

Non-Medical Prescribing Policy (M-017)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

As an organisation, Humber Teaching NHS (National Health Service) Foundation Trust encourages and supports the growth and development of Non-Medical Prescribing (NMP). The role of the Non-Medical Prescriber has flourished within Humber Teaching Foundation Trust. NMPs (Non-Medical Prescribing) are an integral part of the clinical teams with a broad range of prescribing competency. They are working holistically with their patients and ensure safe evidence-based prescribing is customary practice.

The role of the Non-Medical Prescriber has grown and now hosts an array of different prescribers in very differing roles within the Humber Trust.

This expansion of the NMP offers considerable scope for services to be redesigned to improve the patient's access to medication, enhance the patient experience, assure measurable outcomes that are cost effective and endorse the need to deliver the '*right treatment at the right time,*' and to deliver effective treatment and achieve elevated levels of patient satisfaction.

Additionally non-medical prescribing can aid in fulfilling the commissioning requirements and support the quality agenda in addition to ensuring the adherence to both National Institute of Health and Care Excellence (NICE) guidance and other approved policies.

The benefits of non-medical prescribing:

- To ensure seamless access to the medicines patients require.
- Extends patient choice.
- Improved patient experience and quality of service without compromising patient safety.
- Reduces the waiting times to see a prescriber.
- Improves the quality for those living with long term conditions.
- Compliments the European directives of consolidating Doctors hours.
- Enables redesign and streamlining of health services.
- Improves information and education provided to service users.
- Addresses issues of concordance and adherence.
- Contributes to the introduction of more flexible team working.
- Gives job satisfaction and increased skill set to the workforce.

Non-Medical Prescribing will help contribute to the delivery of high quality, flexible and patient-centred services. However, it is important to recognise that these activities need to be effectively monitored, reviewed, and that they are well governed. Therefore, the following policy serves to ensure there is a robust governance framework in place, which fully endorses and regulates Non-Medical Prescribing activity.

In 2012 the National Prescribing Centre/National Institute for Health and Care Excellence (NICE) supported the development of a single competency for all Non-Medical Prescribers, regardless of profession.

The Competency Framework gives clear guidance to all prescribers and supports them recording and reflecting on their prescribing practice. Clear support guidance is also given in extending the prescribers scope of practice.

In 2019 there were regulatory changes allowing experienced Non-Medical Prescribers of any professional background to be responsible for trainee prescribers, where this had traditionally been performed by a Designated Medical Practitioner (DMP).

The RPS (Royal Pharmaceutical Society) have supported this shift and designed a robust framework for all potential DPPs (Designated Prescribing Practitioners) to work through, to ensure they understand the role and its responsibilities. Giving governance oversight and ensuring "good working" practice is being passed on to student prescribers. Allowing universities and Trusts to be reassured of this standardised way of working (RPS). (See section on DPPs, DMPs and Supervisors).

2. SCOPE

The policy concerns all NMPs employed in the Trust be this on a permanent or temporary basis, Designated Prescribing Practitioners (DPP), Prescribing Practice Educators, Prescribing Practice Assessors and Named Prescribing Supervisors, potential NMP trainees, managers, and clinical leads. It also applies to prescribers who supervise and mentor NMPs in the Trust.

3. POLICY STATEMENT

Non-Medical Prescribing requires a robust infrastructure and the provision of a safe process to ensure the effective delivery of patient centred care.

This document details the standards that NMPs must adhere to assure personal, professional, and organisational accountability and to be able to function safely as a prescriber, whilst employed by the Trust.

The policy identifies the responsibilities of those involved and identifies the structures needed to support effective prescribing.

4. DEFINITION

The term non-medical prescribing describes any prescribing of medication undertaken by a healthcare professional other than a doctor or a dentist. To be able to prescribe the registered professional must have undertaken additional training and achieved the necessary competencies and authorisation, to serve in this role. Currently those professionals who may apply to undertake the non-medical prescribing registered qualification include Nurses, Pharmacists, Podiatrists, Radiographers, Physiotherapists, Advanced Paramedics, Optometrists and Dieticians.

Currently non-medical prescribing takes the following two forms actively used within the Trust:

Independent prescribing (V300 trained non-medical prescribers)

The independent prescriber is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions relating to the clinical management of the patient, which can include prescribing. The independent prescriber can be a Doctor, Dentist, Nurse, Pharmacist, Physiotherapist, Podiatrist, Radiotherapist, Advanced Paramedics or Optometrists. The NMP must only prescribe within their clinical competence and defined scope of practice.

A nurse independent prescriber must be a practicing registered nurse, who has successfully completed an approved programme of training, accredited by the Nursing Midwifery Council (NMC).

A pharmacist independent prescriber must be a registered practicing pharmacist who has successfully completed a training programme accredited by the General Pharmaceutical Council (GPhC).

Physiotherapist, advanced paramedics, and podiatrist independent prescribers require the practitioner to be working at an advanced level of practice and to have completed the appropriate accredited training by the health and care professions council (HCPC).

