University Hospitals of Leicester NHS
NHS Trust

Policy for Non-Medical Prescribing

Approved By:	Policy and Guideline Committee
Date of Original Approval:	**16th July 2004**
Trust Reference:	**B18/2004**
Version:	V11
Supersedes:	V10 approved March 2023 (PGC Chair's minor amendments process)
Trust Lead:	Hannah Flint , Senior Nurse Medicines Management Keeley Plimmer, Medicines Management Nurse Joanne Gilbertson, Medicines Management Nurse
Board Director Lead:	Mr Andrew Furlong, Medical Director
Date of Latest Approval	16 February 2024 – Policy and Guideline Committee
Next Review Date:	**May 2027**

CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

November 2017 Change to new format and minor changes to policy
Dieticians added as supplementary prescribers

October 2020 Inclusions in definitions relating to specific groups of NMPs, prescribing of cannabinoid preparations, changes to re-affirmation process & documentation, updating and reconfiguration of appendices, process for NMPs rotating in to UHL on paid and unpaid placement (s5.5).

January 2023 Reaffirmation is now monitored on HELM.

Section added to allow prescribers to be able to prescribe/give/check medication in certain situations.

Paramedics added

Amendment for paramedics and Radiographers made to reflect changes from The Misuse of Drugs Regulation 2023

Amendment to the practice supervisor role for NMPS

Amendment to Reaffimation form so only one signature is now required from the NMP and one from their Head of service, HoN, Lead CMG pharmacist

DBS guidance added

KEY WORDS

Non Medical Prescribing, NMP

1 INTRODUCTION

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust Policy and Procedures for non-medical prescribing.

1.2 This policy provides further detail on the policy and procedures for non-medical prescribing as defined in the Leicestershire Medicines Code (LMC) and must be used in conjunction with other Medicines policies.

1.3 The UHL NHS Trust will support non-medical prescribing by appropriately trained and registered non-medical prescribers in circumstances when an identified service need and demand has been identified.

1.4 This policy provides the framework and governance arrangements for the prescribing of medicines by appropriately trained and registered non-medical prescribers (NMP) employed by UHL NHS Trust.

2 POLICY SCOPE

2.1 This policy applies to all healthcare professionals in UHL who are:

a) NMPs (Non-medical prescribers)
b) NMPs in training
c) NMP practice assessors
d) Managers involved in reviewing workforce and service reconfiguration

3 DEFINITIONS

3.1 For the purposes of this policy the term non-medical prescribers (NMP) applies to non-medical healthcare professionals who have undergone a recognised prescribing course and can prescribe medicines to patients as either independent or supplementary prescribers (certain professions can be both supplementary and independent prescribers). All NMPs are expected to work within their level of competence and clinical expertise.

Further information about prescribing can be found in Chapter 2 of the Leicestershire Medicines Code.

3.2 Non-medical Independent Prescribers

These are professionals e.g. nurse, midwives, pharmacists, physiotherapists, therapeutic radiographers, chiropodist/ podiatrists, optometrists, dentists, paramedics (the list is not exhaustive) who are responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing (Department of Health [DoH] 2018). Each professional group has restrictions in relation to prescribing, and must only work within their professional regulations, or may be subject to a fitness to practice investigation by their regulatory body.

a) Nurse and pharmacist

Nurse and pharmacist independent prescribers can prescribe any licensed or unlicensed medicine for any medical condition within their clinical competence. This includes any controlled drug listed in Schedules 2-5, except diamorphine,

dipipanone or cocaine for the treatment of addiction but may prescribe these medicines for treating organic disease or injury (LMC 2.1.1).

b) Optometrists

Optometrist independent prescribers are able to prescribe any licensed medicine for ocular conditions affecting the eye, and the tissue surrounding the eye, within their recognised area or expertise and competence, except for controlled drugs or medicines for parenteral administration (LMC 2.1.1)

c) Physiotherapists, podiatrists or chiropodists

Able to prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers, but cannot prescribe any controlled drugs

d) *Radiographers and Paramedics* can prescribe specific controlled drugs in accordance with their regulatory body. See links below for further information.

Practice Guidance for Radiographer Independent and/or Supplementary Prescribers (Second Edition) | SoR

College of Paramedics welcomes change in legislation to enable prescribing of controlled drugs

3.3 Supplementary prescribers

Supplementary prescribing is a partnership between a medical practitioner (who must be a doctor or dentist) and a trained supplementary prescriber (e.g. nurse, pharmacist, optometrist, chiropodist, dietitian, physiotherapist, diagnostic & therapeutic radiographer) so that they can prescribe medication in order to implement an agreed patient specific Clinical Management Plan (CMP) with the patient's agreement (see Appendix G for example templates).

The CMP will be drawn up with the patient's / guardians agreement, following diagnosis of the patient by the medical practitioner and following discussion and agreement between the medical practitioner and supplementary prescribers. Supplementary prescribers are able to prescribe all medications specified on the CMP, including controlled drugs or unlicensed medication.

