NON-MEDICAL PRESCRIBING POLICY & PROCEDURAL GUIDANCE DOCUMENT
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<tr>
<th><strong>Policy Title:</strong></th>
<th>NON-MEDICAL PRESCRIBING POLICY &amp; PROCEDURAL GUIDANCE DOCUMENT</th>
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<tr>
<td><strong>Executive Summary:</strong></td>
<td>This policy provides guidance to non-medical prescribers within East Cheshire NHS Trust, CECPCT and other Trust employees regarding non-medical prescribing. This guidance is informative and must be adhered to by all non-medical prescribers to ensure patient safety and the promotion of good practice, improving service delivery and access to medicines.</td>
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<td>Scope of Policy. Responsibilities. Non-medical prescribing Options. Procedural Guidance. References</td>
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<td><strong>This policy will impact on:</strong></td>
<td>All Trust policies and standard operating procedures related to the safety and management of medicines.</td>
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<td>Limited financial impact. Time resource required of Trust Non-Medical Prescribing Lead to regularly review the policy and change in line with the Department of Health Guidance</td>
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### APPROVAL RECORD

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NON MEDICAL PRESCRIBING POLICY

This is a working document and changes that may become necessary must be notified in writing to the Trust Non-Medical Prescribing Lead.

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1. **INTRODUCTION**

Legislation permitting the prescription of medicines by other health professionals other than doctors and dentists has been in place since the mid-1990s to enable patients to have access to medicines when they need them and from the most appropriate practitioner, without them being required to attend further appointments or see additional health professionals. Non-medical prescribing has enabled the emergence of new clinical services and development of existing ones.

The term Non-Medical Prescriber, refers to any health care professional that has completed the relevant training AND has their qualification recorded on their relevant professional register; The Royal Pharmaceutical Society of Great Britain (pharmacists), The Health Professions Council (physiotherapists, optometrists, podiatrists, radiographers), The Nursing and Midwifery Council (nurses and midwives).

This policy sets out the framework for the management of non-medical prescribing throughout the Trust. It should be read in conjunction with other medicines related policies including the Medicines Code, Trust Formulary and Prescription Security Policy. The policy outlines the administrative and procedural steps required for non-medical prescribers (NMP’s) to train, practice and maintain their professional competence as non-medical prescribers.

It should be noted that all prescribing should be in line with East Cheshire Trust Formulary or the Local Health Economy formulary and the joint primary/secondary care guidelines. The Local Health Formulary and prescribing guidelines for primary care can be found on the MMT website: http://www.centralandeasterncheshiremmt.nhs.uk/formulary/chapters

2. **POLICY PURPOSE**

The policy has been produced to support the ongoing strategic development for non-medical prescribing within the Trust and will underpin and support the Trust’s commitment to:

- Developing appropriate workforce planning of non-medical prescribing to meet the needs of service users and the services they access
- Maintaining high standards of governance and risk management processes
- Implementing robust systems for selection of Trust employees to prepare and train as non-medical prescribers (NMPs)
- Developing robust, fair and consistent processes for selection and placement of competent NMPs to appropriate posts
- Ensuring systems and processes for assessing and supporting ongoing prescribing competence

The purpose of this policy is to:

- Provide all non-medical prescribers within ECNHST with a health care governance framework that ensures safe effective and appropriate prescribing to our local population.
- Ensure patient safety is the core element in all aspects of non-medical prescribing.
• Ensure that emphasis remains patient focused and on improving access to medicines

3. SCOPE

The content of this policy applies to all service lines which employ non-medical prescribers and for all non-medical prescribers employed by ECT,

This includes:
• Community Practitioner Nurse Prescribers (CPNP)
• Nurse Independent/Supplementary Prescribers
• Pharmacist Independent/Supplementary Prescribers
• AHP Non-medical prescribers (podiatrists, physiotherapists, radiographers)

3.1 Bank/Agency

NMP is not routinely accepted as practice for bank or agency contracts, however, exceptions can be made but this must be approved via the NMP lead with evidence of:
• Regular working pattern as a bank nurse (minimum of 1 regular working day per week)
• Evidence of full appraisal being undertaken in line with Trust policy and competence verification by the employing manager.
• Submission of an annual approval to practice form in line with this policy.
• Adherence to ECT NMP Stat and mand requirements (See section 9.0 for full details)

Please email: www.ecn-tr.NMP@nhs.net

The non-medical prescribing policy should be used in conjunction with relevant supporting policies and procedures including (but not exhaustive):

• ECT Medicine Policies
• Codes of Professional Practice.
• Trust Antibiotic guidelines
• Wound care formulary

4. ROLES & RESPONSIBILITIES

4.1 The Chief Executive

Is legally accountable for the quality of care that patients receive and for assuring patient safety.

4.2 The Director of Nursing, Performance and Quality

Has Trust Board Responsibility for all aspects of Non-medical Prescribing and is responsible for overseeing development, implementation and sustainability of non-medical prescribing within a safe and supportive environment.

4.3 The Chief Pharmacist
Has responsibility for ensuring that the Trust complies with local and national guidance relating to medicines, and advice on non-medical prescribing practice and will ensure that non-medical prescribers have:

- Access to a prescribing budget (for hospital based NMP’s only)
- Access to Pharmaceutical support and advice to interpret electronic Prescribing 
- Analysis and Cost (ePACT) Data
- Access to BNF’s, and NPF’s.

As Controlled Drugs Accountable Officer (CDAO), the Chief Pharmacist will ensure the prescribing of CDs is closely monitored and this includes NMPs.