Nurse Prescriber's Formulary for Community Practitioners (V100 and V150 trained NMP)

Initially Community Nurse prescribing was completed as part of the District Nursing and Health Visiting training; however, it has now become a course that other Registered Nurses can also undertake. The course is no longer compulsory for health visitors; however, district nurses still need to complete this as part of their training.

Following successful completion of the course, nurses can prescribe from the Nurse Prescriber's Formulary for Community Practitioners. Details of this formulary features in the British National Formulary (BNF), which consists of appliances, dressings, and some medicines. (The V100 and the V150 part of the register is becoming less common in practise, as most prescribers will convert and complete the V300 course.)

5. DUTIES AND RESPONSIBILITIES

Chief Executive

The chief executive has overall responsibility for the effective implementation of this policy.

Executive Medical Director, Executive Director of Nursing, Allied Health and Social Care Professionals, Professional Leads, and divisional clinical leads

To ensure this policy is implemented, monitored, and reviewed in line with national policy and guidelines.

Chief Pharmacist

The chief pharmacist is responsible for ensuring medicines are prescribed in an effective, efficient, and safe manner. The chief pharmacist will ensure any discrepancy in prescribing practice or process is highlighted, and appropriate action is taken to safeguard patients.

Non-Medical Prescribing (NMP) Lead

The NMP lead in conjunction with the divisional clinical leads and key professionals will implement a NMP five-year strategy.

The NMP lead will work with managers, team leaders, clinical and a professional lead to support NMPs to meet the policy standards for prescribing. The NMP lead will ensure support structures are available for continuing professional development and supervision for all NMPs. The NMP lead will support NMPs to audit their practice.

The NMP lead will establish and oversee a Trust NMP register and audit any discrepancies. If a prescriber is no longer able to maintain the standards to prescribe for the Trust, the lead with the NMP and their manager, will establish if additional assistance is needed, that could support the prescriber to continue in practice. If after a period of support, and the NMP remains unable to meet the correct standards, the NMP will be removed from the register by the NMP Lead and no longer allowed to prescribe for the NHS Trust.

NMP Lead responsibilities to New Prescribers

The NMP Lead will ensure that all candidates applying for the non-medical prescribing course meet the minimum entry requirements and must be able to use the qualification in their practice once they have qualified.

The NMP lead will ensure the candidate identifies their professional requirement of a Designated Prescribing Practitioner or Prescribing Practice Educator or Prescribing Practice Assessor and Prescribing Practice Supervisor.

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The NMP lead will ensure that NMPs who are newly qualified, newly recruited or had a change in circumstances, will attend the NMP Preceptorship programme. By completing the programme, the Annual Declaration Form and where required, they are registered with the NHS prescription services. This ensures the prescriber is active and able to prescribe in their field of work. It is the responsibility of the NMP Lead to register any appropriate staff to the NHS prescription services.

NMP Lead responsibilities for Active Non-Medical Prescribers and Community Nurse Prescribers

The Lead will ensure that all prescribers within the Trust have access to support around their prescribing practice. The Lead will support where needed, staff to maintain their competencies and offer/arrange education and CPD annually.

The lead will support staff to review and audit their prescribing and look at drug errors if needed. It is the responsibility of the NMP Lead to remove NMPs from the register if they have not maintained their competencies.

The Lead will offer support with expanding scope of prescribing and ensure they are supported well in this process. The NMP Lead, will need the prescriber to have an appropriate prescribing buddy to ensure this work is completed satisfactorily.

NMP Lead responsibilities DMP DPP and PPS

The NMP lead will ensure Designated Prescribing Practitioners, Prescribing Practice Educator, Prescribing Practice Assessor and Prescribing Practice Supervisor meet their professional standards to fulfil this role and are able to be released to undertake the role. The NMP Lead will support DMPs as required, with advice around the curriculum and assessing NMP trainees.

The NMP lead will offer information, advice, and support regarding the role. The Lead is also available for further support, throughout the duration of the time they are supporting a new prescriber at university.

NMP register administrator.

All NMPs will review and agree their non-medical prescribing practice at their annual appraisal. This allows the NMP register to be updated, this information will be communicated to the NMP register administrator by the NMP and their manager by completing the: Annual Declaration MS form and submitting this.

The form can be found on the intranet page on the link provided below.

<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>

In addition, the NMP register administrator will highlight if the NMP has not updated, or the NMP no longer meets the standards to prescribe for the Trust, the administrator will inform the NMP lead.

Managers and Team Leaders

Managers or team leaders must ensure the standards within this policy are maintained, particularly in relation to the competency of the NMPs prescribing practice and their professional registration.

It is important to ensure that at the NMPs yearly appraisal, the non-medical prescriber produces evidence that demonstrates they meet this policy standards to practice. The signing of the Declaration form and the prescribing element of your appraisal can be completed by an NMP "buddy" where possible, however if you do not have another NMP in your place of work, then your manager/line manager is able to sign your declaration form with you. The NMP Lead can be contacted to gain support in this process if required.

Once the Declaration form is completed and submitted then the ESR (Electronic Staff Record) can be renewed and reset for the next year.