There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although the Department of Health would normally expect supplementary prescribing to be used for the management of chronic medical and health conditions (DoH May 2005).

4 ROLES AND RESPONSIBILITIES

4.1 The Executive Director with overall responsibility for this policy is the Medical Director.

4.2 The Executive Director is responsible for nominating a designated Non-Medical Prescribing Lead for the Trust. Within UHL, this role is undertaken by the **Senior Nurse Medicines Management (SN MM).**

4.3 The SN MM is responsible for ensuring that the processes outlined in this policy document are followed across the Trust and that all records are maintained and the central non-medical prescribers database is kept current. The SN MM is the link with De Montfort University and other universities/ organisations disseminating relevant information and courses to assist NMPs in maintaining their competence.

4.4 Following successful completion of the NMP course, the Chief Pharmacist, alongside the SN MM sign the Authorisation to Prescribe form (Appendix B) to allow the NMP to prescribe within the Trust.

4.5 **Clinical Management Groups (CMG):**

Clinical Directors, Heads of Service, Heads of Nursing and CMG Lead Pharmacists (Professional Leads) are responsible for:

a) Identifying clinical areas and patient care which may benefit from the introduction of non-medical prescribing practice.
b) Identifying and supporting the training of named non-medical practitioners employed by the CMG, including ensuring those nominated meet the requirements for entry onto a course.
c) Identifying a registered Designated Prescribing Practioner (DPP) The aim of the DPP is “to oversee, support and assess the competence of non-medical prescribing trainees in collaboration with academic and workplace partners, during the period of learning in practice” (Royal Pharmaceutical Society 2019).
d) Assessing and managing the service and financial impact of the introduction of non-medical prescribers in relation to CMG managed services.
e) Ensuring the registration and notification processes for new non-medical prescribers are followed. This includes linking with the SN MM to ensure that the database is kept updated and notifying the SN MM should an NMP leave the Trust. Also to inform the SN MM of any fitness to practice concerns.
f) Ensuring the monitoring of ongoing professional registration and competence of non-medical prescribers employed in the CMG.
g) The appropriateness of the training and development of the NMP role within the service must be agreed with the CMG Manager, Lead Clinician (who may/ may not be the designated DPP) and a Professional Lead.
h) It is the responsibility of the Lead Clinician to consider whether a patient Group Direction (PGD) may be the more appropriate course of action and to advise accordingly. Further guidance on this matter may be obtained from the Chief Pharmacist. Please refer to the Patient Group Direction policy (B43/2005).

4.6 **Non-medical prescriber responsibility**

Individual non-medical prescribers have a responsibility to follow this policy and ensure that they maintain prescribing competence and provide evidence of Continuing Professional Development (CPD) in line with their own professional governing body.

This includes:

- submitting their details to be added to the NMP database managed by the SN MM following successful completion and qualification as an NMP. See Appendix A & B for flowchart detailing process.
- the NMPs clinical responsibility and accountability for ensuring all their prescribing is within their scope of agreed practice.
- working only within the area of clinical competence and with reference to their own regulatory body’s professional standards.

- ensuring that their level of clinical and pharmacological knowledge is credible and relevant to their practice.
- maintaining their continuous professional development..
- reporting of any incidents that may arise as a result of their prescribing and ensure that any additional learning is undertaken so that future incidents can be avoided.
- seeking advice and making appropriate referrals to other professionals with different expertise.
- operating within the professional code of conduct and standards as stipulated by the appropriate professional regulatory body i.e. Nursing & Midwifery Council (NMC), General Pharmaceutical Council (GpHC), Health & Care Professions Council (HCPC).
- adhering to all relevant polices and guidelines within the Trust.
- ensuring they have indemnity insurance which would provide legal support and representation in the event of any criminal proceedings or professional conduct proceedings. The line manager will require a copy of the NMP's indemnity insurance.
- ensuring that they maintain professional CPD requirements in terms of both their prescribing role and their wider practice e.g. attendance at conferences/ events/ study sessions/ audit.
- Wherever possible, the actions of prescribing, dispensing/supply and administration are performed by separate healthcare professionals. Exceptionally, where clinical circumstances make it necessary and in the interest of the patient, the same healthcare professional can be responsible for the prescribing and supply/administration of medicines. Where this is in place, processes allowing this must be clearly documented to limit errors.

4.7 **Practice Supervisor**

The Practice Supervisor role will be an experienced Non Medical prescriber

who can provide supervision and support in a period of learning to any NMPs who have been out of practice for a period of time, or who require some extra support with prescribing.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Selection of New Non-Medical Prescribers

5.1.1 The selection of individuals who will receive prescribing training from amongst those eligible will be decided within CMGs as stated in section 4.4

5.1.2 In addition to fulfilling the legal requirements for eligibility to prescribe, applicants will need to:

a) Refer to their own individual professional bodies to determine the requirements to apply for an approved NMP programme.

b) To have been working in the area (with the exception of pharmacy) in which they intend to prescribe for greater than 1 year.

c) DBS check within the last 3 years.

d) Fulfil any other additional entry requirements as specified by the institute of higher education where the study for a degree or masters qualification in prescribing is to be undertaken.