4.4 The Non-Medical Prescribing Lead

Is responsible for:

- ensuring non-medical prescribers are fit for purpose and able to function and supported within services
- Providing professional leadership and a coordinated approach to the development and maintenance of all non-medical prescribing roles within the organisation.
- ensuring that sufficient number of places for NMP programmes are in line with Service developments
- Supporting / approving identification of services where non-medical prescribing will enhance patient care.
- Ensuring that the appropriate processes are in place for the selection of candidates for the non-medical prescribing course and applicants meet the required academic and professional standards
- Ensuring that robust process for confirming the qualifications and registration for new NMPs and for those qualified NMPs joining the Trust are in place
- Ensuring appropriate systems are in place for ordering of prescription pads and maintenance of a local NMP database of non-medical prescribers is in place.
- Monitoring prescribing by non-medical prescribers in the Trust
- Regular review and implementation of an NMP Policy and Strategy
- Representation of the organisation at Local and National Levels to share and learn of good practice, policy and guidance
- Ensuring provision and access to suitable Continuous Professional Development for all non-medical prescribers in order to support competence in prescribing.
- Ensure that existing NMP’s continue to prescribe within their area of competency and that this is reviewed and documented within the appraisal process and any development needs recorded in their Personal Development Plan and the annual NMP ‘Approval to Practice’ submission (see section 9)

4.5 The Service/Line Manager

Is responsible for:

- Identifying where non-medical prescribing roles would improve and enhance patient care and support the training and development of professionals entitled to achieve prescribing rights where appropriate and facilitate and support future continual professional development
- Ensuring that the NMP role is reflected in the individual Job Descriptions
- Ensuring that prescribers have access to Clinical Supervision
- Support the NMP’s with their personal and professional development through annual appraisal and ‘approval to practice’ form submission.
• Provide opportunities for staff to attend CPD.
• Ensuring that NMP’s have access to an individual locked facilities for storing prescription pads
• Informing the Non-medical prescribing lead if an NMP:-
  ➢ Joins the organisation
  ➢ Leaves the organisation
  ➢ Changes their role/location of working (see Section 9).

4.6 The Designated Medical Practitioner

Is responsible for:-
• Ensuring that the healthcare professional planning to become a NMP has the knowledge and skills to provide the role.
• Supporting the process of demonstration to the Trust of continuing competence for NMP to prescribe by signing “Annual NMP P Formulary Update” if appropriate.

4.7 The Non-Medical Prescriber

Is responsible for:-
• Successfully completing an accredited non-medical prescribing course and having an annotation signifying their non-medical prescribing status on their professional register entry
• Ensuring they provide appropriate prescribing to their patients at all times
• Adhering to their professional code of conduct and to their employing/contracting Trust’s policy for non-medical prescribing
• Acting only within the boundaries of their knowledge and competence working at all times within their registered prescribing rights, clinical competence and with reference to their regulatory bodies professional standards and includes
• Ensuring that they have read and are familiar with the content of this policy with the locally agreed local medicines and any related policies/SOP’s
• Ensuring that they provide appropriate, evidence based, safe and cost effective prescribing to their patients/clients at all times.
• Ensuring that their patients are made aware of the scope and limits of non-medical prescribing and ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing) (DOH April 2006)
• Ensuring that all requirements including line management and appraisal in relation to Non-Medical Prescribing are completed.
• Ensuring that they remain compliant with Trust and Professional requirements in relation to CPD and mandatory training.
• Provide evidence to their line manager and NMP lead that they are up to date and competent within their sphere of prescribing practice each year as part of the appraisal process. Consideration should be given to the individual’s responsibility to maintain a professional portfolio demonstrating their competence in relation to prescribing within their sphere of practice in order to facilitate re-validation.

4.8 Accountability, Indemnity and Legal Liability

Where an NMP appropriately trained and qualified and prescribes as part of their professional duties/job description and with the consent of their employer, the employer is held vicariously liable for their actions.
5. ELIGIBILITY AND SELECTION TO ACCESS NON-MEDICAL PRESCRIBING PROGRAMMES

To be eligible to prescribe within ECNHT, the NMP will be a first level registered; nurse, midwife, registered pharmacist, qualified community practitioner nurse or other suitably qualified health care professional (e.g. podiatrist, physiotherapist, radiographer, optometrist etc.)

Non-medical prescribing leads and service/line managers will be responsible for the selection of individuals suitable for independent and supplementary prescribing training.

Staff and line managers, who are considering non-medical prescribing, should ensure there is a need for NMP within their area of practice. The DoH has guidance documents for the implementation of NMP which should be consulted.

It is the responsibility of the line manager and the supervising clinician/independent prescriber, (Designated Medical Practitioner) to ensure that the healthcare professional planning to become a NMP has the knowledge and skills to provide the role.

Support from the Service head/service manager for Continuing Professional Development (CPD)

Those wishing are to undertake prescribing training will need to demonstrate a professional qualification as outlined below:-

- First level nurses registered with NMC
- (Pharmacist registered with the General Pharmaceutical Council (GPhC)
- Allied Health Professionals registered with the Health Professions Council
- Pharmacists a minimum of two years' appropriate patient orientated experience practising in a hospital, community or primary care setting following their pre-registration year after graduation and AHPs a minimum of 3 years' relevant post qualification experience.

5.1 Nurses

All first level nurses registered with the Nursing and Midwifery Council (NMC) working in a role where there is a need to prescribe regularly from either the British National Formulary (BNF) in either an independent capacity (working within agreed and identified areas of competence) or a supplementary capacity with an independent medical prescriber (in accordance with a clinical management plan) or from the Nurse Prescribing Formulary (NPF) are eligible for applying for NMP training.

5.2 Pharmacists

Pharmacists must be registered to practice with the General Pharmaceutical Council GPhC and must have at least 2 years post-registration experience or part-time equivalent.

Must have completed a clinical Diploma and working in a role where there is a need to prescribe regularly from either the British National Formulary (BNF) in either an independent capacity working within agreed and identified areas of competence, or a
supplementary capacity with an independent medical prescriber to prescribe in accordance with a clinical management plan (CMP).

5.3 Allied health professionals in specified professional groups

These professional groups currently include registered chiropodists/podiatrists, physiotherapists, radiographers or optometrists. They must be held on the relevant part of the Health and Care Professions Council membership register and have a minimum of 3 years’ experience post registration.

The AHP must be in a post where they have the opportunity to work in partnership with an independent medical prescriber to prescribe in accordance with a CMP where they hold supplementary prescribing rights.

As from 20th August 2013 legislation changed to enable podiatrists and physiotherapists to develop Independent prescribing rights.

Professionals in these two groups with supplementary rights may choose to undertake a conversion course to achieve independent /supplementary rights or remain as a supplementary prescriber.

