines

7. SELECTION PROCESS²

Those wishing to undertake prescribing training will need to demonstrate the following requirements:

- Band 6 Practitioners or above, who are: first level nurses registered with NMC, pharmacist registered with the General Pharmaceutical Council (GPhC), Allied Health Professionals registered with the Health Professions Council, optometrists registered with the General Optical Council working in a role where there is a need to prescribe;
- Ability to study at degree level (SCQF level 9, SHE level 3);
- For nurses and AHPs at least 3 years post registration clinical experience, of which one year should be in the clinical area in which they intend to prescribe. For pharmacists, at least 2 years post registration experience (in acute care this would be interpreted as two years post registration clinical experience, normally operating at specialist level). For optometrists at least 2 years post-registration experience within the UK;
- The candidate must have identified a medical practitioner to act as their Designated Medical Practitioner (DMP). (If unable to do so the professional prescribing lead will attempt to find an appropriate DMP but this may not be possible);

The training needs analysis and subsequent allocation of the NMP training places will be undertaken by: the Child & Family Health Manager, Chief Nurses, Director of Pharmacy, the Executive Manager for AHPs, Diagnostics Lead and Optometric Lead.

Any attrition or revision of the training plan before the cohort commences must be validated by the senior managers listed above, to ensure that reallocation of places is aligned to organisational priorities.

If a line manager requests a funded place and the practitioner does not complete the NMP qualification then they may be required to provide funding as a recharge to the Staff Development Department which commissions the places from the Higher Education Institutes. Places are expensive, the commitment is considerable and managers should ensure that staff are fully briefed on the requirements of the NMP qualification before the application is supported/sponsored by the line manager.

Line managers should also be clear on the grounds that the practitioner is being sponsored to undertake the qualification – holding a non medical prescribing qualification does not lead to an automatic review of an individual's job description or banding. But if the practitioner is expected to be an active prescriber then their role development and how this is positioned within a formal job evaluation process should be considered before, not after the qualification is completed.

Band 5 practitioners will only be considered eligible for a place on a NMP training programme if they are already in a development post and are undertaking the NMP qualification as part of a post graduate programme that is associated with reaching the attainment goals of the development post. For example, a Band 5 staff nurse applies for a District Nursing development post and is completing a post graduate certificate or diploma of which NMP is one of the modules.

NHS Shetland will only commission NMP V300 courses.

² This has been adapted from

http://www.nhsforthvalley.com/documents/qi/ce_guideline_prescribing/nmppolicy.pdf

Return to practice

Non-medical prescribers returning to practice after a period of time of one year or greater or changing specialty must appraise their prescribing practice with their manager/professional lead prior to recommencing their prescribing role. This process should also be completed for qualified prescribers joining from another organisation. Where appropriate a training plan should be put in place which may include need for clinical update and assessment of competence.

8. LIABILITY OF EMPLOYER

When a non-medical prescriber 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. In addition, these prescribers are individually professionally accountable to their registering body for this aspect of their practice, as for any other, and must act in accordance with their Code of Professional Conduct.

Both employer and employee should ensure that the employee's job description/KSF includes a clear statement that prescribing is required as part of the duties of that post or service. Non-medical prescribers who work across health care organisations should have this noted within each job description / employment contract to prove vicarious liability.

The non-medical prescriber must be registered with the Board's non-medical prescribing register before they can prescribe.

9. ACCOUNTABILITY AND PROFESSIONAL INDEMNITY

Each NMP is individually and professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. This includes the transcription of prescriptions that have been previously compiled by other practitioners e.g. a doctor.

Each non-medical prescriber is expected at all times to work within the standards and code of professional conduct as set out by their own regulatory bodies (shown below), as well as policies and guidelines ratified by NHS Shetland.

- NMC – The Code, Standards of Conduct, Performance and Ethics for Nurses and Midwives
- GPhC – Standards of conduct, ethics and performance
- HCPC – Standards of Conduct, Performance and Ethics
- GOC - Standards for Competence and Conduct

They must act within current NHS guidance with regard to their relationship with the pharmaceutical industry.

All non-medical prescribers should ensure that they have adequate personal professional indemnity insurance. The Board will provide basic indemnity cover for Board employees' non-medical prescribing within the scope of their job description and normal NHS practice. NMPs employed as contractors to the Board must demonstrate that they have the necessary indemnity as a contractual and regulatory requirement (in the case of the NMC).

