Non-Medical Prescribing Policy
CONTENTS

Section | Page No
--- | ---
1. | INTRODUCTION
2. | PURPOSE
3. | SCOPE
4. | RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES
4.1 | Chief Executive
4.2 | Board of Directors
4.3 | Medicines Management Committee
4.4 | Chief Operating Officer and Medical Director
4.5 | Chief Pharmacist
4.6 | Non-Medical Prescribing Professional Lead
4.7 | Non-Medical Prescribing Champions
4.8 | Care Group Directors and Associate Nurse Directors
4.9 | Service Managers/Modern Matrons
4.10 | Non-Medical Prescribers
4.11 | Non-Medical Prescribing Support Officer
5. | PROCEDURE/IMPLEMENTATION
5.1 | Types of Prescriber
5.2 | Selection criteria for Non-Medical Prescribing Training
5.2.1 | Supplementary Prescribing
5.2.2 | The Supplementary Prescriber will
5.2.3 | The Supplementary Prescribing process
5.2.4 | The Clinical Management Plan
5.2.5 | The Clinical Management Plan comes to an end
5.2.6 | Medicines prescribed under Supplementary Prescribing arrangements
5.2.7 | Patient Records
5.3 | Independent Prescribing
5.3.1 | Requirements for Supervising Practitioners (SP)
5.3.2 | Requirements for Non-Medical Independent Prescribing and Authorisation
5.3.3 | The Independent Prescribing process
5.3.4 | Documentation
5.4 | Community Practitioner Nurse Prescriber
5.4.1 | The Community Practitioner Nurse Prescriber will
5.4.2 | The process for Community Practitioner Nurse Prescribing
5.4.3 | Documentation
5.5 | Adverse Drug Reaction Reporting
5.6 | Prescription Pads
5.6.1 | Community NMPs
<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.6.2</td>
<td>15</td>
</tr>
<tr>
<td>5.7</td>
<td>16</td>
</tr>
<tr>
<td>5.8</td>
<td>16</td>
</tr>
<tr>
<td>5.9</td>
<td>16</td>
</tr>
<tr>
<td>5.10</td>
<td>17</td>
</tr>
<tr>
<td>5.11</td>
<td>17</td>
</tr>
<tr>
<td>5.12</td>
<td>18</td>
</tr>
<tr>
<td>6.</td>
<td>19</td>
</tr>
<tr>
<td>7.</td>
<td>19</td>
</tr>
<tr>
<td>8.</td>
<td>20</td>
</tr>
<tr>
<td>8.1</td>
<td>20</td>
</tr>
<tr>
<td>8.2</td>
<td>20</td>
</tr>
<tr>
<td>9.</td>
<td>21</td>
</tr>
<tr>
<td>10.</td>
<td>21</td>
</tr>
<tr>
<td>10.1</td>
<td>21</td>
</tr>
<tr>
<td>11.</td>
<td>22</td>
</tr>
<tr>
<td>Appendix A - Non Medical Prescribing Pathway</td>
<td>23</td>
</tr>
<tr>
<td>Appendix B - Authorisation Process Guide</td>
<td>24</td>
</tr>
<tr>
<td>Appendix C- Template Clinical Management Plan 1</td>
<td>25</td>
</tr>
<tr>
<td>Appendix D - Template Clinical Management Plan 2</td>
<td>26</td>
</tr>
<tr>
<td>Appendix E - Request Authorisation to Prescribe (NMP L1)</td>
<td>27</td>
</tr>
<tr>
<td>Appendix F - Supervisor Letter (NMP L2)</td>
<td>28</td>
</tr>
<tr>
<td>Appendix G - Supplementary Prescriber Authorisation Letter (NMP L3)</td>
<td>29</td>
</tr>
<tr>
<td>Appendix H – Independent Prescriber Authorisation Letter (NMP L4)</td>
<td>30</td>
</tr>
<tr>
<td>Appendix I - Community Practitioner Authorisation Letter (NMP L5)</td>
<td>31</td>
</tr>
<tr>
<td>Appendix J - Sample Signature Letter (NMP L6)</td>
<td>32</td>
</tr>
<tr>
<td>Appendix K - Prescription Pad Order Form</td>
<td>33</td>
</tr>
<tr>
<td>Appendix L- Annual Declaration – SSPRD/Declaration of Gifts/Prescribing Competence</td>
<td>34</td>
</tr>
<tr>
<td>Appendix M - Expansion of Formulary Letter (NMP L7)</td>
<td>35</td>
</tr>
<tr>
<td>Appendix N - Leavers process guide</td>
<td>36</td>
</tr>
<tr>
<td>Appendix O - Ceasing Prescribing Letter (NMP L8)</td>
<td>37</td>
</tr>
<tr>
<td>Appendix P- Resumption of Prescribing (NMP L9)</td>
<td>38</td>
</tr>
<tr>
<td>Appendix P(i) – Resumption to Prescribe Confirmation (NMP L10)</td>
<td>39</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

This Policy is designed to provide guidance for the practice of Non-Medical Prescribing in Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH). The policy will detail which practitioners may prescribe and what conditions must be in place before those practitioners may prescribe.

It will detail which Medical Practitioners may supervise Non-Medical Prescribers (NMPs) and what criteria must exist before those Medical Practitioners may supervise NMPs.

This policy will outline governance arrangements to promote safe and effective practice and to provide assurance.

This policy will also detail actions that may be taken to suspend or terminate Trust authorisation for a NMP to prescribe.

2. PURPOSE

The purpose of this policy is to set out the standards, academic, experiential and procedural requirements to facilitate a safe, effective and a clinically valid framework for non-medical prescribing practice to take place within the Trust.

3. SCOPE

This policy is applicable to all non-medical prescribing clinicians, Supervising Practitioners, Associate Nurse Directors and Care Group Directors working across all Trust clinical services and locations.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Chief Executive

The Trust Chief Executive has overall responsibility for setting the strategic direction and operational management of RDaSH including ensuring that Trust policies comply with all legal, statutory and good practice guidance requirements.

4.2 Board of Directors

The Board of Directors has overall responsibility for setting the strategic context in which organisational policies and procedures are developed, and for establishing a scheme of governance for the formal review and approval of policies.

4.3 Medicines Management Committee

To oversee and support the content of this policy, and facilitate prescribing developments through collective multi-disciplinary discussion that then might necessitate ratification of changes to policy. **Note:** All proposed operational
changes to prescribing practice, be they of a piloting or substantive nature, must be submitted for Medicines Management Committee (MMC) scrutiny and be granted subsequent MMC agreement prior to commencement.

4.4 **Chief Operating Officer and Medical Director**

The Chief Operating Officer and Medical Director are the Sponsoring Directors for this policy and are responsible for ensuring that:

- This policy document is drafted, approved and disseminated in accordance with the Trust’s documented process for the development and management of procedural documents.
- The necessary training or education needs and methods required to implement this document are identified and resourced or built into the delivery planning process.
- Mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.