Guidance for prescribing practice and relevant standards are outlined by the Nursing and Midwifery Council (NMC for nurses), the General Pharmaceutical Council (GPhC for pharmacists) and the Health Professions Council (HPC for allied health professionals) and can be accessed via the following web addresses:

- http://www.nmc-uk.org
- http://www.pharmacyregulation.org
- http://www.hpc-uk.org

5.4 For all professional roles V300 qualification (independent/supplementary prescribing)

Eligibility for this NMP route requires the practitioner to be:

- Registered with the Nursing and Midwifery Council, the General Pharmaceutical Council (GPHC) or the Health and Care Professions Council
- Professionally practising in an environment where there is an identified need for the individual to regularly use supplementary and/or independent prescribing
- Have at least three years’ relevant post-qualification experience
- Have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice
- Possess an ability to study at a minimum of academic Level 6 (undergraduate degree
- Have undertaken (at a minimum of Level 6) a qualification in advanced health assessment/examination/diagnostics.
- Able to demonstrate support from their line manager including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe from an approved Designated Medical Practitioner (DMP) including supervision, support and assessment
- Have an ability to reflect on their own performance and take responsibility for their own continuing professional development
- Have a current Disclosure and Barring Service (DBS) check undertaken within three years of the start of the course

**NB: Level 6 is Degree level and Level 7 Masters level.**
5.4.1 Designated medical Practitioner (DMP) for V300

NB: All V300 NMP students require the support of a DMP.

The DMP must be a registered medical practitioner who:

- Has had at least three years recent clinical experience for a group of patients in the relevant field of practice
- Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice or is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer
- Has the support of the employing organisation
- Has some experience of training in teaching and/or supervision in practice.
- Normally works with the NMP student

The DMP has a crucial role in educating and assessing the non-medical prescriber which includes:

- Establishing a learning contract with the student prescriber
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection.
- Provides dedicated time and opportunities for the student to observe how the DMP conducts a consultation/interview with patients and/or carers in the development of a management plan
- Allowing opportunities for the student to carry out consultations and suggest clinical management and prescribing options which are then discussed with the DMP.
- Helping ensure the student prescriber integrates theory with practice.

A guide to help Doctors prepare for the role of “Designated Medical Supervisor” this can be found at Appendix 1

6 V100/V150 – COMMUNITY PRACTITIONER NURSE PRESCRIBERS QUALIFICATION

This NMP route allows prescribing of dressings, appliances and licensed medicines listed in the Nurse Prescribers’ Formulary. It allows prescribing from a limited formulary and a CPNP can only prescribe products included in the Nurse Prescribers’ Formulary for Community Practitioners (Part XVIIIB(i) of the Drug Tariff).

http://www.medicinescomplete.com/mc/bnf/current/105970.htm

This route is appropriate for nurse prescribers such as District Nurses or Specialist Community Public Health Nurses (including Health Visitors either as part of the Specialist Practitioner Qualification or as a standalone module

- Nurses working at Band 6 level are eligible for this route but applications can also be considered for Band 5 community nurses who have been working within the clinical area for a minimum of 2 years employed at band 5.
The nurse must gain support/permission from their line and service manager including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe from an approved mentor which includes supervision, support and assessment.

**NB:** For the V150 course a registered NMP can act as the mentor. The mentor must be recorded as a sign off mentor.

### 7 SUPPLEMENTARY PRESCRIBING

Supplementary prescribers are those who have successfully completed an appropriate validated prescribing training programme and whose names are registered with the relevant professional body with an annotation indicating supplementary prescribing qualification (V300).

Supplementary prescribing is defined as “a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber [nurse, pharmacist or approved Allied Health Professional (AHP)] to implement an agreed patient-specific CMP with the patient’s agreement” (Department of Health, 2005), thus enhancing partnership working in a more flexible approach to care delivery.

There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that supplementary prescribing will be used for the management of chronic medical conditions and health needs.

There is no specific formulary or list of medicines for supplementary prescribing. The medicines are prescribable by a doctor or dentist and are specified in the patient's CMP. Supplementary prescribers are able to prescribe:

- All General Sales List (GSL) medicines and all Pharmacy (P) medicines
- Appliances and devices prescribable by GPs
- Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
- All Prescription Only Medicines (POM).
- Medicines for use outside their licensed indications (i.e. ‘off label’ prescribing) and ‘black triangle’ drugs,
- Unlicensed drugs provided they are part of a clinical trial that has a clinical trial certificate or exemption.

The supplementary prescriber will work closely with an independent medical prescriber and the CMP is the framework of this prescribing partnership.

### 8 APPLICATION FOR THE NON-MEDICAL PRESCRIBING COURSES

Information about the courses and the application form is available from: Non-Medical Prescribing | Health & Education Co-operative

The Trust NMP lead can provide further advice on the process of course application and available funding.
The individual service managers and the Trust NMP Lead will determine which NMP nominees to put forward for the programme of training. This decision will be made with due consideration of potential benefits for patients and local NHS needs.

An NMP nomination form can be obtained via Appendix 2. Please ensure that you select the correct form for your pathway.

The line manager and/or NMP applicant may be requested to attend a meeting with the non-medical prescribing lead during the application process. You will be informed of this requirement by the NMP lead.

Please refer to the link below for the step by step application process for NMP applications – Appendix 3 – Summary Flowchart – NMP Application Process.

9 POST QUALIFICATION PRACTITIONERS - STAFF ELIGIBLE TO PRESCRIBE

Post Qualification Practitioners who have successfully completed an accredited NMP training programme (and existing NMPs who join ECNHST) MUST complete the following to enable them to prescribe within the Trust.

9.1 Professional Registration

Once the NMP has successfully completed the course then they must register their qualification with their professional body and maintain their professional registration.

Successful completion of the NMP course will lead to the professional registration being annotated to the appropriate professional register.

Once the nurse, pharmacist or other allied health professional has successfully completed the prescribing course, the HEI will inform the NMC/GPhC or other relevant registering body.

It is the responsibility of all newly qualified NMPs to ensure that registration of the qualification has been completed with their own professional body.

NMPs should not commence prescribing until they have forwarded the verification of prescribing status from the relevant regulatory body, a copy of the prescribing certificate and completed an ‘Approval to Practice – New NMP Registration’ form with their line manager to the Trust NMP lead. Appendix 4.

This must include submission of their prescribing formulary “P – List” Appendix 5, which must have been discussed and approved by the Designated Medical Prescriber or Practice Assessor and Service/Line Manager.

The NMP will complete the local registration with the Trust NMP database and where appropriate with the NHS Business Services Authority (previously the Prescription Pricing Authority) before the NMP can start to prescribe.

The NMP Lead will also check proof of qualification online:

- Pharmacists’ registration may be checked on the General Pharmaceutical Council website http://www.pharmacyregulation.org/registers/pharmacist
  Pharmacists’ entries are annotated SP for supplementary prescriber and IP for independent prescriber.
• Nurses’ registration may be checked by accessing the Nursing and Midwifery Council’s website http://www.nmc-uk.org/aNewSearchRegister.aspx. Prescriber status is listed under the recordable qualifications section.
• AHP’s registration may be checked on the Health Professions Council website http://www.hpcheck.org/lisa/onlineregister/MicrositeSearchInitial.jsp. Prescriber status is clearly listed.