The manager or team leader will support the NMP to access non-medical prescribing continual professional development and clinical prescribing supervision. The manager should also ensure the NMP has access to the necessary resources in order that they may safely prescribe.

For an queries or additional support, contact the Non-Medical Prescribing Lead via the NMP email link. hmf-tr.nmp@nhs.net

If standards are not able to be maintained, this may be due to a variety of reasons such as sickness, maternity leave, or moving from a clinical to a managerial role, the manager will discuss with the NMP and agree what support is needed to meet these standards. This can also include the NMP Lead in this process for support in reaching the correct standards.

If the NMP is no longer able to maintain the standards to function as a prescriber, the manager will inform both the NMP register administrator and the non-medical prescribing lead.

The NMP may be reinstated in the future, once the NMP has attended the Preceptorship Programme for NMPs, a 6-month course and ensuring all competencies have been achieved. As part of this course the need for a prescribing “buddy” will be required, to support the NMP preceptor to complete the competencies. Once this work is complete, they can submit their Annual Declaration Form.

Information regarding the Preceptorship Programme for NMPs and the Declaration Form are on the NMP intranet page.

<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>

If there are concerns raised about the NMPs prescribing practice, further investigation should be undertaken, and a decision made regarding patient safety, as to whether the NMP continues to prescribe. The NMP qualification is recorded on their professional register and consideration needs to be given whether a referral is necessary to the NMP’s professional organisation.

Manager's responsibility for Staff applying for the V300 course, DPPS and Supervisors.

Independent prescribing is a high-level skill and to practice as an independent prescriber in the Trust, the practitioner must hold at least a band 6 in clinical practice. This applies to V300 trained prescribers.

However, not nurse prescribing formulary community practitioners, practicing at a level of V100 or V150, the trust will support to prescribe at a band 5.

Prior to commencing the independent non-medical prescribing V300 course, the trainee, their manager and NMP lead will liaise. To affirm the benefits and requirements for a NMP trainee to commence the course, and that the NMP role is required in their services and in line with the five-year strategic plan. It will be agreed how the trainee will use the qualification once qualified and the assurance that appropriate support will be provided in order that the NMP to consolidate the course and meet the non-medical prescribing practice standards.

Potential NMP trainees will require study time to undertake the training programme (one day a week at university) and support to meet the clinical competencies for the course (90 hours in clinical practice). It is the manager’s or team leader’s responsibility to ensure this support and time is available.

Managers Responsibility for DPP and Supervisors.

If a Designated Prescribing Practitioner or Practice Educator or Prescribing Assessor and Named Prescribing Supervisor are identified in the team, at their annual appraisal the manager/team leader must review the evidence that they maintain the standards and still have capacity to undertake this role. The manager and NMP must complete the section on the Annual Declaration Form around the DPP role.

Non-Medical Prescribers Responsibility- Maintaining standards.

NMPs are responsible for ensuring they prescribe effectively and safely within national, local policy, guidance, professional and legal standards. NMPs must ensure at their yearly appraisal that they provide evidence which demonstrates they meet the policy standards to practice.

The NMP must ensure they record their prescribing qualification on their appropriate professional register and any costs for this are the responsibility of the NMP. By completing the annual

declaration form, will ensure they are active on the register and covered with vicarious liability working under Humber Teaching Foundation Trust.

If they are no longer meeting standards then the NMP is accountable in obtaining support from their team, colleagues and may contact the NMP Lead for advice. A development plan may be implemented, or the completion of the Preceptorship Programme.

If the NMP no longer wishes to prescribe, then the need to discuss this with the NMP Lead and Manager to see if support is required. If this decision remains unchanged then they become inactive on the NMP Register. This decision can be reversed if the opportunity arises and the NMP wishes to start prescribing. They will need to complete the Preceptorship Programme and complete an Annual Declaration form.

The NMP is responsible for undertaking prescribing practice regularly, which, for the purposes of this policy, also includes, giving time to review and reflect on their prescribing practice. (prescribing practice does not necessarily entail writing a prescription). Ideas of evidencing prescribing can be found on the RPS website.

(<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>).

The NMP with their manager and prescribing buddy are responsible for defining the NMP's own prescribing formulary within their scope of practice and area of competency. This will be agreed on qualifying or with new NMP starters in the trust, by documenting in the Annual Declaration Form.

(<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>).

The NMP is only to prescribe in their own scope of practice and area of competency. The prescriber has a responsibility, that they maintain continued professional development. The NMP will use the standards defined in "the prescribing competency framework" (Royal Pharmaceutical Society (2016)) to demonstrate this.

(<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>).

Competency is defined as the NMP's specific area of knowledge and experience.

The NMP is responsible for being able to evidence during their appraisal, and they have regular non-medical prescribing supervision: This Supervision needs to be in line with the Trust Supervision Policy and there needs to be opportunities for the NMP to discuss their prescribing and reflect on their practice at these times of supervision.

The NMP can only prescribe for patients they have assessed for care. They are responsible for ensuring the patient is aware that an NMP is treating them and may involve the support of another NMP or Medical Prescriber.