4.5 **Chief Pharmacist**

The Chief Pharmacist is responsible:

- Giving appropriate support to the Non-Medical Prescribing Lead.
- To ensure Non-Medical Prescribers have access to expert pharmaceutical advice when required.
- To oversee the governance of NMP to ensure this is appropriate and robust.

4.6 **Non Medical Prescribing Lead**

- Maintain an up to date register of all Non-Medical Prescribers (a statutory requirement).
- To support the development and maintenance of continued professional development.
- To monitor and ensure prescribing practice is audited.
- To support recruitment and selection of Non-Medical Prescribers.
- To work with the Care Groups in developing non-medical prescribing.
- Provide advice and support to Non-Medical Prescribers.
- Ensure each Non-Medical Prescriber signs an annual Statement of Probity.
- Links with the Chief Pharmacist and disseminating information.
- Will ensure all NMPs receive individual prescribing data at least annually.

4.7 **Non Medical Prescribing Champions**

- Provide support to Non-Medical Prescribers within their Care Group.
- To support workforce development with regards to Non-Medical Prescribing within their Care Group.
• To act as liaison between their Care Group Non-Medical Prescribers and the NMP Group.
• To support investigations relating to non-medical prescribing errors and oversee remedial plans within their Care Groups.
• Will work with the Chief Pharmacist to agree local formularies.
• Will monitor prescribing trends of NMPs within their Care Group.

4.8 **Care Group Directors and Associate Nurse Directors**

Care Group Directors and Associate Nurse Directors are responsible for:

• Facilitating their staff access to, and compliance with the procedures described in this document.
• Implementing agreed training or education methods or programmes to support the procedures described in this document.
• Establishing mechanisms for regular evaluation of the implementation and effectiveness of this policy.
• Any role requiring non-medical prescribing will be approved prior to appointment of the post and any non-medical prescribing training.

4.9 **Service Managers/Modern Matrons**

Service Managers and Modern Matrons are responsible for ensuring this policy is implemented and monitored within their area of responsibility and remain responsible for the support and supervision of their staff. They should also:

• Provide appropriate storage and record facilities for the safety of prescription pads.
• Support NMPs in their clinical practice, maintaining adequate provision of clinical supervision. In particular provide support and advice in any errors or clinical incidents.
• Ensure that NMPs take appropriate action in the case of lost or stolen prescription pads as described in section 5.6 of this policy.
• Through appraisal ensure that all NMPs are achieving the competency framework, work to current practice guidelines and that registration to practice is renewed and valid.
• Notify the NMP Project Support Officer of any NMPs who leave the service or cease prescribing as soon as possible in writing, ensuring prescription pads of such staff are safely destroyed. (See Appendices N and O).

4.10 **Non-Medical Prescribers**

Non-Medical Prescribers are active throughout the various Care Groups within the Trust and have a wide range of roles and responsibilities.

Non-Medical Prescribers are responsible and accountable:
• For all aspects of their prescribing decisions, and to their employers and regulatory bodies for their actions or omissions.
• To only prescribe those medicines they know are safe and effective for the patient and condition being treated within their sphere of competence.
• To remain up to date with knowledge and skills to enable competent and safe prescribing.
• Fulfils a Competency Framework for all Prescribers 2016.
• All NMP’s will receive continued appropriate supervision from their supervising practitioner. Supervision sessions will be documented and signed by both the NMP and supervising practitioner.
• Completes Annual Declaration record (SSPRD Activity, probity statement and prescribing competence) (Appendix L).

4.11 Non-Medical Prescribing Support Officer

• Maintain an up to date register of all Non-Medical Prescribers (NMPs) within the Trust (a statutory requirement).
• Organise and co-ordinate the provision of continued professional development for NMPs.
• Support the monitoring and auditing of prescribing practice.
• Support the NMP Champions within each Care Group in developing NMP within the Trust.
• Ensure each Non-Medical Prescriber submits an Annual Declaration record (this is to include a relevant declaration against the Standards of Business Conduct Policy (Conflict of Interest) to the Director of Corporate Assurance)
• Disseminate information throughout the Trust regarding NMP.
• Process the registration of newly qualified Community NMPs with the NHS Business Services Authority (NHSBSA) to enable the ordering of prescription pads.

5. PROCEDURE/IMPLEMENTATION

5.1 Types of Prescriber

There are three types of Non-Medical Prescriber within the Trust, which are determined within practitioner roles and responsibilities, they are:

• Supplementary Prescriber
• Independent Prescriber
• Community Practitioner Nurse Prescriber

5.2 Selection Criteria for Non-Medical Prescribing Training

The selection of individuals for non-medical prescribing training must be dependent on the role they will undertake. The following criteria will be applied to all supplementary & independent Non-Medical Prescribers (this will be arranged for practitioners undertaking the community practitioner nurse prescribing qualification as part of a course by the University):
First level qualification (RMN, RGN, Mpharm, RNLD).
Agreed access to Medical Supervisor.
Agreed support from Care Group-Director to attend course.
Ability to study at a minimum of degree level.
Registration with a National professional body (NMC,GPhC).

Following qualification, NMPs must have access to:

- Patient records.
- Agreed prescribing budget.
- Agreed formulary of drugs they can prescribe which has been agreed with their supervisor.
- A stamp with their name, PIN / Registration number and 'supplementary/independent Non-Medical Prescriber' embossed/pre-printed prescription pads if required.
- Prescription pad/ inpatient drug card/ computerised prescribing system.
- Pharmacist advice.
- Protected continuous professional development per year for updating on relevant prescribing issues, e.g. reading of journals, attending supervision.
- Clinical supervision related to prescribing.
- Peer non-medical prescriber support.
- Trust Non-Medical Prescribing Lead.

Should service needs change at the point of an individual’s successful completion of the NMP University Course and they are not required to be an active NMP, then it is the responsibility of the appropriate Line/Service Manager to discuss the NMP status with the individual direct.

5.2.1 **Supplementary Prescribing**

**Definition - Supplementary Prescribing**

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient’s agreement.

A **supplementary prescriber** may currently be a specially trained nurse, pharmacist who can prescribe any medicine within their clinical competence, according to a patient specific Clinical Management Plan (CMP) (see Appendix C and D) agreed with a doctor and the patient.

**Requirements for Supervising Practitioners (SP) (The Independent Prescriber)** The independent prescriber, or SP, for the purpose of the CMP, will:

- Be a registered medical practitioner.
- Be a specialist registrar, clinical assistant or Consultant, including Locums.
- Be a practitioner within a GP practice.
- Be responsible for the initial assessment and diagnosis on which the CMP is based, and for the preparation of the CMP.
• Define the parameters of prescribing within the CMP.
• Provide necessary support, advice and supervision to the supplementary prescriber, as requested.