9.2 Local Registration

Details of all prescribers will be maintained in an East Cheshire Trust Database.

The NMP will register each new NMP on the local database which will identify if the NMP is a:-
• Hospital Prescriber – prescribing takes place on hospital prescription forms
• Community Prescriber – prescribing takes place on community FP10 lilac prescription pads

NB: For some prescribers there will be a dual registration as their role is across hospital and community boundaries and this will be indicated on the database.

The database will be used for:-
• Details of prescribing qualification and registration with relevant regulatory body
• Work base and contact details
• Details of CPD Page 7 of 14
• Validity of Scope/Approval to Practice
• The distribution of information
• Details for BNF/NPF ordering/distribution
• NMP update training

9.3 Registration with NHS Business Services Authority

For prescribers who will be prescribing in the community setting using CCG codes the NMP lead will register community prescriber with the (previously the Prescription Pricing Authority). This process needs to be completed before any prescribing can take place.

Once the NHSBA registration is live the NMP lead will order the first set pf prescription pads.

The first set of prescription pads must be collected from the NMP lead in order to complete the necessary checks. Subsequent/repeat orders can be collected at the locality office.

Once the NMP has completed the relevant registration processes/ received their prescription pads they are free to begin prescribing.

NMPs will be given authority to prescribe by letter/email and MUST NOT start prescribing until they receive this authorisation from the NMP lead.

New staff joining the organisation intending to practice as an NMP Staff joining the Trust who are already qualified as a NMP (and who will be continuing to prescribe in their area of expertise) must complete the “Approval to Practice – new to the organisation” form Appendix 6 and be authorised in line with section 6.1 and 6.2 before they can prescribe within the Trust.

Non- Medical Prescribing Policy    July 2016 – Version 6    Author: Lisa Minshall
9.4 Staff already prescribing who wish to extend their scope of practice

Staff already qualified as a NMP who are planning to extend their prescribing to a new clinical speciality must undertake a period of supervised practice with an independent prescriber (Consultant / Senior Registrar) within their new speciality. It is considered good practice to complete a reflective practice diary during this time to ensure training needs are identified and met.

The Independent Prescriber must confirm in writing to the NMP lead using the “Non-Medical Prescribing Approval to Practice Form - annual review” Appendix 7 to provide assurance that the member of staff is competent to carry out their new role before prescribing can start.

10 MAINTENANCE ON THE LOCAL NMP REGISTER AND CONTINUING PROFESSIONAL DEVELOPMENT

A NMP must have an active prescribing role that is integral to their job description to remain on the Trust’s NMP register.

All NMPs who are no longer active must inform the Non-Medical Prescribing Lead in writing.

The NMP and line manager must ensure that the relevant ‘Approval to Practice – annual review’ form Appendix 7 is completed in order to maintain active registration on the NMP database.

Failure to keep Approval to Practice forms will result in:
1) A reminder email to the NMP to remind of lapsed registration on NMP database (within 1 month of original renewal date)
2) A second reminder email to the NMP and Line/service manager to remind of lapsed registration on NMP database (within 6 weeks of the original renewal date)
3) A final reminder whereby if the Approval to Practice is not received the NMP will be removed from the local NMP register (within 8 weeks of the original renewal date)

If a final reminder is issues then the lapse means that you will not be able to prescribe and this will be escalated to the appropriate Head of Service by the NMP lead.

10.1 Approval to practice after a gap in prescribing practice

Where a non-medical prescriber has not prescribed for a twelve month period or longer within ECNHST a period of supervised practice is required if the NMP wishes to recommence prescribing activity.

A prescriber with the same level of rights who works aligned to the supported prescriber should be assigned as an official ‘buddy’

The NMP must undertake the Trust commissioned NMP Legal and Professional Framework Update session as well as completing the National Prescribing Centre’s (NPC) Single Competency Framework (currently under review) within a 6 month period to demonstrate competency in all the standards.
The NMP must then meet with the NMP lead and line manager in order to review the completed portfolio and decide if the non-medical prescriber can commence prescribing without supervision.

Decisions made at this review meeting can be appealed, by submitting the reason for appeal in writing to the non-medical prescribing lead within 4 weeks of the panel date.

10.2 Continuing professional development (CPD)

All nurses, pharmacists and AHPs with prescribing rights have a responsibility to ensure they are up to date with best practice in the management of conditions for which they prescribe, and in the use of drugs, dressings and appliances ensuring they meet their professional accountability and duty of care.

The Trust commissions a ‘Professional - Legal Update’ which is mandatory for all NMP prescribers across ECNHST and this is mandated as a 3 year requirement.

All line managers must incorporate the prescribing role during the individual performance appraisal and clearly identify CPD requirements. As part of these requirements NMP’s must provide evidence of ongoing review of competence in line with the Single Competence Framework for NMP’s.

The Non-Medical Prescribing Leads in the North of England provide resources on the, including information about Higher Education Institutes offering non-medical prescribing courses. See http://www.prescribingforsuccess.co.uk/about

All NMP’s are invited to join and contribute to the Non-Medical Prescribers/Specialist nurse Forum Group where they can support their CPD needs.

10.3 Where prescribing performance causes concern

Prescribing issues may be identified via a number of sources including EPACT Data (prescribing activity data set), NHSBA communication, Datix incident reporting system, unscheduled admissions or complaint.

Where staff are unable to evidence CPD as part of the appraisal this must be highlighted on the Annual Approval to Practice form.

The NMP lead should be informed and the NMP lead/line manager will arrange an urgent meeting to initially review the information with relevant personnel and a decision will be made in relation to the requirement for formal investigation.

Advice from the medicine management team will be sought on request; this will be reviewed to determine if the staff member can continue to prescribe. Each case will be looked at on individual merits.

10.4 NMP’s changing their role or leaving the organisation

The Line Manager (or delegated deputy) must inform the NMP office by email that a member of staff is leaving the organisation.

In termination of employment the line manager must collect all remaining prescription forms and return them to the non-medical prescribing local administrator who will ensure that pads are shredded/destroyed.

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In the absence of the local NMP administrator the prescriptions can be returned to the central NMP office. This must be clearly recorded on the termination form.