10. RESTRICTIONS TO NON MEDICAL PRESCRIBING³

Mental Health (Care and Treatment) (Scotland) Act 2003

Restrictions apply to NMP when dealing with patients subject to treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, including the Criminal Procedures (Scotland) Act 1995. It has been agreed within NHS Shetland that:

NMP **cannot** prescribe as **Independent Prescribers** for patients subject treatment under the MH(S)A;

NMP may prescribe under Supplementary Prescribing arrangements within an agreed clinical management plan for patients with 'Consent to Treatment Form' T2. Patients must, however, be continually reviewed to ensure capacity to consent;

NMP **may not** prescribe for patients with a 'Consent to treatment Form' T3;
These restrictions apply only to the prescribing of medication for mental disorder and medication to reduce sex drive.

Advance Statements

NMP may prescribe as either Supplementary or Independent prescriber for patients subject to an advanced directive, provided their prescribing respects the contents of the directive.

Adults with Incapacity (Scotland) Act 2000

Supplementary prescribing is a voluntary agreement between the patient, the Supplementary prescriber and doctor. The structure of this agreement means that capacity to consent is essential. Patients who do not have the capacity to consent are therefore excluded from being able to consent to a supplementary prescribing arrangement. Where the patient has a proxy as defined in part 5 of the Adults with Incapacity (Scotland) Act 2000, then the proxy may provide consent.

11. PRESCRIBING FOR SELF, FAMILY AND FRIENDS

Non-Medical prescribers will **not** prescribe any medicine for themselves, or for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance, and never in the case of controlled drugs. NMPs should consult their professional codes of ethics, conduct and standards.

12. PRESCRIBING UNLICENSED MEDICINES

Before prescribing any unlicensed medication, please refer to Access to Medicines Policy before doing so.

According to the MHRA guidance (2014)⁴ on supply of 'specials' the following practitioners can procure unlicensed medicinal products in the UK:

- (a) Doctors or dentists registered in the UK;
- (b) Supplementary prescribers (e.g. an appropriately qualified nurse or pharmacist);

³ This has been adapted from

http://www.nhsforthvalley.com/_documents/qi/ce_guideline_prescribing/nmppolicy.pdf

⁴

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373505/The_supply_of_unlicensed_medicinal_products_specials.pdf

- (c) Nurse independent prescribers or pharmacist independent prescribers;
- (d) Pharmacists in hospitals, health centres or registered pharmacies;
- (e) Wholesale dealers licensed for supply to the order of any of the above;
- (f) Manufacturers licensed for import for supply to the order of any of the above

An unlicensed medicinal product may only be supplied in order to meet the special needs of an individual patient. An unlicensed medicinal product should not be supplied where an equivalent licensed medicinal product can meet the special needs of the patient. Responsibility for deciding whether an individual patient has “special needs” which a licensed product cannot meet should be a matter for the doctor, dentist, nurse independent prescriber, pharmacist independent prescriber or supplementary prescriber responsible for the patient’s care. Examples of “special needs” include an intolerance or allergy to a particular ingredient, or an inability to ingest solid oral dosage forms. These examples are not exhaustive.

The requirement for a “special need” relates to the special **clinical** needs of the individual patient. It does not include reasons of cost, convenience or operational needs (shown in section 10 of the guidance). Anyone supplying an unlicensed medicinal product, where an equivalent licensed medicinal product is available must be satisfied as to the existence of a special need for the unlicensed medicinal product. MHRA expects that documentary evidence of this special need should be obtained by manufacturers, importers or distributors and that this evidence should be made available on request of the Licensing Authority. This may take the form of a prescriber’s letter, however an alternative fully documented audit trail through the supply chain confirming special need may be acceptable.

Although MHRA does not recommend “off-label” (outside the licensed indications) use of products, if a UK licensed product can meet the clinical need, even off-label, it should be used instead of an unlicensed product (see chapter 13 of this policy).

A licensed medicinal product obtainable from normal distribution channels in a reasonable time should be considered available for use. If a licensed product becomes unavailable, it may be necessary for an unlicensed equivalent to be supplied. This should be seen as a temporary expedient and should not be taken as justification for long term supply. Supply in these circumstances should cease as soon as is practicable, following re-instatement of the licensed product.