- NMPs are not allowed to prescribe for themselves or those they have a personal relationship with (NMC 2006).
- The NMP should review a patient's medication regularly and particularly when starting, stopping, or changing medication.
- The NMP is responsible for giving written and verbal information about the medication to the patient and or carer. This includes a formulation of their assessment as to why they view the patient will benefit from medication, how it works, any side effects, cautions, or specifics about the medication and condition and how to take the medication.
- Prescribing decisions should wherever possible be made in partnership with the patient. This will include considering the patient's views and beliefs and discussing prescribing and medication decisions in relation to these.
- The prescriber should apply the best available evidence when making their prescribing decision. The use of national and local guidance being part of this decision making should also be considered.

- Record keeping needs to be done at the time of consultation, to ensure effective communication between other HCPS and ensuring an accurate record of care given.

Expanding Scope of Practice

If the NMP is wishing to develop and enhance their scope of practice, this must be agreed with their manager or team leader and their prescribing supervisor/buddy.

The NMP and manager will use the RPS extending scope of practice documentation as a template and development plan for increasing prescribing, within their clinical setting.

<https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/supporting-tools/expanding-prescribing-scope-of-practice>

The support of the Non-Medical Prescribing Lead can be accessed if needed for this process.

Prescribing “Buddies” for Non-medical Prescribers

NMP prescribing “buddies” should have at a minimum of one year’s experience, the same prescribing qualification and experienced in an area of prescribing that the NMP wishes to increase knowledge and prescribing. The buddy may not be one person and it can be changed as the needs of the NMP changes. Finding the correct buddy that is relevant to the NMP practice at that time. Supervisee and supervisor responsibility should follow the standards defined in the Trust’s clinical Supervision Policy.

Non-Medical Prescribing Trainee

Independent prescribing is an advanced level skill and to practice as an independent prescriber in the Trust, the practitioner must hold at least a substantive band 6. This applies to V300 trained prescribers and not nurse community formulary prescribers, practicing at a level V100 or V150 training, who the Trust will support to prescribe at a band 5. It is expected that practitioners will have already developed skills in assessment, diagnosis, and differential diagnosis and treatment options for patients in their specialist area of practice.

- All trainees must ensure they meet the minimum standards both professionally and academically prior to applying for the V300 non-medical prescribing course.
- Need to have evidence of Level 6 academic achievement.
- The candidate should seek their manager or team leader approval and inform the NMP lead by completing the Application and Authorisation form.
- The NMP lead confirms the candidate satisfies the minimum entry requirements and must be able to use the qualification in their practice once they have qualified.
- The arrangements for securing a Designated Prescribing Practitioner, Prescribing Practice Educator, and Prescribing Practice Assessor and Prescribing Named Supervisor will be the responsibility of the prospective NMP trainee.
- Support can be gained from line managers and/or the NMP Lead.

Designated Prescribing Practitioners (DPP), Prescribing Practice Educator, Prescribing Assessor and Named Prescribing Supervisor for the V300 Non-medical Prescribing Course

Each professional regulator has given a different title to the non-medical prescribing trainee prescribing assessor and supervisor:

- Designated Medical Practitioner (GMC)
- Designated Prescribing Practitioner (GPhC)
- Practice Educator (Hcpc).
- The NMC have divided the role in two a Prescribing Assessor and Named Prescribing Supervisor.
- These cannot be the same prescriber only in exceptional circumstance.

The above roles are responsible for clinically educating and assessing whether the non-medical prescribing trainee has met their practice learning outcomes and has acquired the necessary

competencies. The DPP and Supervisor needs to be competent in the same area of prescribing than the trainee NMP.

The DPP will work with the trainee to establish their baseline knowledge. They will develop a plan for regular time with the trainee to support them with the RPS competencies. They will need to meet and assess at appropriate intervals on the progress of the NMP trainee. Any concerns need to be highlighted to the NMP Lead and University. So, a plan can be put in place to support the NMP trainee.

Any V300 NMP wishing to undertake the DPP role must complete the Annual Declaration Form DPP section to become a Designated Prescribing Practitioner (DPP), they need to be able to maintain their commitment to the role at their yearly appraisal. Using the RPS competencies around DPP training.

Universities may also require a “self-assessment” form, that will need to be completed and sent with the NMP trainee’s application form.

Prescribing Practice Assessor and Prescribing Named Supervisors for V100/V150 courses

For V100 trainees the prescribing practice assessor and named prescribing supervisor are usually the identified assessor and supervisor they already have had for other parts of their professional course. V150 trainees will have to identify them within practice; any difficulties identifying these practitioners contact the NMP lead.

The prescribing practice assessor is a registered health professional working in the practice environment who is adequately prepared and supported to take up their role, has up-to-date knowledge and equivalent qualifications for the programme the student is undertaking. Be familiar with the module competencies and the RPS prescribing competency framework. Conduct assessments to confirm student achievement of competencies and observe practice such as patient consultation and assessment.