The non-medical prescribing lead will update the local database inform the NHSBSA when a prescriber is no longer carrying out prescribing duties (for example the prescriber has changed employer, Should a change of role within the NHS Trust take place from a prescribing to a non-prescribing role, the line manager is responsible for recalling all prescription forms and informing the NMP lead via email

The non-medical prescribing lead will update the local database and inform the NHSBSA where applicable.

10.5 Prescribing Practice

All non-medical prescribers hold individual clinical accountability for undertaking the assessment and follow up of all patients for whom they may prescribe

Non-medical prescribers should be familiar with the ECNHST Formulary/ Local Health Economy Formulary.

The prescriber must prescribe only for the specific patient. Those prescription items belong to the patient and are not transferable.

Prescribers must be clear which prescribing budget is being used, and ensure that the prescription forms reflect this adequately. For a community prescriber this will be included in the FP10 prescription details

Controlled Drugs must only be prescribed in accordance with the current legislation and NMP's competence and experience.

10.5.1 Computer Generated Prescriptions

Where electronic prescribing is available, only NMP's registered on the local database with ECNHST will be given prescribing rights to print prescriptions from the EMIS system.

NMP’s working within GP practices, may issue FP10SS prescription forms generated from the GP practice computer system providing:

- The practice manager has given them permission to do so and the NMP follows the practice prescription security guidance for FP10SS prescriptions.

All the relevant information legally required is contained on the prescriptions including:

- A ‘prescriber identifier’ e.g. Nurse Independent/Supplementary Prescriber, Pharmacist Supplementary/Independent Prescriber, Physiotherapist Supplementary Prescriber, Podiatrist Supplementary Prescriber, Community Nurse Practitioner
- The appropriate professional PIN number
- Address details

The following guide from EMIS must be followed in the setting up of Computer Generated Prescriptions and it is the NMP’s responsibility to ensure that the
prescribing code is correct and reflects the same prescribing code on the personalised FP10 lilac prescriptions.

NMPs must never tamper with existing prescriber’s details on a prescription or add their own prescribing details, whether that be handwritten or by stamp.

Prescriptions should always be signed immediately.

Prescriptions must never be written or printed-off and signed in advance, and then stored for future use.

10.6 Controlled drugs

From the 23rd April 2012, changes to the Misuse of Drugs Regulations, enabled independent nurses and pharmacist prescribers to; prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs. Neither independent pharmacist nor nurse prescribers will be able to prescribe; Diamorphine, Dipipanone or Cocaine for treating addiction, but may prescribe these items for treating organic disease or injury.

NB: ECNHST Non-Medical Prescribers may only prescribe controlled drugs if they have competence and it is agreed with the service manager and documented in their personal formulary (P-list) submitted to the NMP lead.

If the non-medical prescriber wishes to extend their prescribing, to further controlled drugs, this must be submitted to the SRFT NMP lead in writing, signed by their clinical lead and a new personal formulary submitted

- NMPs must not prescribe beyond their limits of competence and experience
- NMPs must not prescribe a controlled drug for themselves

NMPs may only prescribe a controlled drug for someone close to them if:
1. No other person with the legal right to prescribe is available and only then if:
   i. Treatment is immediately necessary to save life
   ii. Treatment is immediately necessary to avoid significant deterioration in the patient/client’s health
   iii. Treatment is immediately necessary to alleviate otherwise uncontrolled pain.

Hence this should be an extremely exceptional circumstance. NMPs must be able to justify their actions and must document their relationship and the emergency circumstances that necessitated prescribing a controlled drug for someone close to the NMP.

10.7 Prescribing Unlicensed Medicines

From the 21st December 2009, NMPs may prescribe an unlicensed medication as an Independent Prescriber in all clinical areas (within their competence and experience) for use by an individual patient on his/her personal responsibility. The NMP should ensure that the following conditions are met:

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• The NMP is satisfied that it would better serve the patient/client’s needs than an appropriately licensed alternative.
• The NMP is satisfied that there is sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy. Where the manufacturer’s information is of limited help, the necessary information must be sought from another source.
• The NMP should explain to the patient/client or parent/carer, in broad terms, the reasons why medicines are not licensed.
• Make a clear, accurate, and legible record for all medicines prescribed and the reasons for prescribing an unlicensed medicine.

NMPs may prescribe an unlicensed medication as a Supplementary Prescriber as part of a CMP.

10.8 Prescribing Unlicensed Medicines and Medicines outside Marketing Authorisation (Off-License)

Nurse, physiotherapist, podiatrist and pharmacist independent prescribers may prescribe medicines independently for use outside their licensed indication/UK marketing authorisation (“off licence” or “off label” use) if considered clinically appropriate.

Where NMP’s choose However, in order to do so the NMP must ensure the following conditions are met:
• The NMP is satisfied that it would better serve the patient/client’s needs than an appropriately licensed alternative.
• The NMP is satisfied that there is sufficient evidence base and / or experience of using the medicine to demonstrate its safety and efficacy. Where the manufacturer’s information is of limited help, the necessary information must be sought from another source e.g. dermatological preparation (Department of Health 2006 – Improving Patient’s Access to Medicines -off label section).
• The NMP should explain to the patient/client or parent/carer, in broad terms, the reasons why medicines are not licensed for their proposed use.
• Make a clear, accurate, and legible record for all medicines prescribed and the reasons for prescribing an “off-label” medicine.
• The NMP may also, as a Supplementary Prescriber, prescribe a medicine for use outside the terms of its licence as part of a CMP.

Independent NMPs should not routinely prescribe unlicensed medicines. Where such prescribing is necessary, NMPs must arrange to prescribe these items as a Supplementary NMP within a CMP unless agreement and approval has been reached through the Medicines Management Committee. The rationale for treatment must be clearly recorded in the clinical notes.
It is possible under current legislation for nurse or pharmacist Independent Prescribers to prescribe off-label as Independent Prescribers.

10.9 Prescriptions

Hospital Prescription forms (FP10 HNC (green) Prescriptions) - Hospital Forms that can be dispensed in a community pharmacy) must be ordered as ‘controlled stationery’.

Community prescriptions FP10 (lilac) used in the community must be ordered by the NMP lead (or designated deputies) via the NHSBA.
Appendix 8 provides information of the details that must be included by the prescriber when prescribing on FP10 prescription

10.10 The Clinical Management Plan (CMP)

Before Supplementary Prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to the patient’s specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record.