A “special” may only be supplied to third parties if all of the following apply:
There is an unsolicited order;

The product is manufactured and assembled in accordance with the specification of a person who is a doctor, dentist, nurse independent prescriber, pharmacist independent prescriber or supplementary prescriber registered in the UK;

The product is for use by a patient for whose treatment that person is directly responsible in order to fulfil the special needs of that patient; and

The product is manufactured and supplied under specific conditions (see Sections 3 to10).

13. PRESCRIBING OFF-LABEL

Before prescribing any unlicensed medication, please refer to Access to Medicines Policy before doing so.

Independent prescribers may prescribe medicines independently for uses outside their

licensed indications/UK marketing authorisation (off-label). They will, however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe off-label where it is accepted clinical practice and within the policy of NHS Shetland. The use of a clinical management plan may be a more appropriate method of prescribing recognised off label medicines and should be discussed with a medical prescriber

In circumstances where supplementary prescribing is not appropriate, for example where the service is led by a non- medical prescriber, the NMP must:

- Be satisfied that it would better serve the patient's needs than a licensed alternative;
- Liaise with the pharmacy department to establish that there is sufficient evidence base to demonstrate its safety and efficacy;
- Explain to the patient/carer in broad terms why the medicines are not licensed for their proposed use;
- Make a clear, accurate, and legible record of all medicines prescribed and the reason for prescribing off-label

14. SYSTEMIC ANTI-CANCER THERAPY (SACT)

CEL 30 (2012) sets out the guidance for the safe delivery of Systemic Anti-Cancer Therapy (SACT). NMPs will be involved in the prescribing of chemotherapy as set out in clinical management guidelines agreed across the North of Scotland Cancer Network (NoSCAN).

Prescribing

The initial decision to prescribe cytotoxic chemotherapy should be made by a consultant oncologist/haematologist.

- Prescribing should comply with SACT protocols detailed in Clinical Management Guidelines (CMG) approved through the NoSCAN managed clinical network structure;
- SACT protocols and CMGs can be accessed via the NHS Grampian Intranet **oncology haematology**;
- Only staff on approved lists may prescribe SACT as per their identified competency level. A list of approved prescribers and competency levels can be accessed via the Cancer Pharmacist;
- Non Medical Prescribers will adhere to NHS Shetlands Non Medical Prescribing Policy and will be signed off as competent by a Consultant Oncologist or Haematologist;
- SACT must be prescribed on the Chemotherapy Electronic Prescribing System: Chemocare or, on a standardised paper prescription form;
- Prescribing of oral SACT must be carried out to the same standards as those for parental chemotherapy and state the start date and duration of each treatment cycle;
- SACT must not be prescribed by repeat prescription;
- Dose modifications and reasons for these must be clearly documented

15. GIFTS AND BENEFITS

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and it is important that independent non- medical prescribers make their choice of medicinal products for their patient on the basis of evidence, clinical suitability and cost effectiveness alone.

As part of the promotion of a medicine, suppliers may provide inexpensive gifts and benefits, for example pens, diaries or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

Companies may also offer hospitality at a professional or scientific meeting. Such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Non-medical prescribers should be familiar with local organisational guidelines that covers working with Pharmaceutical industry.

16. ADVERSE DRUG REACTIONS

If a patient suffers a suspected adverse reaction to a medicine, NMPs should report via the Yellow Card Scheme. Hard copies of the form can be found at the back of the BNF; electronic copies can be found at: www.yellowcard.gov.uk

The adverse reaction must be recorded in the clinical notes.

NMPs have a duty to tell patient that they may also report adverse drug reactions via yellow card scheme.

All non-medical prescribers should notify the patient's GP, Consultant or lead non-medical prescriber (where the service is led by an NMP) accordingly and follow local policy with regard to incident reporting.

17. WRITING PRESCRIPTIONS

Detailed advice on prescription writing is contained in the British National Formulary (BNF).

All NMP's should prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name. Guidance on the use of brand names for those products where there are bioavailability differences between brands is in the BNF section on prescribing guidance.

NHS Shetland has adopted the Grampian formulary and this should be adhered to for all prescribing.

18. TRANSCRIBING

Transcribing involves copying the details of a patient's prescribed medication from one place (e.g. hospital discharge letter, community hospital medicines chart, GP repeat prescription list, Emergency Care Summary) to another (e.g. in-patient medicines chart or primary care medicines prescribing system), to allow the continued administration of those medicines in a new setting.

When this activity is undertaken by a prescriber, they are taking full responsibility for the medicines that they are prescribing on the new system, and any omissions from the patient's ongoing treatment plan.