Newly Qualified NMP and Preceptorship responsibilities

Once the NMP has qualified and is registered with their professional organisation, the NMP must identify with their manager and prescribing supervisor what their area of competency in prescribing. This will be documented on the on the Annual Declaration form. At this point, the new NMP needs to be invited on the Preceptorship programme. They will attend at the next available course.

This does not stop the NMP from beginning to prescribe if they are well supported and confident in their ability. Ensure that the Annual declaration form is completed.

<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>

Preceptorship Programme

This programme will run for 6 months on completion of the NMP qualification, new prescribers to the Trust and for NMPs returning to prescribing following an extended absence from prescribing. (12 months) This programme will support the NMP’s to gain confidence in prescribing and building their skills. (See Preceptorship for Non-Medical Prescribers, via the NMP page on the intranet) the course will use the RPS competencies as a template.

<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>)

6. PROCEDURES

6.1. Scope of Practice

All NMPs must adhere to their scope of practice and guideline requirements linked to their profession and service area (for additional information go to <http://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/>).

NMPs will adhere to their “local area prescribing committee” medication formulary. This involves a catalogue of medications that have been agreed are the most clinically effective, have the best side effect profile and are cost effective, e.g., for NMPs in Whitby prescribing antibiotics follow North Yorkshire Area Prescribing Committee antibiotic prescribing guidelines whereas for NMPs in Humber/Hull <https://www.northernlincolnshireapc.nhs.uk/humber-apc-pathways/> and <https://www.northernlincolnshireapc.nhs.uk/wp-content/uploads/2022/05/Managing-Infections-in-Primary-Care-V6-August-2021-Final-14012022.pdf>

Each year the NMP will review their prescribing and document at their appraisal by completing the Annual Declaration Form, If the NMP advances practice further and enhances their competency, it must be agreed with their manager, prescribing supervisor and NMP lead and document on the Declaration form in the relevant section.

They can also record any evidence or reflection within the declaration form by downloading it in the appropriate place. **(This is not mandatory, but gives good evidence at the time of your declaration and useful for revalidation)**

<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>

6.2. Unlicensed Medication

NMP V300 independent prescribers are allowed to prescribe Unlicensed Medicines. Legislation also enables nurses and pharmacist NMPS to prescribe medicines that are mixed prior to administration as these are classed as unlicensed medicines. The legislation enables nurse and pharmacist NMP V300 Independent Prescribers to mix medicines themselves and to direct others to mix.

Supplementary prescribers can also mix medicines themselves and direct others to mix, only where the preparation forms part of the Clinical Management Plan. Nurse and Pharmacist NMP V300 Independent Prescribers can prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists.

In mental health and learning disability for unlicensed medication prescribing, there is a local formulary arrangement (the Trust’s unlicensed prescribing guideline). Additionally, and to suitably safeguard the prescribing process and patient, the formulary directs, that some medications for specific conditions are only prescribed under supervision of the Consultant Psychiatrist

6.3. Controlled Drugs (CD) and CD Mixing of Medications

When prescribing CDs, it is important to maintain patient safety and comply with legal and local prescription writing requirements, for local arrangements see the Safe and Secure Handling of Medicines Procedures.

Nurses and Pharmacists can prescribe controlled drugs (CDs) from schedule 2-5, except for Diamorphine, Cocaine and Dipipanone for the treatment of addiction (The NMPs can prescribe other controlled drugs for the treatment of addiction).

Physiotherapists can prescribe the specific CDs below for the treatment of organic disease or injury, provided that the CD is prescribed to be administered by the specified method below:

- Oral administration – Diazepam, Dihydrocodeine, Lorazepam, Morphine, Oxycodone, Temazepam
- Injectable administration – Morphine
- Transdermal administration – Fentanyl

Podiatrists can prescribe the four specific CDs below and only by oral administration for the treatment of organic disease or injury: Diazepam; Dihydrocodeine; Lorazepam; and Temazepam.

The Government has reviewed CD legislation for paramedics. The guidelines on additional prescribing rights for paramedics cited in the link below and list of the five drugs added to the Paramedics scope of practice.

[Circular 007/2023: The Misuse of Drugs \(England and Wales and Scotland\) \(Amendment\) \(No.2\) Regulations 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/circular-007-2023-the-misuse-of-drugs-england-and-wales-and-scotland-amendment-no-2-regulations-2023)

[College of Paramedics welcomes change in legislation to enable prescribing of controlled drugs](#)

- Morphine sulphate by oral administration or by injection.
- Diazepam by oral administration or by injection.
- Midazolam by Oro mucosal administration or by injection.
- Lorazepam by injection; and
- Codeine phosphate by oral administration.

The prescribing of these drugs within the paramedic's role needs to follow the process of expanding scope of practice. The prescribing will need to be in context of the role the paramedic is working in and is agreed with their line manager/ prescribing buddy. The support of the NMP Lead is available, this scope and evidence needs to be added to the annual declaration form on completion.