10.10.1 Regulations

Regulations specify that the CMP must include the following:

- The name of the patient to whom the plan relates
- The illness/conditions which may be treated by the supplementary prescriber
- The date the plan is to take effect and when it is to be reviewed. The review date should extend no longer than one year
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan
- Any restrictions or limitations relating to 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. NB: the CMP may include a reference to published national or local guidelines. The CMP should draw attention to the relevant part of the guideline and the referenced guidelines should be accessible.
- Relevant warnings about known sensitivities or allergies
- The arrangements for notification of any adverse reactions
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the independent prescriber

The independent prescriber and supplementary prescriber must share access to the same common patient record. Shared electronic records are ideal, but existing paper records or patient-held records can also be used.

Following diagnosis by the independent prescriber, the independent and supplementary prescriber should discuss and draw up the clinical management plan. Both must formally agree to the CMP before supplementary prescribing can begin.

10.10.2 Format and conditions of clinical management plans.

It is for the independent prescriber to determine the extent of the responsibility given to the supplementary prescriber under the CMP. Consideration should be given to the experience and areas of expertise of the supplementary prescriber and the professional relationship between the independent and supplementary prescriber(s).

The clinical management plan should:

- Be patient specific
• Be agreed by both the independent and supplementary prescriber before supplementary prescribing begins and signed by both of them, the arrangement should be endorsed by the patient. The patient’s agreement should be documented.
• Specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency and formulation of the medicines identified (medicines must be listed by generic name (or brand name if necessary), strength, route of administration, dosage and frequency).
• Specify when to refer from supplementary prescriber to independent prescriber
• Contain relevant warnings about known sensitivities of the patient to particular medicines and include arrangements for notification of adverse drug reactions, contain the date of commencement of the arrangement and date for review (not normally longer than one year, and much shorter than this if the patient is being prescribed a drug which is for short term use only).

The CMP comes to an end:
• At any time at the discretion of the independent prescriber
• At the request of the supplementary prescriber or the patient

The supplementary prescriber may pass responsibility back to the independent prescriber if she / he feel their knowledge of the medicines to be prescribed falls outside their area of competence and knowledge.

The supplementary prescriber should pass responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval or the review date passes without agreement for further management.

It is the responsibility of the independent prescriber to report adverse incidents within local risk management processes and inform the National Patient Safety Agency via the national reporting scheme.

11 REPEAT PRESCRIPTIONS

Non-medical prescribers should not routinely issue repeat prescriptions unless they have assessed the patient face to face and are satisfied that the medication is still required and that it is safe and appropriate to provide the repeat.

There may be certain situations where the patient may be assessed by telephone if specific monitoring is not required. The appropriateness of such situations should be discussed and agreed with the non-medical prescriber’s line manager prior to prescribing in this manner.

In such agreed circumstances the patient must be formally reviewed and reassessed every 6 months.

Prescriptions should be for a maximum duration of one month unless it is considered good prescribing practice to prescribe for a longer duration e.g. a 3 month supply for oral contraceptives.

11.1 Prescribing for Self, Family and Friends
NMPs must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances.

Refer to the relevant professional bodies’ standards and codes of ethics detailed above.

11.2 Remote Prescribing

Remote prescribing’ is not routine practice for non-medical prescribers and as a general rule of thumb:

- Non-medical prescribers must only prescribe medicines for patients to whom they provide direct care in the area in which they work.
- There should be no prescribing undertaken for another prescriber or on request of another member of staff.

An exception to this rule can be made for community staff if adherence is made to the supporting SOP Interim Community Px made on recommendation. Appendix 9

NB: This is in place to allow time for additional V150 NMP's to be trained and its continuation will be reviewed by the NMP lead on an annual basis.

11.3 Reordering of Prescription Pads

1.3.1 Community Nursing Staff:

All repeat FP10 prescription forms will be requested by the non-medical prescriber via NHS email to the non-medical prescribing administrator email address Joe Clarke joanne.clarke2@nhs.net for East and Lisa Kay lisakay@nhs.net for South & Vale Royal who will then place an order.

1.3.2 Intermediate Care (community) Staff:

All repeat FP10 prescription forms will be requested by the non-medical prescriber via NHS email to the nominated non-medical prescribing administrator for Intermediate care.

All prescribers are responsible for keeping a copy of the email request.

The NMP must usually allow 3 – 4 weeks from placement of order to delivery.

When the new prescription pads have arrived the NMP administrator will contact the NMP to arrange collection in person of the prescription forms. A witnessed signature will be required on the prescriber’s prescription log sheet when despatching prescription forms to the prescriber

11.4 Documentation and Record Keeping

All prescribers are required to keep records, which are accurate, unambiguous and legible in line with requirements of the registering body standards for records.

Any item prescribed by a designated non-medical prescriber must be entered into all patient records within 24 hours.
ECNHST staff who are not based with the GP and do not have access to the GP patient records (EMIS) but are prescribing for patients, should notify the GP in writing. This may be faxed (or contact the GP immediately if deemed necessary) with the following details:

a) Patients name  
b) Address  
c) Date of Birth  
d) NHS Number (if known)  
e) Date seen  
f) Assessment/rationale for prescribing /or not prescribing  
g) Prescription  
h) Review/Evaluation  
i) Follow up e.g. issue of future prescriptions, monitoring etc.

Please see Appendix 10 for template letter to GP.

If it is not possible to locate a patient’s GP (e.g. travellers) then a record should be made in the prescriber’s records and include the patient's name, date of birth, address where seen, details of prescription, date given. Details should also be written in the patient held record if applicable.

11.5 Adverse Drug reactions

All adverse drug reactions (ADR) should be reported in accordance with Medicines Healthcare Regulatory Agency (MHRA) Yellow Card scheme [http://www.mhra.gov.uk/](http://www.mhra.gov.uk/).

11.6 'Off label' and Unlicensed Prescribing

Independent prescribers are able to prescribe off label (medicines for use outside of their licensed indications) however they must take full clinical and professional responsibility for their prescribing and should only prescribe 'off-label' where it is considered acceptable.

11.7 British National Formulary (BNF) and Drug Tariff

NMPs should only base their prescribing decisions on the most up-to-date sources; old BNFs may be donated to certain charities or to student colleagues for reference only.

The Trust will supply the BNF to V300 independent/ supplementary prescribers every six months.

The electronic BNF is updated more frequently than the paper version and is encouraged to be accessed. It can be accessed, without charge or password, via [https://www.medicinescomplete.com/mc/bnf/current/](https://www.medicinescomplete.com/mc/bnf/current/) from an NHS internet connection or via a smartphone app.