The prescriber should therefore ensure that they are fully aware of all of the medicines and other pharmacologically active substances that the patient is taking (including over the counter, general sale list and herbal remedies) and the indications, contraindications and interactions of those substances. They should also be aware of the dose and frequency that has been prescribed for the patient. If the patient is using their medication in a different

regime to that prescribed this should be discussed with the patient and a consensus about the most appropriate further prescribing be reached.

The prescriber should satisfy themselves of the safety and appropriateness of any medications that they are transcribing before they do so. Their responsibility for any medications that they have transcribed to a new system is exactly the same as if they had prescribed that medication for the patient for the first time. As per professional guidelines and standards (GMC, GDC, NMC, or HCPC) a prescriber should not be prescribing medications that are outwith their professional expertise and competence.

19. PRESCRIPTION FORM SECURITY

The security and safe handling of prescription forms is the responsibility of both the employing organisation and the prescriber. It is advisable to hold minimal stocks of prescription forms. This reduces the number lost if there is a theft or break-in, and also helps keep prescription forms up to date.

The employer should record the serial numbers of prescriptions received and subsequently issued to individual prescribers, practices, clinics etc. The first and last numbers of each pad should be recorded, noting that the prescription serial number is the first 10 numbers (these run in sequence), and the final digit is the check digit (does not run in sequence).

A local policy should be established within the practice or clinic where the prescribing is taking place, regarding the monitoring of the use of prescription forms to deter the creation of fraudulent prescriptions. For example, a practice manager may undertake a regular but random reconciliation between the numbers of prescriptions written during a session with the number of prescriptions forms used by individual prescribers.

The prescriber should also keep records of the serial numbers of prescriptions issued to them. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining prescription form of an in-use pad at the end of the working day. Such steps will help to identify any prescriptions which are lost or stolen overnight.

Blank prescription forms should not be pre-signed, to reduce the risk of misuse should they fall into the wrong hands. In addition, prescription forms should only be produced when needed and never left unattended. Prescription forms should not be left on a desk but should be placed in a locked drawer. Prescription pads should not be left in a car.

20. PRESCRIBING FOR INPATIENTS

The standard in-patient Drug and Administration chart must be used. All prescribing should also be recorded in the clinical notes. The Senior Charge Nurse must be aware of all NMPs working within that clinical area.

21. CONTROLLED DRUGS

Detailed advice on writing a prescription for Controlled Drugs is contained in BNF (Guidance on Prescribing: Controlled Drugs and Drug Dependence). Exemptions and allowances are also covered in detail in The Human Medicines Regulations (2012).

Non- medical prescribers will prescribe controlled drugs according to current legislation, the qualifications they hold and within their competency to do so.

All NMPs must be aware of who is the Accountable Officer for controlled drugs and also be aware of the audit requirements in local procedures for the prescribing of Controlled Drugs.

It is illegal to prescribe Controlled Drugs for yourself. The NMP will **not** prescribe a controlled drug for members of their own family.

22. RECORD KEEPING

All health care professionals are required to keep accurate, legible, unambiguous and contemporaneous records of patient care.

Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the shared patient record immediately, or failing that as soon as possible after the consultation. **Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription.**

In supplementary prescribing, the doctor /dentist and supplementary prescribers must share access to, consult and, wherever possible, use the same common patient/client record (NMC May 2006).

It is recommended that the record indicates clearly:

- The date of the prescription
- The name of the prescriber (and that they are acting as a Nurse or Pharmacist Independent or Supplementary Prescriber)
- The name of the item prescribed, together with the quantity or dose, frequency and treatment duration
- The route of administration

23. CLINICAL GOVERNANCE, AUDIT AND EVALUATION

Clinical Governance

Non medical prescribing is a sub group of ADTC and aligned to the wider clinical governance structure.

Governance arrangements are in place to support non medical prescribing including:

Role development and training;

- Clinical effectiveness and research;
- Audit and evaluation;
- Standards of practice e.g. policy (including this one) and registration arrangements to support safe practice

The chair of the NMP Group sits on the national NMAHP prescribing leads group and ensures that the Board takes account of national recommendations and accesses national resources including training and funding opportunities.

An annual report is prepared by the Director of Pharmacy and non medical prescribing arrangements are described in the report which is received by the Clinical Governance Committee as part of the quality assurance role it holds on behalf of the Board.