5.2.2 The Supplementary Prescriber will:

• Have successfully completed an approved University-based Non-Medical prescribing course.
• Have had such qualification registered with their appropriate professional body i.e. Nursing and Midwifery Council; The General Pharmaceutical Council (GPhC) – Provide evidence of such registration to the Non-Medical Prescribing Lead for inclusion on the Trust register and database.
• Prior to the commencement of the post, authorisation for the post to be a supplementary prescriber will be completed and signed by the NMP, the SP, Care Group Director, NMP Lead and Chief Operating Officer. (Appendix G).
• Supply any relevant Pharmacy Department where requested with a specimen copy of their signature, to ensure that prescriptions handed in for dispensing are bona fide.
• Supply a specimen signature, (Appendix J) a record of which will be maintained centrally, by the Trust’s Non-Medical Prescribing Lead, which will be available for checking prescription signatures against.
• Be responsible for prescribing within the parameters identified in the CMP.

5.2.3 The Supplementary Prescribing Process

Before undertaking prescribing, the Supplementary Prescriber will:

• Reach agreement with the Care Group Director that supplementary prescribing is to be part of their professional responsibilities and that this is suitably reflected within their Job Description.
• Ensure arrangements are in place for access to prescription pads, or that other mechanisms for prescribing, appropriate to the clinical setting, are organised (such as FP10s, electronic or drug charts).
• Ensure that arrangements are in place for the costs of prescriptions issued, to be met out of identifiable budgets.
• Have entered into a prescribing partnership agreement with an appropriate Independent Prescriber(s), and ensure that this is recorded in the patients’ notes.
• Agree the CMP with the SP, obtain the patients’ agreement to such an arrangement, and that all relevant parties to such an agreement will maintain any patients’ notes jointly.
• Ensure that any and all such agreements are within their clinical competency and their professional code of conduct at all times.
• Ensure that the CMP is reviewed at agreed intervals and no less frequently than annually.
• Both Independent and Supplementary prescribers must record their agreement to the continuing or amended CMP, and the patient’s
agreement to the continuation of the supplementary prescribing arrangement, in order for the CMP to remain valid.

- Ensure that the patient’s General Practitioner is apprised of changes to the CMP and to the patient’s medication, in as prompt a manner as is practically possible.

5.2.4 The Clinical Management Plan (CMP)

- It is a requirement that any patient for whom supplementary prescribing is to take place, will be in agreement with this arrangement prior to it commencing. The principles underlying this arrangement must, therefore, have been explained to them in advance, and such agreement noted in the patient’s notes.
- In the event of parties to the CMP ceasing to be involved in the care or treatment of the named patient, the CMP may not continue, until a new CMP has been agreed and put into place.
- The CMPs used will be based upon the examples in the Appendices C and D (i.e. as prepared by the Department of Health (DH), which represent the minimum acceptable standard for a CMP.
- All sections of the CMP must be completed.
- Following assessment and diagnosis by the independent prescriber, either independent or supplementary prescriber will draft the CMP after discussion as to its content. Both parties must agree its content before supplementary prescribing can begin.

5.2.5 The Clinical Management Plan comes to an end:

- At any time, at the discretion of either prescriber or the patient; at the time specified for the review of the patient (unless it is renewed by both prescribers at that time).
- Where there is a sole independent prescriber and he or she is replaced for whatever reason. In these circumstances the CMP must be reviewed and agreed by their successor.

5.2.6 Medicines Prescribed Under Supplementary Prescribing Arrangements

The NMP will undertake best practice prescribing in accordance with Department of Health, British National Formulary, National Institute of Health and Care Excellence and RDaSH’s guidelines (including direction from the Medicines Management Committee) and current regulation. Each NMP will generate a formulary with their SP. This individual formulary will be confined to medicines that the NMP is clinically competent to prescribe and medicines that the NMP will need to be able to prescribe within their role.

The NMP, NMP line manager and SP will determine that a formulary is appropriate. The Care Group Directors will then need to agree to this role for the NMP. This must be agreed prior to the role being put in place.
5.2.7 Patient Records

It is a requirement that notes must exist between the Independent and Supplementary Prescriber, if supplementary prescribing is to proceed:

- The record of the prescription should be contemporaneously entered into the patient record.
- The record will clearly indicate the date, the name of the prescriber, the name of the item prescribed and the quantity prescribed (or dose, frequency and treatment duration).
- For medicinal preparations or items to be ingested, it is required that the name of any prescribed item, strength (if any) of the preparation, the dosing schedule and route of administration is given e.g. “paracetamol oral suspension 120mg/5mls, 5mls to be taken every 4 hours by mouth as required for pain, maximum of 20mls in 24 hours”. (See BNF/NPF).
- For topical medicinal preparations, the name of the prescribed item, the strength (if any), the quantity to be applied and frequency of application will be indicated.
- Individual formulary. A full flow chart with all the requirements and template letters are available in the appendices of this policy and must be strictly adhered to, to ensure Trust sign off for NMP to prescribe.

5.3 Independent Prescribing

Definition - Independent Prescribing

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

An independent prescriber can prescribe any licensed medicine within their clinical competence. Independent prescribers can also prescribe unlicensed medicines as appropriate.

The following policy provides a governance framework for Independent Prescribing.

The non-medical prescriber must prescribe from a formulary that:

- Has been agreed between the individual clinician and their NMP supervisor.
- Is agreed and articulated at a level of BNF section with exclusions, rather than a specific list of drugs
- Reflects the service which is being commissioned and takes into account the clinicians competencies.
5.3.1 **Requirements for Supervising Practitioners (SP)**

- The SP can be a registered medical practitioner or appropriate peer NMP (ie an individual who has undertaken NMP training, is an active prescriber and who is able to meet the supervision needs of the practitioner within their area of practice), and can: be a locum or substantive medical professional working within the NMPs speciality, practitioner within a GP practice or appropriate peer NMP.

5.3.2 **Requirements for NMP Independent Prescribers and Authorisation**

- The NMP must have successfully completed an approved university based NMP course.
- The NMP must have such qualifications registered with the relevant professional regulator (eg NMC, GPhC etc).
- The NMP must provide evidence of registration for inclusion on RDaSH’s register and database of NMPs.
- The job description for the role must require them to be a non-medical prescriber and authorisation should be sought from Care Group Directors for this.
- The NMP must provide RDaSH’s NMP Lead a specimen signature, which will be available for checking prescription signatures against.
- Prior approval must be obtained for the post to be a NMP by the Care Group Directors.
- Each NMP will need a Supervising Practitioner.
- Prior to completion of the form for authorisation to practice the NMP needs to provide evidence of meeting the requirements to practice (Appendix B).
- Prior to the commencement of the post, authorisation for the post to be an independent prescriber will be completed and signed by the NMP, the SP, for the Care Group Director, NMP Lead and Chief Operating Officer. (Appendix H).
- The authorisation form must be completed before commencing practice as an NMP.

5.3.3 **The Independent Prescribing Process**

- The NMP role (within Care Groups) must be a part of that NMP individual professional responsibility.
- Arrangements must be in place for the costs of prescriptions issued to be met from an identifiable budget.
- The main clinical record will be identified to detail all prescribing activity.
- The NMP will work within their clinical competency and professional code of conduct at all times.
- The NMP should only prescribe for the patient if they are currently delivering clinical care to that patient.
- The NMP must be satisfied that consent to treatment has been adequately considered and where necessary the patient capacity assessed under the Mental Capacity Act. This will be documented as appropriate. Staff should refer to the Trust Mental Capacity Act Policy.
• All prescribing by another party i.e. GP needs to be taken into account prior to the NMP prescribing.

5.3.4 Documentation

• The NMP will make an accurate, contemporaneous record of prescribing.
• The date, name of prescriber, preparation prescribed, dose, frequency and total quantity will be documented.
• The proposed duration of treatment will be documented. This will include intended outcomes such as target symptom reduction or target functional level or overall treatment plan.
• The NMP will detail proposed future care (including dose titrations or alternative preparations) that have been discussed with the patient.
• The NMP will document consent and mental capacity issues in accordance with RDaSH’s policies and procedures.
• A review mechanism will be documented.
• Correspondence will be typed (where possible) and sent to the GP and any other practitioners if relevant.

5.4 Community Practitioner Nurse Prescriber

Definition- Nurse Prescribers' Formulary for Community Practitioners
Community Practitioners, formerly known as District Nurses and Health Visitors, are able to prescribe independently from a more limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.

5.4.1 The Community Practitioner Nurse Prescriber will:

• Have successfully completed an approved non-medical community prescribing course that gives them the right to prescribe from the nurse prescriber’s formulary.
• Have had such qualification registered with their appropriate professional body i.e. Nursing and Midwifery Council – provide evidence of such registration to the Non-Medical Prescribing Lead for inclusion on the Trust register and Database.
• Prior to the commencement of the post, authorisation for the post to be a Community Practitioner prescriber will be completed and signed by the NMP, the SP, Care Group Director, NMP Lead and Chief Operating Officer. (Appendix I).
• Supply a specimen signature (Appendix J), a record of which will be maintained centrally, by the Trust’s Non-Medical Prescribing Lead, which will be available for checking prescription signatures against.

5.4.2 The process for Community Practitioner Nurse Prescriber

Before undertaking prescribing, the Community Practitioner Nurse Prescriber will:
• Reach agreement with the Care Group Director and Associate Nurse Director that Community Practitioner nurse prescribing is to be part of their professional responsibilities and that this is suitably reflected within their Job Description.
• Ensure arrangements are in place for access to prescription pads, or that other mechanisms for prescribing, appropriate to the clinical setting, are organised (such as FP10s, electronic or drug charts).
• Ensure that arrangements are in place for the costs of prescriptions issued, to be met out of identifiable budgets.
• Ensure that any and all such agreements are within their clinical competency and their professional code of conduct at all times.
• Ensure that the patient’s General Practitioner is informed of initiation or changes to the patient’s treatment, in as prompt a manner as is practically possible.

5.4.3 Documentation

• The Community Practitioner Nurse Prescriber will make an accurate, contemporaneous record of prescribing.
• The date, name of prescriber, preparation prescribed, dose, frequency and total quantity will be documented.
• The proposed duration of treatment will be documented. This will include intended outcomes such as target symptom reduction or target functional level or overall treatment plan.
• The Community Practitioner Nurse Prescriber will detail proposed future care (including dose titrations or alternative preparations) that have been discussed with the patient.
• The Community Practitioner Nurse Prescriber will document consent and mental capacity issues in accordance with RDaSH’s policies and procedures as appropriate.
• A review mechanism will be documented.
• Correspondence will be typed (where possible) and sent to the GP or sent electronically and any other practitioners if relevant.

5.5 Adverse Drug Reaction Reporting

• Any suspected adverse drug reactions must be discussed with the SP/GP as soon as possible.
• If a patient suffers a suspected reaction to any prescribed, over-the-counter or herbal medicine, the adverse reaction should be reported via the Yellow Card Scheme and reported via the Trust incident reporting system (using the IR1 form).
• The MHRA/CSM encourage the reporting of all suspected adverse drug reactions to newly licensed medicines that are under intensive monitoring (identified by a symbol both on the product information for the drug and in the BNF) and all serious adverse reactions to all other established drugs.
• Such reporting can be done by the completion of the yellow form at the back of the BNF; on-line at www.yellowcard.gov.uk; by writing to MHRA, CSM FREEPOST, London SW8 5BR, or; by telephoning 0800 731 6789.
5.6 Prescription Pads

5.6.1 Community NMPs

The process for registering newly qualified Community NMPs with the NHSBSA to enable the ordering of a prescription pad has changed and is now the responsibility of the NMP Project Support Officer.

5.6.2 All other Prescribers

The current process for obtaining prescription pads for all other prescribers remains unchanged.

All such stationery should be treated as ‘controlled stationery’ and are the property of RDaSH.

In the event of loss or suspected theft of prescription pads or forms the NMP will report this immediately to their line manager and to the police so that the loss can be investigated. An incident form (IR1 form) must be completed. The NHS Business Services Authority and Counter Fraud Specialist need to be informed to reduce the risk of fraudulent use.

A record will be kept of prescription pads and their numbers. The Non-Medical Prescriber for whom the prescription pads are intended must sign this record.

Prescription pads will be kept in a locked and secure place (drawer, cupboard or safe) at all times, other than when in transit. When in transit, it is the responsibility of the Non-Medical Prescriber to ensure suitable security and that pads are never left unattended. Under no circumstances must the NMP provide blank prescriptions pre-signed prior to use.

When it is necessary for the NMP to take a prescription pad home the NMP must ensure the pad is taken into the house overnight and securely stored.

The Trust’s Non-Medical Prescribing Lead must be informed if a Non-Medical Prescriber ceases to prescribe for any reason, or if they leave the Trust’s employment.

The Trust has the responsibility to ensure that all unused prescription material is retrieved and destroyed by shredding, and the serial numbers are recorded. It is important to ensure that relevant prescribing costs can be allocated to the appropriate cost centre.

Where hospital outpatient and/or treatment cards are used for prescribing, the supplementary prescriber will write prescriptions, which bear the identifier of the independent prescriber.

Prescriptions must be completed in accordance with BNF requirements.
5.7 **Legal and Clinical Liability**

Where a Non-Medical Prescriber is appropriately trained and qualified, and prescribes with the consent of their employer as part of their professional duties and within the formulary for their clinical area, the employer is held vicariously liable for their actions. In addition, Non-Medical Prescribers are individually professionally accountable to their professional regulatory body for this aspect of their practice, as for any other, and must act at all times in accordance with their Code of Professional Conduct.

5.8 **SSPRD Specialist Skills & Post Registration Development (SSPRD)**

Non-Medical Prescribers will have protected continued professional development time. This should be seen as additional to any study time permitted for the usual purposes of clinical updating.

Non-Medical Prescribers are accountable for remaining up-to-date and competent and therefore SSPRD should meet individual need.

Details of study undertaken will be recorded in the individual's Professional Portfolio. This activity will be signed off by both the NMP and their Supervising Practitioner on the Annual Declaration (Appendix L) which is submitted to the NMP Lead by 30 April of each year”.

NMPs will also be expected to ensure their level of continuing competence. They will be expected to familiarise themselves with best practices in, and any change and developments concerning: the management of the conditions for which they may prescribe; medications and their use; and contemporary prescribing practices.

There should be no difference in respect of SSPRD requirements, between Non-Medical Independent Prescribers and Community Nurse Prescribers. The principles of prescribing are the same for both groups.

Appraisal of SSPRD, undertaken as part of NMP Supervision, will determine the required level of input to demonstrate competency, to meet educational and practice needs.

5.9 **Clinical Governance, Evaluation and Audit**

- NMPs must have in place arrangements for regular clinical supervision, which appropriately supports their prescribing practice and meet regularly with their Supervising Practitioner to discuss prescribing practice.
- Any annual Professional Development Plan (PDP) of NMPs must include a review of prescribing activity, review of the single competency framework to ensure compliance. If changes are agreed to the NMPs competency and formulary complete Appendix L and associated training needs.
- NMPs will be expected to cooperate fully with the development and implementation of any audit or research into any elements of prescribing and the impact on patients within the service.
NMPs will, in addition, be expected to supply any such information about their prescribing as will be necessary to create prescribing/prescriber profiles for the organisation.

All NMPs will adhere to the guidance held in this policy. The Trust NMP Lead will ensure all existing NMPs are aware of and have access to this policy. All newly qualified NMPs and existing NMPs will be made aware of the Policy.

5.10 Probity and Ethical Issues

Where a patient is unable to give their supplementary prescribing agreement to the NMP arrangements, the NMP cannot proceed.

If a patient withdraws consent to treatment, the NMP will discuss with the patient the full implications of this decision and discuss with colleagues the outcome.

Under no circumstances may Non-Medical prescribers accept ‘free samples’ of medicines.

NMPs are likely to find that they are having contact with representatives of the pharmaceutical industry. Care should be taken to ensure that prescribers follow Trust guidance and policies concerning this relationship as detailed in the Trust Conflict of Interest Policy (previously the Standards of Business Conduct Policy). An indication of any such conflict must be made as part of the annual NMP declaration, see Appendix L, with more detailed declaration conforming with the requirements of the Conflict of Interest Policy (previously the Standards of Business Conduct Policy).

NMPs are accountable for their practice at all times. If circumstances arise where an NMP is using their prescribing qualification in private practice, ie aesthetic procedures then they should declare this on their Annual Declaration. However the Annual Declaration only accounts for NMP practice within the Trust and does not support any private work undertaken externally.

The NMP is also responsible for ensuring they have appropriate indemnity insurance in place for any private work undertaken outside the Trust.

5.11 Suspension / Termination of Prescribing Rights

The Trust reserves the right to suspend /terminate authorisation of prescribing rights of Non-Medical Prescribers (NMP) for the following reasons.

- During investigation into alleged errors or otherwise unsatisfactory clinical practice related or otherwise to prescribing.
- As a consequence of an investigation into unsatisfactory clinical practice related or otherwise to prescribing.
- In relation to the circumstances of any unsatisfactory practice, the decision to suspend an NMP’s prescribing rights may be made by the Associate Nurse Director or Care Group Director, who must have sought clinical
advice from the NMP Lead or Medical Supervisor, pending investigation. Any decisions to terminate the Trust authorisation of an NMP to prescribe as part of action following an investigation must be made by the Chief Operating Officer.

Additional matters that might result in a decision to suspend prescribing rights include:

- Failure on the part of the NMP to engage in and report detail of SSPRD for the Trust Register of NMPs.
- Failure on the part of the NMP to provide a sample signature for the Trust Register of NMPs.
- Failure of the NMP to provide an annual declaration of Gift, Sponsorship and Fees
- Failure of the NMP to complete and submit the ‘A Competency Framework for all prescribers’ on an annual basis.

In relation to an NMP’s failure to provide detail described as required by the Trust Register of NMPs, the following actions will be progressed:

- Trust Non-Medical Prescribing Lead will request detail of outstanding information from the NMP directly, with a copy to the NMPs line manager and/or professional supervisor.
- Should the NMP continue in failing to provide the detail requested, the Trust NMP Lead will contact the NMP’s Associate Nurse Director to inform them of this failure to address this matter.
- The Care Group Director will suspend the right to NMP should circumstances mean this is necessary.
- Any NMP who has not actively used their prescribing skills for 1 year will have their prescribing status reviewed at Personal Development Review (PDR). If NMP status is no longer deemed to be appropriate to the role the NMP will be informed by the Manager and the NMP removed from the active register.
- If their status is removed the NMP will be informed.

### 5.12 Prescribing Resumption / Prescribing Gaps

There are a number of circumstances in which an NMP has either never prescribed since qualification or, as a result of operational changes, ceased prescribing. These gaps have been seen to amount to some years and the commencement or resumption of prescribing may at future dates become desirable. It is important to note that whilst the regulator records an individual as qualified to prescribe, that qualification clearly stands. However, changes in legislation and practice is a continuous process, and whilst the Trust will respect an individual’s qualification, the Trust must be satisfied that an individual is both competent and capable to prescribe safely prior to any resumption or commencement where a gap of more than one year has occurred.

In order to address this, the following process must be adhered to:
• The NMP must write to the Trust NMP Lead, using the approved template found in Appendix P, informing them of their wish to resume/commence prescribing. This letter must detail dates of being first qualified and or last date of prescribing, the additional training and revision they intend to carry out that has been individually designed to meet their bespoke needs as decided by them and the Care Group Director.
• The NMP must carry out the planned revision/training.
• On completion of the revision/training, Appendix P(i) should be completed and signed by the NMP’s Supervising Practitioner and Care Group Director and forwarded to the NMP Project Support Officer for processing.
• Following authorisation by the NMP Lead and Chief Operating Officer, the NMP Project Support Officer will record staff member details on the Trust NMP database.

If a NMP is moving service area then consideration needs to be given to the above process as to whether any of this needs to be followed.

Note: In circumstances where a NMP has been subject to period of prescribing suspension as a result of unsatisfactory clinical practice, a process as described above will need to be followed, with distinct identification of issues and a reflection of any requirement agreed as part of an investigation and subsequent action plan. In such cases, an initial letter should be generated by the NMP’s SP and Manager/Care Group Director. All parties must endorse a final letter confirming any actions necessary to enable a return to prescribing have been satisfactorily completed.

6. TRAINING IMPLICATIONS

There are no specific training needs in relation to this policy, but the following individuals and groups need to be familiar with its contents: Chief Executive, Board of Directors; Medicines Management Committee, Care Group Directors and Associate Nurse Directors, Chief Pharmacist, NMP Lead, Service Managers and Non-Medical Prescribers.

7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the policy as set out in this document in relation to Non-Medical Prescribers –</td>
<td>• Annual audit of Non-Medical Prescriber Register and database</td>
<td>Non-Medical Prescribing Lead</td>
<td>Medicines Management Committee and Quality Safety Committee</td>
<td>Quarterly</td>
</tr>
<tr>
<td>• Training</td>
<td>• Review of NMP activity quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Competency framework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Trust Records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area for Monitoring</td>
<td>How</td>
<td>Who by</td>
<td>Reported to</td>
<td>Frequency</td>
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<tr>
<td>---------------------</td>
<td>-----</td>
<td>--------</td>
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<td>-----------</td>
</tr>
<tr>
<td>and Register</td>
<td>and Links to NICE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- SSPRD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance with the policy as set out in this document in relation to Non-Medical Prescribing –</td>
<td>On-going analysis of IR1’s by each Care Group</td>
<td>Service Managers/ Matrons</td>
<td>Medicines Management Committee</td>
<td>On-going/as they arise</td>
</tr>
<tr>
<td>- Analysis of IR1’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on this Policy’s webpage on the Trust Policy website

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

Indicate how this will be met

There is no requirement for additional consideration to be given with regard to privacy, dignity or respect.

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or

Indicate How This Will Be Achieved.

All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005.
Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

9. LINKS TO ANY ASSOCIATED DOCUMENTS

- Safe and Secure Handling of Medicines Policy, Clinical Policies, Medicines, RDaSH Intranet
- A Competency Framework for Prescribers (Royal Pharmaceutical Society)
- Conflict of Interest Policy (previously the Standards of Business Conduct Policy V2). – RDaSH Intranet

10. REFERENCES

a) The British National Formulary

b) The Nurse Prescribers’ Formulary for Community Practitioners

c) NMC 2015, Code of Professional Conduct

d) NMC 2015, Guidelines for Records and Record Keeping

e) RPS 2016, A Competency Framework for Prescribers

f) Various Non-Medical prescribing policies from other NHS PCTs and Trusts (including policies and guidance on issues related to supplementary and independent prescribing)

10.1 Glossary of Terms Used

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>BNF</td>
<td>British National Formulary</td>
</tr>
<tr>
<td>CMP</td>
<td>Clinical Management Plan</td>
</tr>
<tr>
<td>CSM</td>
<td>Committee on the Safety of Medicines</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>GPhC</td>
<td>The General Pharmaceutical Council</td>
</tr>
<tr>
<td>MHRA</td>
<td>Medicines and Healthcare Products Regulatory Agency</td>
</tr>
<tr>
<td>MMC</td>
<td>Medicines Management Committee</td>
</tr>
</tbody>
</table>
11. APPENDICES

Appendix A - Non Medical Prescribing Pathway
Appendix B - Authorisation Process Guide
Appendix C - Template Clinical Management Plan 1
Appendix D - Clinical Management Plan 2
Appendix E - Request Authorisation to Prescribe (NMP L1)
Appendix F - Supervisor Letter (NMP L2)
Appendix G - Supplementary Prescriber Authorisation Letter (NMP L3)
Appendix H - Independent Prescriber Authorisation Letter (NMP L4)
Appendix I - Community Practitioner Authorisation Letter (NMP L5)
Appendix J - Sample Signature Letter (NMP L6)
Appendix K - Prescription Pad Order Form
Appendix L - Annual Declaration – SSPRD/Declaration of Gifts/Prescribing Competence
Appendix M - Expansion of Formulary Letter (NMP L7)
Appendix N - Leavers process guide
Appendix O - Ceasing Prescribing Letter (NMP L8)
Appendix P - Resumption of Prescribing (NMP L9)
Appendix P(i) - Resumption to Prescribe Confirmation (NMP 10)
Non-Medical Prescribing Pathway

Role developed that requires the practitioner to be a NMP
This is reflected in the Job Description.

Authorisation for post to be NMP is sought by Care Group Director/Associate Nurse Director as part of the vacancy control process.
Prescribing formulary and budget identified

Post filled. Staff Member trained to NMP and fulfils requirements laid out in Trust policy

Non-Medical Prescribing Lead checks requirements fulfilled to enable Practitioner to NMP

Associate Nurse Director notified that the Post will commence NMP
Appendix B

Non-Medical Prescribing – Authorisation Process

**NMP entering RDasH from other Trust**

- NMP training course completed and University qualification attained.
- NMC registration and Statement of Entry already established.

**New NMP**

- NMP training course completed and University qualification attained.
- Staff member applies for NMC registration and Statement of Entry provided by NMC indicating prescribing status.

- Staff member defines formulary with supervising practitioner.

- NMP request pack to be prepared by staff member:
  - Appendix E (NMP L1) – request letter to Care Group Director
  - Appendix F (NMP L2) – formulary confirmation letter to Care Group Director
  - Appendix G (NMP L3) – Chief Operating Officer approval letter (Supplementary)
  - Appendix H (NMP L4) – Chief Operating Officer approval letter (Independent)
  - Appendix I (NMP L5) – Chief Operating Officer approval letter (Community)
  - Appendix J (NMP L6) – Sample Signature Letter

- Staff member to submit full request pack direct to NMP Lead for signature and approval by Chief Operating Officer.

- NMP Project Support Officer to return a signed copy of the documentation to staff member via email for their Portfolio and record details on the Trust NMP database.

- NMP Project Support Officer to register Community NMPs with the NHSBSA for inclusion on the national database for Prescription Pad purposes.

- Staff member to order Prescription Pad (if appropriate) from Purchasing Department – Appendix K.
<table>
<thead>
<tr>
<th>NAME OF PATIENT:</th>
<th>PATIENT MEDICATION SENSITIVITIES/ALLERGIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT IDENTIFICATION E.G. ID NUMBER, DATE OF BIRTH:</td>
<td></td>
</tr>
<tr>
<td>INDEPENDENT PRESCRIBER(S):</td>
<td>SUPPLEMENTARY PRESCRIBER(S)</td>
</tr>
<tr>
<td>CONDITION(S) TO BE TREATED</td>
<td>AIM OF TREATMENT</td>
</tr>
<tr>
<td>MEDICINES THAT MAY BE PRESCRIBED BY SP:</td>
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</tr>
<tr>
<td>PREPARATION</td>
<td>INDICATION</td>
</tr>
<tr>
<td>GUIDELINES OR PROTOCOLS SUPPORTING CLINICAL MANAGEMENT PLAN:</td>
<td></td>
</tr>
<tr>
<td>FREQUENCY OF REVIEW AND MONITORING BY:</td>
<td></td>
</tr>
<tr>
<td>SUPPLEMENTARY PRESCRIBER SUPPLEMENTARY PRESCRIBER AND INDEPENDENT PRESCRIBER</td>
<td></td>
</tr>
<tr>
<td>PROCESS FOR REPORTING ADRS:</td>
<td></td>
</tr>
<tr>
<td>SHARED RECORD TO BE USED BY IP AND SP:</td>
<td></td>
</tr>
<tr>
<td>AGREED BY INDEPENDENT PRESCRIBER(S)</td>
<td>DATE</td>
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</tbody>
</table>
**TEMPLATE CMP 2 (Blank): for teams where the SP does not have co-terminus access to the medical record**

<table>
<thead>
<tr>
<th><strong>NAME OF PATIENT:</strong></th>
<th><strong>PATIENT MEDICATION SENSITIVITIES/ALLERGIES:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT IDENTIFICATION E.G. ID NUMBER, DATE OF BIRTH:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT MEDICATION:</strong></td>
<td><strong>MEDICAL HISTORY:</strong></td>
</tr>
<tr>
<td><strong>INDEPENDENT PRESCRIBER(S):</strong></td>
<td><strong>SUPPLEMENTARY PRESCRIBER(S):</strong></td>
</tr>
<tr>
<td><strong>CONTACT DETAILS: [TEL/EMAIL/ADDRESS]</strong></td>
<td><strong>CONTACT DETAILS: [TEL/EMAIL/ADDRESS]</strong></td>
</tr>
<tr>
<td><strong>CONDITION(S) TO BE TREATED:</strong></td>
<td><strong>AIM OF TREATMENT:</strong></td>
</tr>
</tbody>
</table>

<p>| <strong>MEDICINES THAT MAY BE PRESCRIBED BY SP:</strong> |</p>
<table>
<thead>
<tr>
<th><strong>PREPARATION</strong></th>
<th><strong>INDICATION</strong></th>
<th><strong>DOSE SCHEDULE</strong></th>
<th><strong>SPECIFIC INDICATIONS FOR REFERRAL BACK TO THE IP</strong></th>
</tr>
</thead>
</table>

| **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:** |

<table>
<thead>
<tr>
<th><strong>AGREED BY INDEPENDENT PRESCRIBER(S):</strong></th>
<th><strong>DATE</strong></th>
<th><strong>AGREED BY SUPPLEMENTARY PRESCRIBER(S):</strong></th>
<th><strong>DATE</strong></th>
<th><strong>DATE AGREED WITH PATIENT/CARER</strong></th>
</tr>
</thead>
</table>
NMP L1

Date: Insert Date

Insert Name of Care Group Director
Insert Address

Dear (Insert Name of Care Group Director)

Re: Non-Medical Prescribing

Name: (Name of Non-Medical Prescriber)
No: (PIN)

I am writing to request authorisation to prescribe as per Rotherham Doncaster and South Humber NHS Foundation Trust policy Non-Medical Prescribing.

I will be prescribing within the parameters of

(Directorate and speciality)

..........................has agreed to be my Supervising Practitioner and we have agreed a formulary.

I enclose a letter from ......................... indicating the formulary agreed, I also enclose a copy of my Regulator registration eg NMC indicating prescribing status.

Thank you for your support in this matter.

Yours sincerely
NMP L2

Date: (Insert date)

(Insert Name of Care Group Director)
(Insert Address)

Dear (Insert Name of Care Group Director)

Re: (Insert Name of Non-Medical Prescriber)

The above named completed the Non-Medical Prescribing course at (insert name of University) on (Date).

I will be the NMP Supervisor. All doses and routes of administration will be within British National Formulary (BNF) guidelines.

(Please list agreed formulary here)

I will continue to be the Supervising Practitioner.

Yours sincerely

Signed

(Insert Name of Supervising Practitioner)
NMP L3

Date (Insert date)

Name (Insert name of Individual)
Address (Insert full base-point address)

Dear (Insert Non-medical prescriber name)

Thank you for providing the relevant information required for your Non-Medical Prescribing. (Supplementary)

I therefore authorise that (staff member’s name) can, on behalf of Rotherham Doncaster and South Humber NHS Foundation Trust be a Supplementary Non-Medical Prescriber, prescribing to the following formulary:

As part of (Insert Name of service/speciality) you will receive continued appropriate supervision from (Insert Supervisors name).

I recognise this Pack, containing

- Regulator confirmation of registration as an NMP, eg NMC Statement of Entry
- Staff request letter
- Supervisor agreed formulary.

To be agreed as correct and shall be adhered to by those signing below:

Staff Member -----------------------------  Print Name -----------------------------

Supervising Practitioner -----------------  Print Name -----------------------------

Care Group Director ----------------------  Print Name -----------------------------

Non-Medical Prescribing Lead ------------  Print Name -----------------------------

Yours sincerely

Chief Operating Officer
NMP L4

Date (Insert date)

Name (Insert name of Individual)
Address (Insert full base-point address)

Dear (Insert Non-medical prescriber name)

Thank you for providing the relevant information required for your Non-Medical Prescribing. (Independent)

I therefore authorise that (insert staff member’s name) can, on behalf of Rotherham Doncaster and South Humber NHS Foundation Trust be an Independent Non-Medical Prescriber, prescribing within the British National Formulary (BNF) within their agreed areas of competency from the following sections of the BNF:

As part of (Insert Name of service/speciality) you will receive continued appropriate supervision from (Supervisors name).

I recognise this Pack, containing - Regulator confirmation of registration as an NMP, eg NMC Statement of Entry
- Staff request letter
- Supervisor agreed formulary.

To be agreed as correct and shall be adhered to by those signing below:

Staff Member ------------------------------------------ Print Name---------------------

Supervising Practitioner ------------------------------- Print Name---------------------

Care Group Director ---------------------------------- Print Name---------------------

Non-Medical Prescribing Lead ------------------------- Print Name---------------------

Yours sincerely

Chief Operating Officer
NMP L5

Date (Insert date)

PRIVATE AND CONFIDENTIAL

Insert Name of Nurse
Insert Address of Nurse work address

Dear (Insert Nurse name)

Thank you for providing the relevant information required for Community Practitioner Nurse Prescribing.

I therefore authorise that (insert name) can, on behalf of Rotherham Doncaster and South Humber NHS Foundation Trust prescribe to the Nurse Prescribers’ Formulary (NPF) within NPF guidelines.

As part of (Insert Name of service/speciality) you will receive continued appropriate supervision from (Supervisors name).

To be agreed as correct and shall be adhered to by those signing below:

Staff Member ...........................................  Print Name ...........................................

Supervising Practitioner ...............................  Print Name ...........................................

Care Group Director.................................  Print Name ............................................

Non-Medical Prescribing Lead .................  Print Name............................................

Yours sincerely

Chief Operating Officer
NMP L6

Date

Non-Medical Prescribing Lead
Woodfield House
Tickhill Road
Balby
Doncaster DN4 8NQ

Dear ..................

**Non-Medical Prescribing**

I completed my Non-Medical Prescribing Course on .................. 

In accordance with Trust Policy I enclose a sample signature to be entered onto the Trust database.

Yours sincerely
Account No: ………….

Name :

Basepoint:

For Agile workers please state RDaSH address for Prescription Pad delivery:

……………………………………………………………………….

Type of Prescriber:

Pin Number:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP10</td>
<td>Prescribing pad</td>
<td>1</td>
</tr>
</tbody>
</table>

Ordered By                                   Position

E-mail to: rdash.purchasing-dg@nhs.uk
NON MEDICAL PRESCRIBING ANNUAL DECLARATION

Name:…………………………. Year: April ............... To March ............... 

SSPRD ACTIVITY

SSPRD may take a number of forms, including: E-learning; Journals; Prescribing forums, Individual study; Work based learning; Formal SSPRD study days; Action Learning Sets. The form should be what suits individual practitioners’ own learning styles and meets individual need.

I confirm SSPRD activity has been undertaken during the year as stated above and has been reviewed by my supervising practitioner.

Signature: .......................... Signature ..................................
Non-Medical Prescriber Supervising Practitioner

Dated: ..............................................................

DECLARATION OF GIFTS, SPONSORSHIPS & FEES

In the last 12 months have you:
- received, to an aggregated value of £50 or more of gifts, vouchers or other gratuity
- received sponsorship for course or conference fees (including associated travel and accommodation)
- received funding for research
- received fees for lectures, presentation or teaching events
- knowingly have shares in pharmaceutical companies
- used your prescribing qualification in private practice, ie aesthetic procedures

I have NOT ☐

I have ☐ You must complete the relevant declaration in the Trust Conflict of Interest Policy (previously the Standards of Business Conduct Policy) Appendix B - send copies to the Director of Corporate Assurance and the NMP lead.

I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

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

PRESCRIBING COMPETENCE

(This section to be completed by the appropriate Supervising Practitioner)

I confirm I have reviewed the above named individual’s Competency Framework documentation during Supervision. Each of the competencies have been considered and specific areas identified as the learning priorities for the year agreed. I agree they are competent to prescribe in accordance with the requirements of the NMP Policy.

Signature: .......................... Name: .................................
Non-Medical Prescriber Supervising Practitioner

Dated:..............................................

This declaration should be made annually and sent to the Non-Medical Prescribing Lead, Woodfield House, Doncaster DN4 8QN for the record. Please keep a copy of this in your appraisal folder.
Dear (Name of Chief Operating Officer)

My Supervising Practitioner (name) and I seek to expand my Non-Medical Prescribing activity to include the Independent Prescribing model as described in the current Non-Medical Prescribing Policy.

I am currently authorised by the Trust to prescribe medication in a Supplementary Prescribing role and meet criteria set out in the NMP policy to prescribe independently.

I enclose a copy of my current supplementary authorisation and request of you authorisation to prescribe independently as detailed in the Trust NMP Policy. The signed statement below provides evidence of the full support for this request by my medical supervisor.

The agreed formulary in line with policy is: - (Sections of the BNF)

I trust you will find this to your satisfaction,

Yours sincerely

Signed…………………………
Print Name………………………………
Staff Member

Signed…………………………
Print Name………………………………
Supervising Practitioner

Signed…………………………
Print Name………………………………
Non-Medical Prescribing Lead

Approved as laid out above

Signed………………………………
Print Name………………………………
Chief Operating Officer
Non-Medical Prescribing – Ceasing to Prescribe Process

**Ceasing to Prescribe**
Job role does not require NMP

**Leaving the Trust**
Staff member advises they are leaving the Trust

Service Manager/Modern Matron notifies NMP Lead as soon as possible in writing that the staff member has ceased to prescribe or left the Trust and ensures prescription pads of such staff are safely destroyed. (See Appendix O (NMP L8) for sample letter).

NMP Project Support Officer removes staff details from the Trust NMP database and archives NMP documentation or transfers staff details to the non-active tab on the database as appropriate.
Appendix O

NMP L8

Date

Non-Medical Prescribing Lead
Woodfield House
Tickhill Road
Balby
Doncaster DN4 8NQ

Dear ………………..

**Ceasing to Non-Medical Prescribe**

…………………………..(Name) has ceased to prescribe*/left the Trust*. Please remove their details from the NMP database.

**Their prescription pad has been returned to me and I confirm it has been safely destroyed.

Signed…………………………………………

Print Name…………………………………….

Title ……………………………………………

*delete as appropriate
** delete if not applicable
Dear (Name of NMP Lead)

I have been qualified as a Non-Medical Prescriber since (Date) and have not actively prescribed since (Date).

I am now working in a position that has been authorised to NMP. It is my intention to seek Trust authorisation to prescribe in this role and I intend to carry out a programme of revision, supported by both my Supervisor and Care Group Director, in order to regain an acceptable level of competency and capability to prescribe.

This programme will include:  (Examples)

- Bespoke supervision / training sessions with SP
- Mentorship from an NMP currently prescribing.
- Revision of NMP course work
- On line drug calculations exercises.

I envisage this programme will take (number of weeks/months) to complete, I will write to you again on completion that will include testimony from both my Supervisor and Care Group Director to this end and of their satisfaction with my being in a position to prescribe.

I trust you will find this to your satisfaction,

Yours sincerely

(Sign)

Print Name
Dear ……………………….. (NMP Lead).

**Confirmation to Resume to Prescribe**

…………………………. (Name) requested a resumption to prescribe on …………… (date). As their Supervising Practitioner a programme of revision which included (give examples) has been undertaken to an acceptable level of competency and capability to prescribe.

I therefore confirm…………………………….. (Name) is competent to resume to prescribe in accordance with the requirements of the NMP Policy.

Supervising Practitioner ……………………… Print Name ……………………..

Care Group Director………………………….. Print Name……………………..

Non-Medical Prescribing Lead………………….. Print Name…………………….

Yours sincerely

**Chief Operating Officer**