The change to the Misuse of Drugs Act (2012) regulation 8 and 9, which regularises the compounding of medicines, now authorises nurse and pharmacist independent prescribers and supplementary prescribers (supplementary prescribers must do this within a clinical management plan) to compound any drug, including CDs listed in schedules 2-5, prior to administration to a patient. Compounding relates to the mixing of two or more drugs, which include a controlled drug, for instance in palliative care. The Trust can now support NMPs in prescribing and directing others to administer these CDs (under a patient specific direction) that may be mixed with other drugs prior to administration. When mixing, advice on compatibility and stability should be sought from a pharmacist, or another recognised information source such as the palliative care medicines guidelines. See information available at www.palliativedrugs.com.

6.4. Prescriptions

Full details on all aspects of prescribing can be found in section 6 of the Trust Safe and Secure Handling of Medicines Procedures, in which all NMP should have a working knowledge.

In community services for new prescribers to access prescription pads the NMP must be registered with the NHS services business authority. This needs to be organised with the NMP Lead and then if a prescription pad will be ordered by the Pharmacy Administrator.

It is expected, that as electronic systems progress within the Trust, that the NMP will ensure their competency is developed and maintained to electronically prescribe and document accurate patient's records within this context.

Prescription stationary is controlled stationary so must be kept securely. It is the NMP's responsibility to keep the prescription pad safe and ensure they are the only ones who can access it.

Lost prescriptions need to be reported to the Manager/Team Lead and to inform the NMP Lead. If the prescriptions cannot be located, then it need to be reported to the police.

6.5. Record Keeping

Where the NMP is writing prescriptions, they must write clearly and legibly and ensure that they are identifiable as the prescriber. The NMP is responsible for ensuring the correct, approved documentation is used (Trust safe and secure handling of medicines procedures).

All records should be contemporaneous, comprehensive, and clear. The NMP must record their consultation and prescription for an individual patient in the clinical record. Ensure effective verbal and written communication takes place with the relevant others involved in the patients care, including the patient's General Practitioner (GP), and should also wherever possible include the patient.

6.6. Vicarious Liability

Where the prescriber is appropriately qualified and prescribes as part of their professional duties with the consent of the employer, the employer is held vicariously liable for their actions. The completion of the Annual declaration allows the prescriber to prescribe and be supported by the Trust, as they are declaring they are working to their best practice and within their scope of practice.

In addition, prescribers are individually professionally accountable to their professional body for this aspect of their practice and must always act in accordance with their relevant Code of Professional Conduct.

6.7. Adverse Incidents

The NMP will ensure immediate action is taken to ensure the safety and well-being of the patient and that all incidents or errors in their prescribing practice are reported to their line manager immediately.

The NMP must document all known or suspected adverse drug reactions in patient notes and use where appropriate the Yellow Card System www.mhra.gov.uk/yellowcard

The NMP must adhere to the Trust's adverse incident reporting systems and the Trust Safe and Secure Handling of Medicines Policy.

6.8. Trust NMP Register

It is expected that all NMPs will be registered on the Trust's Non-Medical Prescribing register as either active or inactive.

Active on the register means the NMP is maintaining the standards to prescribe.

Any NMP who is unable to maintain the standards will be inactive and unable to prescribe in the Trust.

The NMP Lead will monitor the register and will offer support and development for those NMPs who are inactive and who wish to start prescribing.

Designated Prescribing Practitioner or Prescribing Practice Educator or Prescribing Assessor and Named Prescribing Supervisor will be annotated on the NMP register next to the professional's name. The NMP register is stored on the MS Team group "Non-Medical Prescribing" Teams and accessible by the Administrator and NMP Lead. This is created by the submission of the Annual Declaration Form completed during the Appraisal period.

In addition, prescribers are individually professionally accountable to their professional body for this aspect of their practice and must always act in accordance with their relevant Code of Professional Conduct.

NMP generic email for applications/ prescription ordering/stamps and general queries to use this email.

hnf-tr.nmp@nhs.net

7. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

Prescribers will ensure that patients, who have communication difficulties and/or reduced capacity, are provided with additional support to enable them to exercise the same informed decisions as those without such barriers.

Prescribers should be aware of the patient's cultural and religious beliefs and ensure ingredients in medication do not compromise these.

8. MENTAL CAPACITY

The Mental Capacity Act applies to this policy with particular focus on key principles of the Act:

- Presumption of capacity.
- Support to make own decisions.
- Right to make seemingly eccentric or unwise decisions.
- Best interests.
- Least restrictive intervention.

9. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

The NMP lead will continue to meet with clinical leads and support the NMP strategy for their specific area that can be implemented over the next five years.

Resources will be required to maintain a register of non-medical prescribers within the Trust. This will be managed by the NMP lead and administered by the pharmacy department.

The implementation of this policy requires continued commitment from line managers to ensure the NMP maintain their competency, by allowing sufficient time and economic investment in continued professional development activities for the individual non-medical prescriber. To maintain prescribing competency the Trust must allow NMPs sufficient opportunity to prescribe on a regular basis and have access to effective supervision. This policy will be raised with NMPs through the existing networks, weekly global and it will be placed on the Intranet.

Found in Clinical Policies but also within the NMP intranet pages.

<https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>

10. MONITORING AND AUDIT

Further monitoring of the policy will be undertaken via the Trust system for the policy monitoring and reporting and will include management of adverse incidents, patient complaints, and the Trust NMP register. This will be monitored by the Pharmacy department, Training department, and overseen by the NMP lead.

The NMP Lead will monitor the Trust register. Audits will be undertaken using Prescribing Analyses Cost Tabulation (PACT) data. Where PACT data is not available, prescribing practice competency should be monitored and evaluated in clinical supervision, e.g. observing practice, prescribing activity in GP letters, patient's documentation.

11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

CQC 2022 Care Quality Commission fundamental standards accessed at www.cqc.org.uk on 28-12-2023

Chartered Society of Physiotherapy (2013) Information Paper Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the safe use of medicines (2nd Edition)

College of Paramedics.co.uk - [College of Paramedics welcomes change in legislation to enable prescribing of controlled drugs](#) accessed 02/01/2024

General Pharmaceutical Council (GPhC) accessed at www.pharmacyregulation.org on [Circular 007/2023: The Misuse of Drugs \(England and Wales and Scotland\) \(Amendment\) \(No.2\) Regulations 2023 - GOV.UK \(www.gov.uk\)](#) accessed on 02/01/2024

Health and Care Professions Council (HCPC) accessed at www.hpc-uk.org on

Health and Care Professions Council (HCPC) (2013) Education providers and registrants Standards for prescribing

Medicines Healthcare Products Regulatory Agency Yellow card reporting [Yellow Card Scheme - MHRA](#)

Medicines Healthcare Products Regulatory Agency Non-medical prescribing and mixing medicines in palliative care and other areas of clinical practice accessed on 28-12-2023 at www.mhra.gov.uk

Misuse of Drugs Act 1971 updated 2023 accessed at www.legislation.gov.uk on 28-12/2023

NPC (2005) Training non-medical prescribers in practice; a guide to help doctors prepare for and carry out the role of designated medical practitioner.

NMC (2012) Mixing medicines prior to administration the legislation and rules regarding of mixing medicines www.nmc-uk.org on 28-12-2023

Northern Lincolnshire antibiotic pathways- <https://www.northernlincolnshireapc.nhs.uk/humber-apc-pathways/>. Accessed on 15-01-2024

<https://www.northernlincolnshireapc.nhs.uk/wp-content/uploads/2022/05/Managing-Infections-in-Primary-Care-V6-August-2021-Final-14012022.pdf>. Accessed on 15-01-2024

NMC Standards for prescribing programmes (2019) <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/> accessed 15-01-2024

NMC (2008) Nursing Midwifery Council Standards to Support Learning and Assessment in Practice, accessed at www.nmc-uk.org accessed on 15-01-2024

Palliative care drugs accessed at www.palliativedrugs.com

Royal Pharmaceutical Society (2016) Competency Framework for All Prescribers [Prescribing Competency Framework \(rpharms.com\)](#)

Royal Pharmaceutical Society A Competency Framework for Designated Prescribing Practitioners (2019) assessed on 28-12-2023

12. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Safe Haven Procedure

Safe and Secure Handling of Medicines Procedures

Supervision Policy

Unlicensed Prescribing Guidelines for Mental Health

Intranet page: <https://intranet.humber.nhs.uk/non-medical-prescribing-service.htm>

Appendix 1 - Document Control Sheet

This document control sheet must be completed in full to provide assurance to the approving committee.

Document Type	Non-Medical Prescribing Policy		
Document Purpose	As an organisation, Humber Teaching NHS Foundation Trust encourages and supports the growth and development of Non-Medical Prescribing (NMP). As new prescribing opportunities and non-medical roles are developed, it is the intention that these will complement the delivery of safe, high quality, evidence-based clinical services to the people the Trust delivers care to.		
Consultation/Peer Review:	Date:	Group/Individual	
<i>List in right hand columns consultation groups and dates</i>	January 2024	Sent to all non-medical prescribers, discussed at continually professional prescribing meetings Sent to and discussed with the prescribing course leads at universities of Hull and York, sent to, discussed, and agreed at the Drugs and Therapeutic Group.	
Approving Committee:	QPaS	Date of Approval:	22 February 2024
Ratified at:		Date of Ratification:	
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	Health Assure <input checked="" type="checkbox"/>	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	<p>This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.</p> <p>The NMP lead will continue to meet with clinical leads and support the NMP strategy for their specific area that can be implemented over the next five years.</p> <p>Resources will be required to maintain a register of non-medical prescribers within the Trust. This will be managed by the NMP lead and administered by the pharmacy department.</p> <p>The implementation of this policy requires continued commitment from line managers to ensure the NMP maintain their competency, by allowing sufficient time and economic investment in continued professional development activities for the individual non-medical prescriber. To maintain prescribing competency, the Trust must allow NMPs sufficient opportunity to prescribe on a regular basis and have access to effective supervision. This policy will be raised with NMPs through the existing networks, weekly global and it will be placed on the Intranet.</p>		
Monitoring and Compliance:	<p>Further monitoring of the policy will be undertaken via the Humber Foundation Trust system for the policy monitoring and reporting and will include management of adverse incidents, patient complaints, and the Trust NMP register. This will be monitored by the Pharmacy department, Training Department and overseen by the NMP lead.</p> <p>The NMP Lead will monitor the Trust register. The Training department will inform the NMP lead of any discrepancies in the register and the NMP lead will rectify any problems. The NMP register is accessible on the Trust's V drive and accessible by the training and pharmacy department administration and NMP lead.</p> <p>Audits will be undertaken using Prescribing Analyses Cost Tabulation (PACT) data. Where PACT data is not available, prescribing practice competency should be monitored and evaluated in clinical supervision e.g. observing practice, prescribing activity in GP letters, patient's documentation.</p>		

Document Change History: (please copy from the current version of the document and update with the changes from your latest version)			
<i>Version number/name of procedural document this supersedes</i>	<i>Type of change, e.g. review/legislation</i>	<i>Date</i>	<i>Details of change and approving group or executive lead (if done outside of the formal revision process)</i>
1.00	New policy	08/04/13	New policy replacing ERYPCT and Humber Mental Health Trust policies
1.01	Review	24/04/13	References inserted for: Trust Unlicensed Prescribing Guidelines, MHRA mixing medicines and NMC mixing medicines prior to administration, the legislation and rules regarding of mixing medicines.
1.02	Review	07/08/14	Insertion about standards for Physiotherapists and Podiatrists following changes in legislation so they can now be independent prescribers. Insertion of new process (Trust NMP register) to ensure standards are maintained in practice by all NMPs. Insertion of forms to apply for the V300 NMP course and new NMP joining the organisation.
1.03	Review	13/03/17	Insertion legislation changes dieticians can now be supplementary prescribers. NMP lead to work with care group to develop an NMP strategy. Band 6 applies to V300 trained prescribers, not nurse prescribing formulary community practitioners, practicing at a level of V100 or V150 who the trust will support to prescribe at a band 5. On the managers responsibility a paragraph is added, if an investigation has shown there are concerns about an NMPs practice, a referral to the NMPs professional organisation needs to be considered. Designated Medical Practitioners (DMP), the NMP lead to meet prior to the trainee going on the NMP course to give information and available for support during the course.
1.04	Review	January 2021	<ul style="list-style-type: none"> • Advanced paramedics can now prescribe. • Removal of forms from appendix of policy but still on the intranet so can be updated as national standards change. • Nurse prescribing formulary no longer printed separately to the BNF. • Training changes to include process for identifying and standards for Designated Prescribing Practitioner, Prescribing Practice Educator and Prescribing Assessor and Named Prescribing Supervisor. • Support structures for newly qualified Non-medical prescribers/preceptorship. • Non-medical prescribing supervision
1.05	Review	February 24	<ul style="list-style-type: none"> • Removal of NMP Forms 1 and 2 from policy and the inclusion of the Annual Declaration Form • Add information regarding Preceptorship Programme from January 2024 • Add in information about Intranet pages. • Generic Email details attached. • References updated and they are still active and applicable. • Changes to paramedic's scope of prescribing controlled drugs. Expanding scope of prescribing Reference added re this change in the law. <p>Approved at QPaS (22 February 2024).</p>

Appendix 2 - Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Non-Medical Prescribing Policy (M-017)
2. **EIA Reviewer (name, job title, base and contact details):** Liz Harrison, Non-Medical Prescribing Lead
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** Policy

Main Aims of the Document, Process or Service		
To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	The policy is there to support staff to prescribe safely. To any age across our patient services
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	The policy is designed to support all staff and to ensure prescribing is delivered to all patients. Staff that have long-term conditions or require support on returning to practice after long-term sickness, can access support via the Preceptorship programme and Non-Medical Prescribing Lead.
Sex	Men/Male, Women/Female	Low	This policy covers all staff with no regards to sexual orientation
Married/Civil Partnership		Low	There are no concerns seen in the policy around relationships and marriage status. There are rules around not prescribing for friends and family. This is there to protect the Prescriber, the Trust and family member.
Pregnancy/ Maternity		Low	Support for staff if they have long periods away from work and can return to prescribing safely via the preceptorship programme.
Race	Colour, Nationality, Ethnic/national origins	Low	The policy includes all staff and all patients of any race colour and origins
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	The policy is inclusive of all religious/ philosophical belief whether belief or lack of belief.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	The NMP policy sees all sexual orientation inclusive within its content
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	The NMP policy does not exclude any gender from its content.

Summary

<i>Please describe the main points/actions arising from your assessment that supports your decision above</i>			
The Non-Medical Prescribing Policy is a supportive policy for all Non-Medical Prescribers in the Trust and to support managers and NMP supervisors. To offer support to the Non-medical Prescribers. Providing safe prescribing to enhance a patient's journey within the Trust.			
EIA Reviewer	Liz Harrison		
Date completed;	Date 04/03/2024	Signature	<i>EL Harrison</i>