Audit

Each profession will determine arrangements for auditing prescribing practice and report the results within the clinical governance framework of NHS Shetland.

Where prescribing analysis is done it will be done for all prescribers, irrespective of whether medical or non-medical.

As a minimum, practice must be audited annually to determine that clinical management plans meet the criteria specified and prescriptions meet legal criteria.

Recurring issues should be brought to the attention of the NMG Group and Area Drug and Therapeutics Committee.

Evaluation

All newly qualified NMPs must meet with the Designated Medical Practitioner who supervised their training and the non- medical prescribing leads to discuss their area of competency and agree their area of practice within which they will prescribe.

On completing the programme, all new NMPs must complete a prescriber preparation session which can be organised via Staff Development. This is part of the induction arrangements for all newly qualified NMPs.

As part of the appraisal and revalidation process for NMC registrants – all nurses and midwives must discuss non medical prescribing performance as part of the reflective discussion with your manager or professional lead. Nurses and midwives should also write at least one reflective account for their portfolio each year about their prescribing practice and audit results. All NMPs must complete the notification of intent to practice form annually and return the form shown in Appendix A in the policy to the Director of Nursing & Acute Services.

Evaluation should be facilitated with the use of a recognised competency framework such as those produced by the National Prescribing Centre (NPC). www.npc.co.uk

All NMPs have a responsibility to maintain their CPD in line with their professional regulatory bodies (the requirements will vary) e.g. through NHS Education Scotland learning resources <http://www.prescribing.nes.scot.nhs.uk/>

Competency Framework

[“A Competency Framework for All Prescribers”](#) ([LINK](#)) is a multiprofessional framework that has been developed to support all prescribers to prescribe safely and effectively for patients. The framework can be used by any prescriber of any profession to help underpin the competencies needed for them to prescribe.

24. OTHER ASSOCIATED TOPICS RELEVANT FOR NON MEDICAL PRESCRIBERS

Prescribing blood transfusion products

Blood, including the cellular elements that are packaged for use as ‘packed cells’ and platelets, are not considered to be a medicinal products. Therefore blood transfusion products are outwith the ambit of the Medicines Act and its subsequent amending Regulations and outwith the scope of the guidance set out in the NMP policy.

Antimicrobial stewardship

The Scottish Antimicrobial Prescribing Group (SAPG) and NHS Education for Scotland (NES) identified the benefits of involving front line nursing and midwifery staff in

stewardship but also identified a possible lack of knowledge and understanding of antimicrobial stewardship amongst nurses and midwives.

NES have produced a full range of educational resources to support antimicrobial prescribing and resistance and these are outlined in the leaflet **Enhancing the quality of antimicrobial prescribing through education in NHSScotland**,

Non medical prescribers are expected within their role to promote effective prescribing in line with antimicrobial prescribing guidelines.

All NMPs therefore, should complete the learning resources available via NES to support safe and effective antimicrobial stewardship and this should be reflected in their CPD (see Chapter 23 of this policy).

A link to the anti-microbial stewardship educational resources is shown below:

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/antimicrobial-stewardship-workbook.aspx>

Oxygen Prescribing

Oxygen is a drug and requires a prescription by an independent prescriber.

Oxygen should only be prescribed by those experienced in the prescription of oxygen and who are registered Oxygen prescribers.

Appendix A

ANNUAL NOTIFICATION OF INTENTION TO PRACTICE AS A NON MEDICAL PRESCRIBER

FIRST NOTIFICATION	YES / NO	NEXT NOTIFICATION DUE	DD / MM / YYYY
Name			
Signature			
Are you an Active prescriber? If Yes, do you prescribe daily/weekly/monthly			
Professional Regulatory Body and Registration Number			
Prescribing Qualification (e.g. v300)			
Date of Completion of NMP Induction			
Date Qualification Obtained			
Area of Prescribing Practice and agreed Scope of Practice (i.e. Conditions you are able to treat)			
Is Qualification Recorded with the NMC & Details of CPD for current year			
Attendance of Peer Review / Clinical Supervision			
Email Address			
Contact Telephone Number			
Signature of Line manager Confirming Registration and Approval			

Continue overleaf if you need to include any additional information

The form must be copied to the Director of Nursing & Acute Services

Non-medical prescribers must submit a Notification of Intention to Practice as a Non Medical Prescriber (NMP) annually, so that they are retained on NHS Shetland's local NMP register and their areas of practice are reflected appropriately.

Form updated February 2019

Additional Information: