Policy for Non-Medical Prescribing

Solent NHS Trust policies can only be considered to be valid and up-to-date if Viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	The purpose of this policy is to provide a sound governance framework for the implementation and practice of non-medical prescribing within the Solent NHS Trust.
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Document Manager (Name & Job Title)	NMP Clinical lead
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Amend No	Issued	Page	Subject	Action Date
V1			Policy Rewrite	Nov 2019

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
V1	Nov 19	NMP Clinical lead	Governance, NMP steering group, Policy Group	Policy Rewrite

SUMMARY OF POLICY

This policy provides a robust framework for the development of non-medical prescribing throughout Solent NHS Trust where it is appropriate to patient need. It describes the administrative and procedural steps necessary to enable eligible healthcare professionals to acquire and exercise prescriptive authority in a way that ensures patients receive safe and cost effective treatment. It provides information and guidance on good practice for non-medical prescribing, the legal and professional frameworks that govern non-medical prescribing, and how to implement non-medical prescribing in services provided by the Solent NHS Trust.

EXECUTIVE SUMMARY

Non-medical prescribers (NMP)'s have successfully completed an accredited V100 or V300 non-medical prescribing course and have an annotation signifying their non-medical prescribing status on their professional register entry

This policy sets out the processes that NMP's are required to undertake to provide evidence that they are up to date and competent within their sphere of prescribing practice each year as part of the appraisal process.

NMPs are expected to maintain a professional portfolio demonstrating their competence in relation to prescribing within their sphere of practice in order to facilitate revalidation and to support the annual review of prescribing competence by the NMP lead

They must agree their role and scope of duties with their line manager in the therapeutic area in which the Practioner will prescribe

Be included on the Solent NHS Trust register of non-medical prescribers via provision of a specimen signature and copy of their academic result to the non-medical prescribing lead.

Provide an annual declaration to the NMP lead to ensure retention on the Trusts non-medical prescribing register

Notify the medicines management team of any change of details (e.g. Name, base or contract details)

Comply with this policy, Medicines Management policy and the Controlled Drugs Policy

Have access to a prescribing budget, if applicable and/or the opportunity to prescribe

All NMPs should have a designated mentor in place for 6 months post qualifying

Following a break in prescribing practice of 6 months or more the NMP must undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experience supervisor and assessment of competencies complete.

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POLICY FOR NON-MEDICAL PRESCRIBING

1.   INTRODUCTION & PURPOSE

The purpose of non-medical prescribing is to give patients timely access to medicines, improve access to services and maximise the skills and expertise of nurses', pharmacists' and other health professionals'.

To deliver this individual Trusts should develop a strategic plan for the implementation and practice of non-medical prescribing and identify methods to support and sustain the transition of staff to this extended role. This should include a clinical governance framework for non-medical prescribing to ensure that non-medical prescribing is practiced safely and competently (Royal Pharmaceutical Society 2016) Information about the benefits of non-medical prescribing and how to implement it should be communicated to all clinical and managerial staff.

This policy provides a robust framework for the development of non-medical prescribing throughout Solent NHS Trust where it is appropriate to patient need. It describes the administrative and procedural steps necessary to enable eligible healthcare professionals to acquire and exercise prescriptive authority in a way that ensures patients receive safe and cost effective treatment. It provides information and guidance on good practice for non-medical prescribing, the legal and professional frameworks that govern non-medical prescribing, and how to implement non-medical prescribing in services provided by the Solent NHS Trust. Finally, it provides a structure that enables the Trust to meet Royal Pharmaceutical society requirements, as outlined above, and other national and local policies and procedures.

2.   SCOPE & DEFINITIONS

This policy applies to all non-medical prescribers directly employed by Solent NHS Trust, including Bank and Agency staff assigned to the Trust, managers of services utilising or seeking to utilise non medical prescribing, service leads and practitioners seeking to expand their practice, to include non medial prescribing in accordance with their business plan. It can also be used by commissioning General Practitioners' practices as a guide on how to implement non-medical prescribing in their localities

2.1   **Non-medical prescribing**
Non- medical prescribing is prescribing by specially trained nurses, midwives, health visitors, and Allied health professionals (AHP's) optometrists, and pharmacists, who have successfully completed an accredited training programme and who have had their qualification recorded on the relevant professional register.

2.2   **Community Practitioner Nurse Prescribers** are Health Visitors, District Nurses and Specialist Practitioner/Specialist Community Public Health Nurses holding the NMC V100 qualification and registered nurses holding the NMC V100 qualification. These nurses may prescribe independently from the Nurse Prescribers' formulary, included as an appendix in the current British National Formulary (BNF) and Drug Tariff.

2.3 **Independent Prescribing: I**ndependent prescribing is prescribing by a Practioner (e.g.) dentist, doctor, midwife, Allied health Professional or pharmacist who is accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is "appropriate practitioner". Within Solent NHS Trust a non-medical prescriber may currently be a specially trained nurse, health visitors, pharmacist or Allied health professions.

2.4 **Supplementary Prescribing**: Supplementary prescribing is a voluntary partnership between doctor or dentist and a supplementary prescriber to implement an agreed patient specific clinical management plan with the patients' agreement. A supplementary prescriber may currently be a specially trained nurse, midwives, pharmacist or Allied health Professional (AHP) who can prescribe any medicine within their clinical competence, according to the patient specific clinical management plan agreed with a doctor or dentist and the patient.
The clinical management plan must relate to the named patient and to that patients' specific conditions to be managed by the supplementary prescriber and must be included in the patients' clinical record. It is recommended that CMP' are reviewed formally at appropriate time intervals, usually within 12 months.
Supplementary prescribers are allowed to mix medicines including controlled drugs, prior to administration and provide written instruction for others to do ONLY when that prescription forms part of the clinical management plan.

3. LEGAL AND PROFESSIONAL RESPONSIBILITIES OF NON-MEDICAL PRESCRIBERS AND THEIR MANAGERS

3.1 Legal and Professional frameworks

- Non-medical prescribing is legislated by the Medicines Act 1968 which can be accessed on the UK Statue Law Database at www.statutelaw.gov.uk. The legal frameworks for Non-Medical Prescribing are detailed in the following documents:

  5.1a Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. Gateway reference: 4941

  5.1b Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, DH/Medicines, Pharmacy & Industry/Clinical & Cost Effectiveness. Gateway Ref: 6429
  5.1c Royal Pharmaceutical society (2016) A Competency Framework for all Prescribers

- The Trust acknowledges that where a non-medical prescriber is appropriately trained and qualified, prescribes as part of their professional duties, with the consent of their manager and within the parameters of their job description the Trust is vicariously liable for their actions.

4. ROLES AND RESPONSIBILITIES

The Trust Board has a legal responsibility for governance of trust policies and for ensuring that they are implemented effectively. The Trust recognises its responsibilities in ensuring that all inpatient service users are cared for in same sex accommodation.

4.1 Chief Executive Officer-has overall responsibility for the implementation of this policy, and in turn this responsibility is delegated to the Operational Directors and Service Managers within the Trust.

4.2 The Accountable Executive for this policy is the Chief Nurse; the accountable executive is responsible for:
- The completion of the annual declaration of compliance for commissioners and publication of this on the Trust website.
- Ensuring commissioners (and regulators where appropriate) are informed should any same sex accommodation breach occur.

4.3 Operational Directors-are responsible for:
- The effective implementation of this policy in their areas of responsibility.
- The implementation of any action plans arising from audits of the policy and service user feedback.
- Identifying training needs of staff that fall within the remit of this policy

4.4 Service Managers-are responsible for:
- Advising and instructing staff on the policy requirements via local induction.
- Arrangements and on-going communication mechanisms, such as team brief, staff meetings, supervision etc.
- Making necessary arrangements to enable staff to attend any training in respect of this policy.
- Making staff aware of this policy, its content and how to access the policy.

Each registered prescriber is accountable for his/her own conduct and practice in accordance with the professional standards of their regulatory body. ' (e.g. NMC standards of conduct, Performance and ethics for nurses and midwives. General Pharmaceutical Council's Standards of Conduct, Ethics and Performance, HCPC Standards for Conduct, Performance and Ethics)

4.5 Non –Medical Prescribers will:-
- Have successfully completed an accredited V100 or V300 non-medical prescribing course and have an annotation signifying their non-medical prescribing status on their professional register entry
- Provide evidence to their line manager that they are up to date and competent within their sphere of prescribing practice each year as part of the appraisal process.
- NMPs are expected to maintain a professional portfolio demonstrating their competence in relation to prescribing within their sphere of practice in order to facilitate revalidation and to support the annual review of prescribing competence by the NMP lead
- Agree their role and scope of duties with their line manager in the therapeutic area in which the Practioner will prescribe

- Be included on the Solent NHS Trust register of non-medical prescribers via provision of a specimen signature and copy of their academic result to the non-medical prescribing lead.
- Provide an annual declaration to the NMP lead to ensure retention on the Trusts non-medical prescribing register (Appendix 3)
- Notify the medicines management team of any change of details (e.g. Name, base or contract details)
- Comply with this policy, Medicines Management policy and the Controlled Drugs Policy
- Have access to a prescribing budget, if applicable and/or the opportunity to prescribe
- All NMPs should have a designated mentor in place for 6 months post qualifying
- Following a break in prescribing practice of 6 months or more the NMP must undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experience supervisor and assessment of competencies complete (Appendix Two)

- **Non- medical prescribers are responsible for prescribing medications correctly in accordance with the Medicines Management Policy. When a non-medical prescriber is not confident of his/her own competence to prescribe a particular medicines, he/she shall not do so until he/she has sufficient working knowledge of it**

4.6 **All Prescribers are responsible for**
- Adhering to Solent NHS Trusts Prescribing Formulary
- Using up to date information and guidance on all pharmaceutical aspects of drug therapy
- Obtain consent for non-medical prescribing
- Discuss the aims and side effects of drug treatment with the patient or their representative, if possible
- Conforming to legal requirements
- Individualising patients therapy
- Documenting the treatment plan , including how the response to drug therapy is to be monitored, clearly in the patients clinical notes
- Checking the patients' medical record before a new prescription is written
- Practitioners who work in specialist clinics and who request medication to be prescribed by GPs must remember that they are perceived as experts and commissioners expect that any medicines request takes into account, local formularies, departmental guidelines, NICE guidance or Map of Medicines care pathways. Any deviation from such standard guidance must be highlighted to the prescriber when the request is made and reasons clearly stated to allow the prescriber to make an informed choice. Wherever possible clinics should use standard clinic letters for GPs with medication requests pre-printed to mitigate the risk of errors. These letters should be approved by the service clinical lead or pharmacist.
- Non-medical prescribers should prescribe according to national and local evidence based guidelines, and whenever reasonably possible from the relevant joint formulary within the Solent service areas and cumulative updates (available in the prescribing folder of the electronic documents library on the Trust's intranet. Non-medical prescribers are welcome to contact the Medicines Management Team (MMT) directly if they need further advice. The non-medical prescribers should

follow local agreement regarding the number of days acceptable to prescribe to patients or the manufacturers on a course of treatment.

- Nurse, Pharmacist and Optometrist Independent Prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called 'off-licence' or 'off-label'). They must however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe 'off-label' where it is accepted clinical practice. The prescriber must explain the situation to the patient/guardian, where possible, but where a patient is unable to agree to such treatment, the prescriber must act in accordance with best practice in the given situation and within local policy.

4.7 **Nurse Independent and Supplementary Prescribing for children**

Only nurses with relevant knowledge, competence, skills and experience in nursing children should prescribe for children. This is particularly important in primary care, e.g. out-of-hours services, walk-in-clinics and general practice settings. Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence (NMC 2015). The trust has specific competencies which nurses who do not have a registered paediatric qualification but who will be prescribing for children are required to complete BEFORE they prescribe for children. These can be undertaken alongside the prescribing programme if necessary, but must be completed before the prescriber is registered with the National Health Service Business Service Authority. There may be circumstances when some of the listed competencies are not relevant for the service that the nurse will be prescribing in. In these circumstances it must be stated clearly and why this is the case.

4.8 **Role of the Prescribing Administrator**:

4.8.1 The prescribing administrator will:
- a) Agree availability of prescribing budget to line manager of any member of staff wishing to undertake this qualification before sign off by learning and development
- b) Enter the practitioner's details (newly registered or new NMP recruits joining the Trust) on the Non-Medical Prescriber register.
- c) Register Solent NHS Trust employed practitioner's details with the NHSBSA and order FP10s, if required
- d) Add the practitioner's details to the Non-Medical Prescriber essential updates database.
- e) Keep a specimen signature for record.
- f) Store details and share completed preceptor ship forms with the Clinical Lead for Non-Medical Prescribing.
- g) Send welcome Pack to new prescribers
- h) Ensure disclaimer received and stored on NMP database

*NB the registration of commissioning GP employed nurses with the NHBSA is the responsibility of the Practice, via the CCG Prescribing Admin Team

4.9 **Role of the Clinical Lead for Non-Medical Prescribing:**

The clinical lead for non-medical prescribing will:
a) Support the Associate Director of Professional Standards and Regulation
b) Assist with identifying a preceptor for the new prescriber, if required
c) Organise and chair forums/conference and ensure all documentation up to date and that appropriate governance around Non-medical prescribing is maintained
d) Chair Non-Medical Prescriber Steering Group
e) Respond to direct queries from Non-medical prescribers
f) Work closely with the medicines management team and core members of the Medicines Management Committee.
G) Lead the implementation of NMP competencies

4.10 **Role of the Non-Medical Prescribers' Manager:**

The practitioner's manager must:
a) Review the practitioner's job description to ensure that prescribing practice is contained within it.
b) Ensure that form 4 is reviewed and updated at appraisal and agree a scope of practice. (Appendix 3)
c) Document the agreed scope and competence in the practitioner's personal file held by the manager
d) Agree a process for reviewing the practitioner's prescribing practice using the annual appraisal and nurse revalidation process, or equivalent for allied health professionals, pharmacists and podiatrists. A record should be saved and documented electronically in the prescriber's personnel file held by manager.
e) Support the practitioner in enabling access to continued professional development including Forums and relevant conferences, annual CPD activity, to maintain competence and currency of prescribing activity.
f) If the non-medical prescriber should de-register their prescribing qualification, or upon resigning from their post, the line manager must inform the non-medical prescribing administrator so that the relevant section of the 'Notification of Non-Medical Prescribers Amendment form' is completed for submission to the NHSBSA to update the prescriber's status. Furthermore, any unused prescription pad/s, if issued to the prescriber, must be returned to the administrator for safe disposal
g) When a registered non-medical prescriber is recruited to a post, with a prescribing role, the line manager must inform the non-medical prescribing administrator so that the NHSBSA can be notified and generate up-to-date records for future use, in particular, attributing prescribing costs to the appropriate employer.

5. Training

5.1 Continuing Professional Development

All non-medical prescribers have a professional responsibility to keep themselves updated in clinical and professional developments (CPD). Prescribers are also expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines.

- The managers of non-medical prescribers are required to ensure that the practitioner has access to relevant education and CPD opportunities. Specific development needs relevant to prescribing should be identified in the usual way through the annual appraisal process.

- Nurses should record the details of their CPD activities in their personal professional portfolio for revalidation purposes, which may be requested for inspection when renewing their registration with the NMC. NMPs must adhere to all requirements for revalidation, templates to assist recording of information for revalidation can be found on the NMP section of the Solent Intranet. It is mandatory to record prescribing CPD activity at annual appraisal

- The GPhC's new statutory requirements for CPD require pharmacist prescribers to demonstrate CPD in their area of prescribing practice.

- AHPs must meet the requirements of the 'Standards for Continuing Professional Development' of the HPC. This consists of a self-declaration that they have kept up-to-date with practice within their current context and scope of practice. It is subject to periodic audit, requiring the AHP to submit evidence of their CPD to the HPC for scrutiny to support their claim.

- CPD will be discussed and evidenced through the annual appraisal process. When a person fails to maintain their CPD, prescribing rights will be removed by the appraiser until such time they are able to demonstrate they are up to date. In such circumstances, the appraiser must inform the Trusts non-medical prescribing lead of the suspension and any subsequent reinstating of prescribing rights.

- For maintenance of the non-medical prescribing register, an annual Governance and Scope of Practice declaration (Appendix 3)) must be completed and sent the prescribing administrator following the annual appraisal. Failure to complete and send the declaration on an annual basis will lead to the clinician being referred to the chief nurse or their deputy for consideration of the removal of prescribing rights and removal of the prescriber from the trusts register until the annual governance declaration has been received.

- The NMP must undertake online Mandatory training for the NMP on a 12 monthly basis

- The Trust will actively support the activities of the Non-Medical Prescribers Forum as a means of CPD for V300 prescribers. In the Terms of Reference (Medicines management folder) members are expected to attend at least 1 of the meetings organised per annum in addition to the NMP conference, or demonstrate equivalent CPD activity.

- Clinical update sessions for V100 prescribers will be planned by the Public Health and Health Visiting leads in conjunction with members from the NMP Steering Group. Training will be provided annually, this will be supplemented by a 6 monthly Master class. Attendance should be recorded formally and individuals should ensure that this evidence is retained for revalidation purposes.

- The NMP Steering Group reports to the MMG, consists of a broad spectrum of membership including Trust's Quality Directorate, Chair from each Forum, Medicines Management Team pharmacists and Learning and Development manager, reflective of the needs of the Prescribers it serves. The MMG in turn reports to the Quality Improvement and Risk Group (QIR) who in return reports to the Assurance Committee, which is affiliated to the Trust Board. This provides a clear line of responsibility and communication that is reflective of the organisation's management structure

A Non-Medical Prescribing Information and Application Pack are available for managers and potential non-medical prescribers in the Non–medical Prescriber section of Solnet.

6. EQUALITY AND IMPACT ASSESSMENT

In line with Trust policy, an Equality Impact Assessment has been completed. It is understood that no employee will receive less favourable treatment on the grounds of disability, age, sex, race, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership, working patterns or Trade Union membership or non-membership in relation to the application of this policy. The Equality Impact Assessment is included in Appendix 1.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 The Associate Director Professional Standards will with the support of the Non-medical prescribing clinical lead and administrator, maintain an accurate register of Non-Medical Prescribers, their specific prescribing qualification, Non-medical prescribers who are not currently utilising their prescriptive authority and practitioners undergoing training. This will be provided to the Trust Board as requested.

7.2 A review of non-medical prescribing activity will be carried out annually by the Clinical Lead for Non-Medical Prescribing in conjunction with a senior Trust pharmacist. This will include prescription and cost data from the NHS Business Services Authority and an analysis of significant events and complaints alongside learning from incidents related to non-medical prescribing. The report will be submitted to the Medicines Management Committee (MMC).

8. REVIEW

'This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.'

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Clinical Audit Policy
Medicines Policy
Appraisal policy
Equality, diversity and Human rights policy
Conflict of interest Policy
Consent to Treatment Policy
Controlled Drugs Policy
Syringe Driver Policy
Investigation Policy

REFERENCES

Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. Gateway reference: 4941

Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, DH/Medicines, Pharmacy & Industry/Clinical & Cost Effectiveness. Gateway Ref: 6429

Nursing and Midwifery Council. (2015) Code of conduct

Royal Pharmaceutical Society of Great Britain (2015) A Competency Framework for all Prescribers

Guidance Document for Non-Medical Prescribers Employed in Wessex Community Trusts (2019) Wessex Local Medical Committees

Appendix One
Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	Provides a framework and the process that must be following by those staff who undertake non-medical prescribing as part of their employment by Solent NHS Trust
2. Who will be affected by it?	All staff employed directly and indirectly by the organisation whose work involves them in the activity of non-medical prescribing
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	That all staff refer to the policy and follow all the principles it contains with regard non-medical prescribing. Furthermore, that the policy is used as a framework for more detailed local service standard operating procedure that relates to non-medical prescribing
4. What information do you already have on the equality impact of this document?	This policy standardises the current procedures in place
5. Are there demographic changes or trends locally to be considered?	Nil of note
6. What other information do you need?	Nil

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		X	This policy is to ensure equality of access to prescribed medicines across the organisation in safe and effective manner. It applies equally to all groups
2. Can any group benefit or be excluded?		X	This policy specifies the safe and effective processes in non-medical prescribing equally to all groups...
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	This policy specifies the safe and effective processes in non-medical prescribing equally to all groups...
4. Can this actively promote good relations with and between different groups?	X		All groups are treated equally within this policy

5. Have you carried out any consultation internally/externally with relevant individual groups?	X		Policy is formed by circulating widely to service managers , the Medicines Management team and the NMP steering group
6. Have you used a variety of different methods of consultation/involvement	X		Consultation has been sought from the non-medical prescribing steering group– The majority of this policy based upon legislation that is in place with respect of non-medical prescribing
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	X		Does not involve individual patients directly. Areas specific to Mental Capacity Act are dealt with according to best practice and legislation
External considerations			
8. What external factors have been considered in the development of this policy?			National standards and guidance. CCG Requirements CQC standards Equality Act 2010
9. Are there any external implications in relation to this policy?		X	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			Nil

If there is no negative impact – end the Impact Assessment here.

<p align="center">**Appendix Two**</p>

<p align="center">Prescribing Competency Framework
Adapted from
Royal Pharmaceutical Society: Prescribing Competency Framework</p>

Competency 1: Assess the patient

Indicator	Discussion and/or observation by supervisor	Date
1.1 Takes an appropriate medical, social and medication history, including allergies and Intolerances.		
1.2 Undertakes an appropriate clinical assessment.		
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.		
1.4 Requests and interprets relevant Investigations necessary to inform treatment options.		
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities		
1.6 Understands the condition(s) being treated, their natural progression and how to assess Their severity, deterioration and anticipated response to treatment.		
1.7 Reviews adherence to and effectiveness of current medicines.		
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when Necessary.		

Competency 2: Consider the options

Indicator	Discussion and/or observation by supervisor	Date
2.1 Considers both non- pharmacological (including no treatment) and pharmacological Approaches to modifying disease and promoting health.		

Indicator	Discussion and/or observation by supervisor	Date
2.2 Considers all pharmacological treatment options including optimising Doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).		
2.3 Assesses the risks and benefits to The patient of taking or not taking a medicine or treatment.		
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be Altered (e.g. by genetics, age, renal impairment, pregnancy).		
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life Impact on management options.		
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential Impact on route of administration and formulation of medicines.		
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.		
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost- Effectiveness.		
2.9 Takes into account the wider perspective including the public health issues related to medicines And their use and promoting health.		
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.		

Competency 3: Reach a shared decision

Indicator	Discussion and/or observation by supervisor	Date
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment		

Indicator	Discussion and/or observation by supervisor	Date
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.		
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the Patient/carer understands.		
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support Patients/carers.		
3.5 Builds a relationship which encourages appropriate Prescribing and not the expectation that a prescription will be supplied.		
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.		

Competency 4: Prescribe

Indicator	Discussion and/or observation by supervisor	Date
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, Contraindications, interactions, cautions, and side effects.		
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.		
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and Guidelines).		
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.		
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own Prescribing practice.		
4.6 Accurately completes and routinely Checks calculations relevant to prescribing and practical dosing.		

Indicator		Date
4.7 Considers the potential for misuse of medicines.		
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage Conditions, excipients, costs).		
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal Requirements.		
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts electronic prescribing, decision support).		
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would Not meet the patient's clinical needs.		
4.12 Makes accurate legible and contemporaneous records and Clinical notes of prescribing decisions.		
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.		

Competency 5: Provide information

Indicator	Discussion and/or observation by supervisor	Date
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.		
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration Of treatment).		
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines And treatments.		
5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time Frame.		

Indicator	Discussion and/or observation by supervisor	Date
5.5 When possible, encourages and supports patients/carers to take Responsibility for their medicines and self-manage their conditions.		

Competency 6: Monitor and review

Indicator	Discussion and/or observation by supervisor	Date
6.1 Establishes and maintains a plan for reviewing the patient's treatment.		
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.		
6.3 Detects and reports suspected adverse drug reactions using Appropriate reporting systems.		
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's Condition and preferences.		

PRESCRIBING GOVERNANCE

Competency 7: Prescribe safely

Indicator	Discussion and/or observation by supervisor	Date
7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.		
7.2 Knows about common types and causes of medication errors and How to prevent, avoid and detect them.		
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.		
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about Medicines, prescribing of repeat medicines).		
7.5 Keeps up to date with emerging safety concerns related to Prescribing.		

Indicator	Discussion and/or observation by supervisor	Date
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.		

Competency 8: Prescribe professionally

Indicator	Discussion and/or observation by supervisor	Date
8.1 Ensures confidence and competence to prescribe are maintained.		
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.		
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary Prescribing).		
8.4 Makes prescribing decisions based on the needs of patients and not The prescriber's personal considerations.		
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical Industry, media, patient, colleagues).		
8.6 Works within the NHS/ organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.		

Competency 9: Improve prescribing practice

Indicator	Discussion and/or observation by supervisor	Date
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.		
9.2 Acts upon colleagues' inappropriate or unsafe prescribing Practice using appropriate mechanisms.		
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).		

Competency 10: Prescribe as part of a team

Indicator	Discussion and/or observation by supervisor	Date
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.		
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to Prescribing.		
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.		
10.4 Provides support and advice to other prescribers or those involved in administration of medicines Where appropriate.		

Appendix 3

Annual NMP Clinical Governance Declaration

Name	
Date of Registration as Prescriber	
Type of Prescriber	
Areas of Prescribing Practice	
GP Practice	
Other, please specify	

You may wish to include the evidence below to show that you meet your Professional

Practice Standards to ensure you are competent to continue to prescribe.

Number of conferences / CPD learning events attended in past year		
Portfolio of Evidence available including CV		Yes / No
Previous years appraisal date		
Evidence of Prescribing Consultations		Yes / No
Evidence of Prescribing in Context		Yes / No
Evidence of Prescribing Effectively		Yes / No
Reflective / Learning Evidence		Yes / No

List any specific circumstances impacting upon prescribing practice over past year i.e.

long-term sickness, maternity leave, change in role etc.

DECLARATION

Signature		Date:	

Scope of Prescribing Practice

Name	
Role	

Area of prescribing	Evidence of competence	Recent CPD supporting Prescribing	What guidelines if necessary Do you use?
e.g. Minor illness	*Educational training/ courses attended & dates*	*Updates attended & dates*	*e.g. NICE*

How do you audit your prescribing?

Have you received clinical supervision and if so, please give a brief description?

What CPD needs relating to prescribing have you identified?

How are you planning to address these needs?

I have had the opportunity to discuss my prescribing as part of my annual appraisal with my line manager

Independent Prescriber Yes ☐ No ☐

Signature: ……………………………… Date: ………………………………..