The Drug Tariff details the payments community pharmacists will receive for dispensing prescriptions and as such is the cost that clinical teams will incur from their prescribing practice. It does not provide clinical information but will be used when monitoring prescribing activity of teams.
It is published online every month and can be accessed from the NHS Business Services Authority via http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx.

Drug Tariff

Community practitioner nurse prescribers will receive an NPF every three years. Information can also be sought by a free downloadable BNF app on phones and IPad and the BNF icon should be available on all Trust computers.

12 SAFE HANDLING AND SECURITY OF PRESCRIPTION PADS/FORMS

The theft of prescription forms and the unlawful obtaining and misuse of prescription medicines is of concern to all practitioners and staff who handle prescription forms. It is therefore important that all staff remain vigilant and adhere to procedures intended to reduce the risk of prescription form theft and fraud.

It is the responsibility of each prescriber to ensure the security of the prescription pads/forms at all times in accordance with NHSBSA guidance available at: Security of Prescription forms guidance

Pads should be kept in a locked place at all times when not in use and when out of this environment should be kept on the prescribers person at all times.

Prescribers must keep a log of prescription pads in their care and the ones currently in use so that any loss/theft can be quickly recognised and managed

In the event of lost, stolen or unaccounted for prescription forms the prescriber must follow Procedure for lost prescription forms Lost Prescription Forms Appendix 11

13 LEGAL AND CLINICAL LIABILITY

Where an NMP is appropriately trained and qualified and prescribes as part of their professional duties, within their scope of competence and with the consent of their employer, the employer is held vicariously liable for their actions.

It is the responsibility of the NMP’s line manager in conjunction with the NMP Lead, to agree to the areas in which they are able to prescribe as part of their professional duties via the ‘Approval to Practice’ route (see section??)

All NMPs have responsibility for accepting accountability and responsibility for their prescribing practice, working at all times within their clinical competence and with reference to their regulatory body’s professional standards.

14 USEFUL WEBSITES

www.nmc-uk.org

www.pharmacyregulation.org

www.gov.uk/government/organisations/department-of-health.gov.uk

www.npc.co.uk

www.mhra.gov.uk

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Appendix 1

Designated Medical Supervisor

Appendix - Additional info DMS role 2016.docx

Appendix 2

Nomination Forms V150 & V30

V150_Application_Form_March_2016[2].pdf
np_ind.suppl_nomination_form_june_2015.pdf

Appendix 3

Flowchart - Summary flowchart for NMP Application Process

NMP Appendix.docx

Appendix 4

Non-Medical Prescribing Approval to Practice Form – Initial Registration as New NMP

NMP Approval to Practice Form Initial & Annual Review Final April 2016.docx

Appendix 5

Additional Information about P- Lists and Personal Portfolios

Appendix - 'P-list' 2016.docx

Appendix 6

NMP Approval to Practice Form - New Employee to ECNHST Form

NMP Approval to Practice Form New Employee form Final April16.docx

Appendix 7

Non-Medical Prescribing Approval to Practice Form Annual Review /Update form

NMP Approval to Practice Form Annual

Appendix 8

Non-Medical Prescribing Policy July 2016 – Version 6 Author: Lisa Minshall
Appendix 9

SOP Interim Community PX Made On Recommendation

Appendix 10

Template Letter to GP

Appendix 11

Standard Operating Procedure for Missing, Lost or Suspected Theft of FP10 Prescriptions

Back to Contents Page
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, and strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.
E.g. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Non-medical Prescribing policy

Details of person responsible for completing the assessment:
- Lisa Minshall:
  - Position: Head of Nursing (Professional Practice – NMP lead)
  - Team/service: Corporate nursing

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(Usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc. which have shaped or informed the document)

This policy sets out the standards for Non-Medical Prescribing within East Cheshire NHS Trust. It will ensure that the working practices of Nurses, pharmacists and AHPs training or undertaking this extended role as independent, supplementary or community nurse prescribers are safe, effective and carried out in accordance with current guidelines and legislation.

- service user is treated as a partner in their care and is involved at all stages in the decision making
- respond to individual communication needs
- improve service user care without compromising their safety
- make it easier for service users to get the medicines they need
- increase service user choice in accessing medicines
- make better use of the skills of health professionals

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).
Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester

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• Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chest
• Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
• Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
• None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
• Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

None known

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

NO

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☒ No

Explain your response:

The policy is consistent in its approach to the management of patients regardless of race but there may be issues in relation to communication and comprehension of the information being given. The NMP must be aware of this and consider the use of local interpreters. NMP’s will receive notice of the update to the Policy which will include equality and diversity issues and signposting to the Trust Interpreting policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☒

Explain your response:

No negative impacts identified. The policy is consistent in its approach to the management of patients regardless of gender.
DISABILITY

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☒ No ☐

Explain your response:

People with low vision may not be able to read instructions on bottles or see printed information sheets and will require further assistance and support when explaining the prescription.
People with learning disability may need further help with understanding – nationally there are no general medication information leaflets in easy read as recommended by the North West Peer Review for people with learning disabilities, however, the Trust has developed a limited amount of such leaflets. If there is a demand identified for a particular leaflet, staff will highlight this to their manager who will approach the Equality lead to address this need. Patients with hearing impairment may require a BSL interpreter and written guidance. See also section on carers.
NMP does enable easier access for patients to get the medicines they may require.

NMP’s will have training on the NMP policy which will include equality and diversity issues and information available about the protected characteristics

AGE

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently? Yes ☐ No ☒

Explain your response:

No negative impacts identified. The policy is consistent in its approach to the management of patients regardless of age. However, should a patient require more time and explanation due to memory issues, staff will facilitate this.

LESBIAN, GAY, BISEXUAL:

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☒ No ☐

Explain your response:

No negative impacts identified - The policy is consistent in its approach to the management of patients regardless of sexual orientation.

RELIGION/BELIEF:

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes ☒ No ☐

Explain your response:
Personal preferences of the patient will be taken into account during prescribing in terms of cultural or religious wishes i.e. the composition of drugs would be considered. Staff need to be aware that some drugs may contain porcine products and this needs to be discussed with the patient and an alternative sourced where possible. This is incorporated as part of the NMP training module.

**CARERS:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes □ No ☒

Explain your response:

No negative impacts identified.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes □ No ☒

Explain your response:

No negative impacts identified.