5.2 Verification and on-going approval of Non-Medical Prescribers (Appendix A)

5.2.1 Upon successful completion of the prescribing programme the individual's professional body will be notified by the university.

5.2.2 The new non-medical prescriber must complete the Authorisation to Prescribe form (Appendix B). This should be scanned and returned to UHLNMP Mailbox UHLNMP@uhl-tr.nhs.uk. A copy of the prescriber's registration status from their professional body should also be included.

5.2.3 The Authorisation to Prescribe form and the non-medical prescribers registration status is checked and signed either electronically or physically by UHL Chief Pharmacist and SN MM and entered onto the Trust NMP database. In the absence of the UHL Chief Pharmacists/SN MM this can be delegated accordingly. Once entered, an electronic copy of the completed Authorisation to Prescribe form will be emailed to the NMP at which point the NMP can now prescribe within the Trust.

5.2.4 If necessary, the job description will be amended by the non-medical prescribers' line manager to reflect the new prescribing role. Both the employer and employee should ensure that the employee's job description includes points a-c below to reflect that prescribing is required as part of the duties of that post or service. This needs to be dated and signed by the non-medical prescriber and line manager with a copy kept by both parties.

a) Prescribe and review medication for therapeutic effectiveness, appropriate to patient needs and in accordance with evidence-based practice and national and practice protocols, and within scope of practice.

b) Work with patients in order to support compliance with and adherence to prescribed treatments.

c) Provide information and advice on prescribed or over-the-counter medication on medication regimens, side-effects and interactions.

Where there are changes to pay scale following completion of the non-medical prescribing course, ESR will need notifying by the line manager accordingly.

5.3. Three yearly reaffirmation of non-medical prescribing competency and CPD (Appendix C)

As part of the three yearly reaffirmation process:

a) 6 weeks prior to the date of reaffirmation, a reminder will be sent via HELM to the non-medical prescriber The reaffirmation forms must be completed and returned via email to the UHLNMP mailbox or via internal mail by the deadline given in the reminder. The forms must be signed by Head of Service, Head Nurse or Lead CMG Pharmacist,

b) If the completed forms are not returned by the date of reaffirmation and the non-medical prescriber continues to prescribe during this period, they will be working outside the scope of UHL policy.

c) Issues regarding the competence of prescribing must be communicated to the Professional Lead e.g. Head of Nursing, Head of Service, CMG Lead Pharmacist/ Pharmacy Professional Development Lead within the CMG who must then inform the SN MM of any changes in prescribing status so that the non-medical prescriber database can be updated accordingly

5.4 Verification and approval of Non-medical prescribers new to UHL (Appendix E)

Individuals with a non-medical prescriber qualification, who are newly appointed to the Trust in a role that requires non-medical prescribing, must demonstrate the following:

a) They have been actively prescribing and can provide evidence of prescribing in the last 12 months.

b) Confirm with their Head of Nursing, Head of Service, CMG Lead Pharmacist/ Pharmacy Professional Development Lead within the CMG that a continuation of non-medical prescribing is required by the service.

c) Once this is confirmed the non-medical prescriber must contact the UHLNMP Mailbox or SN MM to discuss the process for admission onto UHL NMP database.

d) The non-medical prescriber to provide written proof they were actively prescribing in the last year; a reference from previous professional lead is acceptable.

e) The non-medical prescriber must identify a suitable practice assessor and supervisor with support of the Professional Lead.

f) Non-medical prescriber to identify with practice assessor and supervisor the level of support/ supervision required for assessor to sign off affirmation (dependant on previous role and length of break may be as little as a couple of observed practices)

g) Return signed Authorisation to Prescribe form, plus affirmation to UHL NMP mailbox along with supporting evidence/ reference. The non-medical prescriber should additionally include a copy of confirmation of prescriber registration status documentation from their professional body.

h) SN MM will check the professional register, then both the SN MM and Chief Pharmacist will sign off the Authorisation to Prescribe form and confirm to the non-medical prescriber that they are authorised to prescribe within UHL. In the absence of the UHL Chief Pharmacists/SN MM this can be delegated accordingly.

i) Job description to be amended by the line manager as noted at section 5.2.4 to reflect non-medical prescriber status.

j) The non-medical prescriber is then required to provide affirmation as outlined in section 5.3.

In the event the individual has not been prescribing for longer than 1 year they should contact the SN MM for advice about recommencing prescribing. This will be determined on a case by case basis but for outline guidance see Appendix F.

It is the responsibility of the non-medical prescriber, or their line manager to notify the SN MM of upcoming maternity leave, sickness or any other absence from work so that the NMP register can by updated accordingly.

5.5 Process for NMPs rotating into UHL on Paid or Unpaid Placement

See also UHL Policy for Unpaid Placements (B8/2019)

The UHL Strategic Lead for Advanced Practice will liaise with substantive employer to confirm:

- NMP is on national register with NMP qualification registered with no restrictions to practice
- level of registration i.e. Independent and Supplementary, or Supplementary only
- that the current substantive employer has no concerns or current performance management issues with regards to the NMP prescribing activity

The UHL Strategic Lead for Advanced Practice notifies the SN MM of NMPs due to start in the Trust with the proposed start date.

The NMP completes the Authorisation to Prescribe form (Appendix B) which is then signed by the UHL Strategic Lead for Advanced Practice. The form is forwarded to the UHLNMP Mailbox for review and signing by the SN MM and Chief Pharmacist. At this point, the NMP will be added to the UHL database and able to prescribe within the Trust.

The NMP needs to ensure they have completed the necessary eMeds e-learning via HELM.

5.6 Prescribing Framework

5.6.1 Non-medical prescribers must only prescribe medicines for patients within their speciality and must be within their competence. See also Section 3.

5.6.2 Legal cannabinoid preparations must not be initiated by NMPs. The prescribing for patients admitted on these preparations can only be under the direct supervision of a specialist. Prescriptions must be countersigned by Specialist Registrar or above (Misuse of Drugs Regulations 2018).

5.6.3 Non-medical prescribers must adhere to the Leicestershire Medicines Code for standards of prescribing using approved UHL prescribing stationary or electronic systems.

5.6.4 Access to patient's medical records must be available prior to prescribing. It is the responsibility of the non-medical prescriber to recognise those situations when it is inappropriate for them to prescribe.

5.6.5 A non-medical prescriber prescribing as an independent prescriber will sign the prescription and endorse it IP. A non-medical prescriber prescribing as a supplementary prescriber will sign the prescription and endorse it with the letters SP. On UHL's electronic prescribing system, a non-medical prescriber will have a defined role which will indicate they are a prescriber.

Clinical Management Plans

5.6.6 Prior to supplementary prescribing taking place, it is obligatory for the agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition[s] to be managed by the supplementary prescriber. This must be included in the patient's medical record (Appendix G for template).

a) The CMP is written in partnership between the independent and supplementary prescriber following patient/guardian agreement.

b) Either an independent or supplementary prescriber may draft the CMP but both must agree and sign.

c) The CMP should be kept as simple as possible.

d) It may refer to national or local evidence based guidelines/protocols. There is no need to repeat the advice of these in the body of the CMP. When guidelines/protocols are referenced they must be readily available and a copy must be retained in Pharmacy.

e) The CMP is part of the shared common patient record and must be stored within it. It cannot be stored separately.

5.6.7 Regulations state that the CMP must include:

a) The name of the patient to whom the plan applies.

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

c) The date on which the plan is to take effect and when it is to be reviewed by the doctor who is party to the plan.

d) Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan.

e) Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.

f) Relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with particular medicines or appliances.

5.6.8 It must also contain arrangements for notification of:-

a) Suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan.
b) Incidents occurring with the appliance which might lead, might have led to the death or serious deterioration of state of health of the patient
c) The circumstances in which the supplementary prescriber should refer back to, or seek the advice of the doctor who is party to the plan.

5.6.9 Prescribing intervention made by non-medical prescribers must be recorded in the patients' health care record. Where more than one record exists information must be entered into each record.

5.6.10 Non-medical prescribers must not prescribe for themselves and members of their family or friends.

5.6.11 Monitoring of prescribing budgets and the appropriateness of prescribing will be subject to clinical monitoring / audit in accordance with Trust procedures.

6 EDUCATION AND TRAINING REQUIREMENTS

For a Healthcare Professional to become a non-medical prescriber they must:

6.1 Apply for a DBS for University criteria, contact UHL Recruitment services.

6.1 Successfully complete an accredited non-medical prescribing course

6.2 Maintain their competences to prescribe in line with training requirements outlined in the Leicestershire Medicines Code.

6.3 Maintain professional development requirements in line with professional bodies

6.4 Complete the eMeds prescriber training (and nurses and midwives training if the NMP has not used the eMeds system previously) via HELM. Once completed, the line manager is required to request an account via IM&T sdrequests@uhl-tr.nhs.uk

7 PROCESS FOR MONITORING COMPLIANCE

7.1 As part of the appraisal process to ensure that professional development requirements have been met and re-affirmation form has been completed.

7.2 Ensure that non-medical prescriber incidents are reported in accordance with UHL electronic incident reporting system (Datix) so that themes and trends can be monitored and relevant actions put in place.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
CPD requirements & three yearly affirmation	SN MM	Central Database and HELM	Quarterly	CMG Heads of Service, Clinical Directors, Heads of Nursing Medicines Optimisation Committee (MedOC)
Prescribing incidents	Medication Safety Pharmacist	Datix incident reporting tool	Monthly	Medicines Optimisation Committee (MedOC)

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9. SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Department of Health [updated May 2005] Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a guide to implementation.
Department of Health and Social Care (2018)
Department of Health [2004] Supplementary prescribing. Frequently asked questions. Last updated 29/09/04.
Health professions Council [2004] Standards of Conduct, Performance and Ethics.
Nursing and Midwifery Council [2023] The Code: Standards of conduct, performance & ethics for nurses & midwives.
Nursing and Midwifery Council [2009] Guidelines for Records and Record Keeping.
Nursing and Midwifery Council [2023) Standards for Prescribers.
Royal Pharmaceutical Society of Great Britain [2022) Competency framework for all prescribers .
Misuse of Drug Regulations (2022)
SoR Improving patients access to medicines (2023): A Guide to implementing diagnostic radiographer and therapeutic radiographer prescribing within the NHS in the UK

Further Information can be obtained from:
https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/
https://www.rpharms.com/
https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/

Leicestershire Medicines Code (available via Insite)
https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf
https://collegeofparamedics.co.uk/COP
Circular 007/2023: The Misuse of Drugs (England and Wales and Scotland) (Amendment) (No.2) Regulations 2023 - GOV.UK (www.gov.uk)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

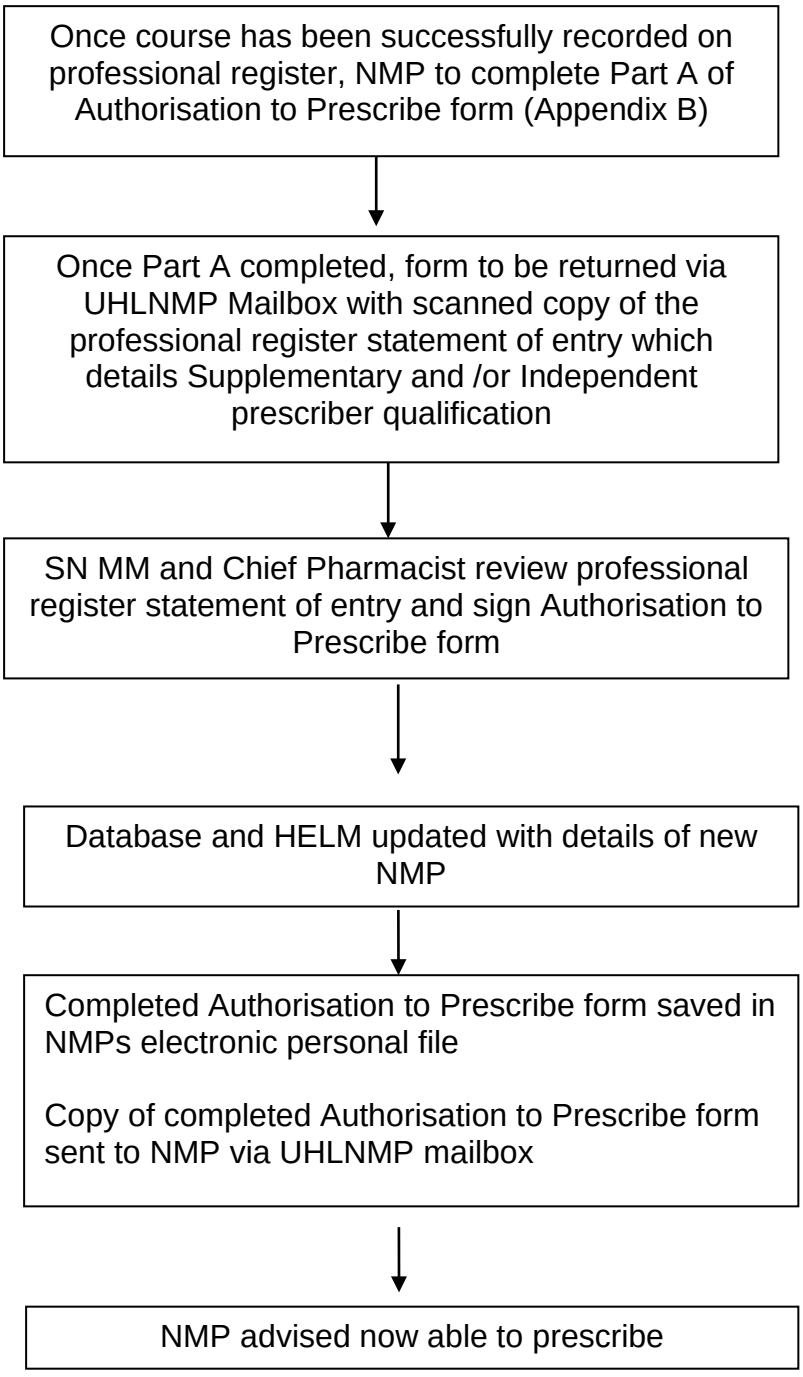
10.1 The updated version of the Policy will then be uploaded and available through Insite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

10.2 This Policy will be reviewed every three years or sooner in response to clinical or risk issues.

Appendix A

Non-Medical Prescribing – Authorisation to Prescribe

This process applies once NMP course successfully completed and entry on professional register recorded



Address for NMP mailbox: UHLNMP@uhl-tr.nhs.uk

Appendix B

Non-medical prescribing- Authorisation to Prescribe form

Part A to be completed by Prescriber and HoN/ HoS or CMG Lead Pharmacist (for pharmacist NMPs only):

Name:			
Post Held:			
Work Address:			
CMG:		**Current band:**	
Employee No:		**Pin/ Registration No.:**	
Prescribing Course: **V300 SP/IP** ☐ **V300 SP** ☐	**Start Date:**	**Date statement of entry added to professional register (send copy alongside this form):**	
Signature of Head of Nursing, Head of Service or CMG Lead Pharmacist (pharmacist NMPs) only : **Print name:** _____ **Signature:** _____ **Date:** _____			

When you have completed Part A please return your form, alongside a copy of your professional register statement of entry, retaining a copy for your records, to Senior Nurse Medicines Management, University Hospitals of Leicester, c/o Rogers Ward, Leicester Royal Infirmary or scan and send via UHLNMP Mailbox.

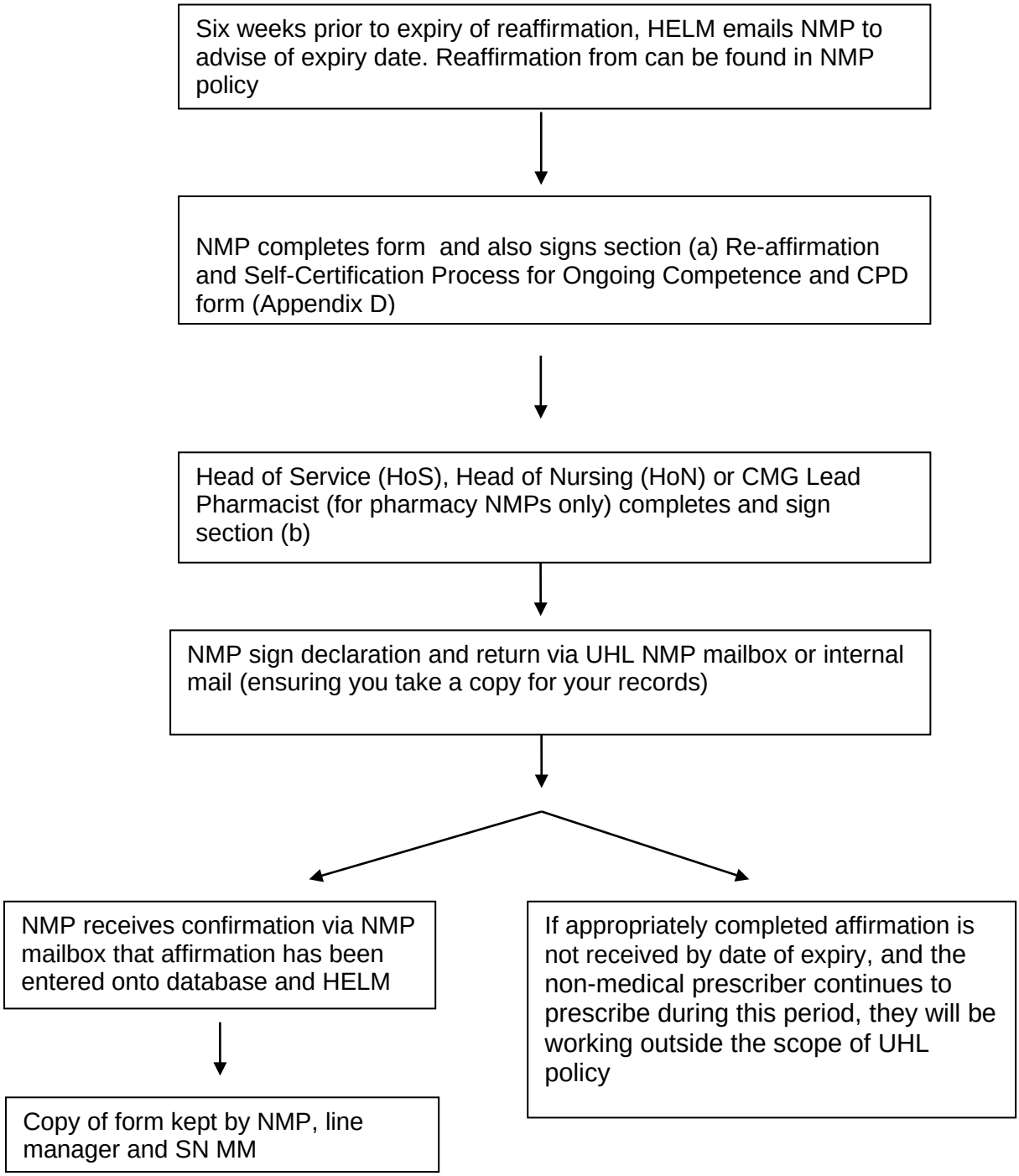
Part B to be completed by Trust Leads:

Authorised by UHL Chief Pharmacist:	**Authorised by SN MM:**
Print Name:	Print Name:
Signature:	Signature:
Date:	Date:

Added to UHL NMP database and to commence prescribing:	Print name: Signature: Date:

Appendix C

Process for three yearly Reaffirmation



Address for NMP mailbox : UHLNMP@uhl-tr.nhs.uk

Appendix D

University Hospitals of Leicester NHS
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Re-affirmation and Self-Certification Process for Ongoing Competence and CPD

Name of NMP:				
CMG:				
Occupation:				
Work Address:				
Work Telephone:				
E-mail Address:				
Professional Register Number:				
Type of Prescriber:	**V300 IP/SP**		**V300 SP**	
Date of Registered Qualification:				
Area of Prescribing Practice e.g. COPD, Asthma, Diabetes				

Any expansion in areas of prescribing since last review? Yes /No

If yes, please specify:

I have undertaken the following activities:

Areas to self-certify	**Date**	**Please give an example or evidence. (Continue on separate piece of paper if necessary**
Read updates on prescribing		
Read and understood relevant NICE guidelines		
Read and understood relevant evidence and literature		
Been clinically supervised within NMP role and area of prescribing practice		

Evidence of CPD relevant to your area of non-medical prescribing:

Where can your CPD evidence be found? e.g. Case studies/reflection/evidence of competence in prescribing decisions (identity and attach for discussion with your line manager)

Training needs

If you have identified training needs during your PDP (professional development plan) or annual review (appraisal) in relation to non-medical prescribing please state them and how they will be addressed:

Training need identified		**Training resource identified and booked e.g. Course, shadowing, reading, etc.**
1		
2		
3		

Has there been any specific circumstances impacting upon your prescribing practice over the past year, i.e. long term sickness, etc.

a) To be completed by Non-medical prescriber

Are you actively prescribing? Yes☐ No ☐	
If No, please give reasons for non-activity	
Area(s) of prescribing practice	
Self-Declaration	**Prescriber's Signature**
I prescribe often enough to maintain my confidence & competence as a prescriber and have evidence to support this	
I maintain up-to-date prescribing knowledge & skills through CPD, to enable me to prescribe competently, safely, and in line with policy and legislation.	
General Comments	
	Date:

b) To be completed by HoS, HoN, CMG Lead Pharmacist

	Head of Service, Head of Nursing, CMG Lead Pharmacist (pharmacist NMPs only) Signature

The non-medical prescriber is:			
1	Prescribing appropriately & effectively		
2	Prescribing safely		
3	Prescribing in line with policy & legislation		
4	Is the role still required as part of the service?		Yes No (please circle)
	General Comments		
			Date:

Name:_____

Designation:_____

I declare that I am competent in the area where I am currently prescribing:

NMP signature _____ Date: _____

Copy to be held by NMP, HoS/HoN and NMP Lead

Appendix E

Authorisation process for NMP newly appointed to the Trust to prescribe

The following applies for new employees to UHL who have been actively prescribing in their previous post within the year.

SN MM checks validity of qualification on professional register. A reference from previous line manager confirming active prescriber in previous post is requested and reviewed. If confirmation obtained that NMP has been prescribing within last year then follow flowchart below:

↓

CMG / NMP identifies a designated Practice Supervisor

↓

NMP & designated Practice Supervisor agree a period of supervision

↓

NMP completes Non-medical prescribing- Authorisation to Prescribe form (Appendix B) and re-affirmation and Self-Certification Process for Ongoing Competence and CPD (Appendix D) sending to UHLNMP mailbox (keeping a copy for their own records)

↓

Authorisation to Prescribe form signed off by Chief Pharmacist & SN MM then NMP placed on database and update HELM

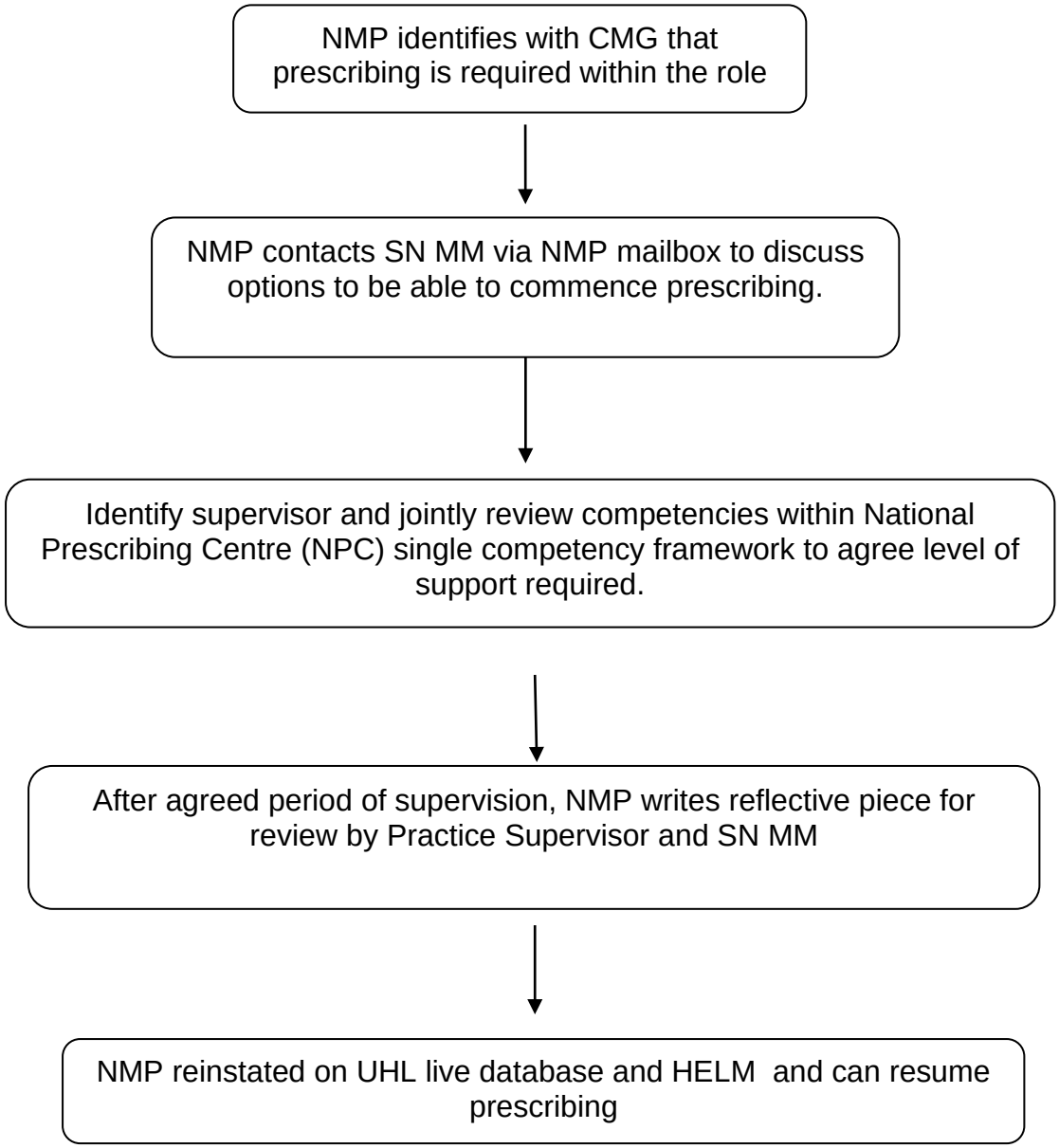
↓

NMP informed via UHLNMP mailbox they can begin prescribing and that three yearly re-affirmation will be required

Appendix F

NMP has not actively prescribed in the last 12 months

The NMP registration remains live on the NMP's professional register therefore there is no requirement to complete the full course again. The process below identifies a possible route for updating on the live UHL database, but will need to be individualised on a case by case basis.



Appendix G

University Hospitals of Leicester NHS
NHS Trust

TEMPLATE CMP 1 *(Blank): for teams that have full coterminous access to patient records*

Name of Patient:		**Patient medication sensitivities/allergies:**	
Patient identification e.g. ID number, date of birth:			
Independent Prescriber(s):		**Supplementary Prescriber(s)**	
Condition(s) to be treated		**Aim of treatment**	
Medicines that may be prescribed by SP:			
Preparation	**Indication**	**Dose schedule** .	**Specific indications for referral back to the IP** .
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber	**Supplementary prescriber and independent prescriber**		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			

Agreed by independent prescriber(s)	**Date**	**Agreed by supplementary prescriber(s)**	**Date**	**Date agreed with patient/carer**

TEMPLATE CMP 2 (Blank): for teams where the SP does not have coterminous access to the medical record

<table>
<tr><td colspan="3">Name of Patient:</td><td colspan="3">Patient medication sensitivities/allergies:</td></tr>
<tr><td colspan="6">Patient identification e.g. ID number, date of birth:</td></tr>
<tr><td colspan="3">Current medication:</td><td colspan="3">Medical history:</td></tr>
<tr><td colspan="3">Independent Prescriber(s):

Contact details: [tel/email/address]</td><td colspan="3">Supplementary prescriber(s):

Contact details: [tel/email/address]</td></tr>
<tr><td colspan="3">Condition(s) to be treated:</td><td colspan="3">Aim of treatment:</td></tr>
<tr><td colspan="6">Medicines that my be prescribed by SP:</td></tr>
<tr><td>Preparation</td><td>Indication</td><td colspan="2">Dose schedule</td><td colspan="2">Specific indications for referral back to the IP</td></tr>
<tr><td colspan="6">Guidelines or protocols supporting Clinical Management Plan:</td></tr>
<tr><td colspan="6">Frequency of review and monitoring by:</td></tr>
<tr><td colspan="2">Supplementary prescriber</td><td colspan="4">Supplementary prescriber and independent prescriber</td></tr>
<tr><td colspan="6">Process for reporting ADRs:</td></tr>
<tr><td colspan="6">Shared record to be used by IP and SP:
.</td></tr>
<tr><td>Agreed by independent prescriber(s):</td><td>Date</td><td>Agreed by supplementary prescriber(s):</td><td>Date</td><td colspan="2">Date agreed with patient/carer</td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="2"></td></tr>
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