4. Safeguarding Assessment - CHILDREN

| a. Is there a direct or indirect impact upon children? | Yes □ No ☒ |
|-------------------------------------------------------|
| b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people: |
| c. If no please describe why there is considered to be no impact / significant impact on children – adult policy only |

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc.?

6. Date completed: 21.5.16 Review Date: 21.5. 2019

As outlined above, the policy allows NMPs to prescribe medicines to a wide range of people within both clinical and home settings to enable easier access for patients to get the medicines they may require. Work undertaken in conjunction with the North West NMP network and local NMP groups.

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
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8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:  
Date: 23.5.16
EMIS Web: Service level prescribing

Use this training handout to configure and use service level prescribing. Service level prescribing is to enable community nurse prescribers to print prescriptions with the correct prescriber details (based on the payment structure and the issuing service).

Configure prescription printing

Note: All nurse prescribers must already be configured to authorise prescriptions.

For more information on configuring users as prescribers, refer to TH948 EMIS Web Configuring prescribing for nurses, pharmacists and medicine managers.

1. To access Services, do one of the following:

   - Click , point to Configuration, click Organisation Configuration, and then click the Services tab at the bottom of the navigation pane.
   - If you have customised the quick access toolbar, click , and then click the Services tab at the bottom of the navigation pane.
   - On the EMIS Web homepage, click the link, if configured.

   The Services screen is displayed.

2. In the navigation pane, select the organisation that the service belongs to. Services belonging to the selected organisation are displayed in the right-hand pane.

3. In the right-hand pane, click the required service.

4. On the ribbon, click Edit.

The Edit Service screen is displayed.

Note: On this screen, check the nurse prescriber is already added as a user to this service.

5. Click the FP10 Prescriber Area tab.

The FP10 Prescriber Area pane is displayed.
6. To activate the screen, select **Override parent services/organisation.**

The Cost Centre and Provider sections are enabled.

7. In the Cost Centre section, select one of the following:
   - If the cost centre for this prescriber is the patient’s Clinical Commissioning Group, select **Patient CCG.**
   - If the cost centre for this prescriber is the patient’s registered organisation, e.g. a community district nurse prescribing for the patient’s registered organisation, select **Patient Registration Organisation.**
   - If the cost centre for this prescriber is a non-service parent organisation, e.g. a trust, select **Non-service Parent.**
   - If the cost centre for this prescriber needs to be specified, select **Specified,** and then complete the Name, Address, Code and Telephone fields for the specified cost centre.

8. In the Provider section, select one of the following:
   - If the provider for this prescriber is the patient’s CCG, select **Patient CCG.**
   - If the provider for this prescriber is the patient’s registered organisation, e.g. a community district nurse prescribing for the patient’s registered organisation, select **Patient Registration Organisation.**
   - If the provider for this prescriber is a non-service parent organisation, e.g. a trust, select **Non-service Parent.**
   - If the provider for this prescriber needs to be specified, select **Specified,** and then complete the Name and Code fields for the specified provider.

9. Click **OK.**

The prescriber settings are updated.

You are prompted to restart EMIS Web for the changes to take effect.

**An example of using service level prescribing**

In a geographical area that has many GP organisations and also a community district nurse team who can treat patients from any of those GP organisations, the community district nurses can print prescriptions as independent prescribers, and the prescription costs are allocated to the patient’s registered organisation.
Issuing medication

When a community district nurse is issuing prescriptions, the Issue screen is displayed with an additional option, Service Override.

Example Issue Medication with Service Override options for a district nurse team circled

**Issue Medication**

1. Complete the issue medication details as required.
2. Beside the Service Override option, click ▼ and select either **None** or a listed service, e.g. a community district nurse team.

**Important:** If the list of available services is not appropriate for this issue, you must select **None**. There is no default setting.

3. Click **Approve and Complete**.

**Warning:** If configured prescribing services are available, and a service override is not selected, a message is displayed. You must select either a service or None.

Service overrides are available message
The prescription is printed with the nurse prescriber details.

Example prescription with nurse prescriber details, patient’s organisation and CCG details circled

For further information, see EMIS Web Help

This handout is only a guide to supplement the training you receive. For further training, contact EMIS Customer Fulfilment: 0845 123 4455

For all your post-training support queries, go to the EMIS Web Online Support Centre, accessible from the EMIS Web homepage.

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Appendix 1 Additional information about the Designated Medical Practitioner Role

DESIGNATED MEDICAL SUPERVISOR

Independent Nurse, Pharmacist and supplementary prescribing students require a Designated Medical Supervisor (DMS) who is willing to contribute to and supervise 12 days of learning in practice.

The responsibilities for the DMS are laid down in the document “Training Non Medical Prescribers in Practice.

There are four broad core competences that the DMP would be required to provide: The ability to create an environment for learning
- Personal characteristics
- Teaching knowledge
- Teaching skills

The DMP has a crucial role in educating and assessing the non medical prescriber. This involves:
- Establishing a learning contract with the student prescriber following the university approved template.
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing.
- Facilitating learning by encouraging critical thinking and reflection.
- Provides dedicated time and opportunities for the student to observe how the DMP conducts a consultation/interview with patients and/or carers in the development of a management plan.
- Allowing opportunities for the student to carry out consultations and suggest clinical management and prescribing options which are then discussed with the DMP.
- Helping ensure the student prescriber integrates theory with practice - Taking opportunities to allow in depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further.
- Assessing and verifying that by the end of the course, the student is competent to assume the prescribing role.

Once the NMP is qualified the DMS may act in an ongoing mentoring/coaching role if this is appropriate but may not be the independent prescriber in a supplementary prescribing partnership.
The application process requires applicants to meet criteria for appropriate governance of a prescribing role.

Applicants should be aware that they may be required to meet their employing organisation’s own criteria in advance of submission of an application. These criteria may include submission of a completed application form several months in advance of course start dates. Applicants are advised to contact Non-Medical Prescribing Leads in the employing organisation as early as possible in the process.

All the sections of this form must be completed fully before submission to the relevant University. PLEASE PRINT CLEARLY. Failure to complete the form fully and accurately will result in the application form being returned, and may delay the commencement of the course.

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

**Notes for applicants:**

---

Section 1: to be completed by applicant

<table>
<thead>
<tr>
<th>University applying to:</th>
<th>Bolton</th>
<th>Edge Hill</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please circle)</td>
<td>Central Lancashire Chester Cumbria</td>
<td>Liverpool John Moores Manchester Metropolitan</td>
</tr>
</tbody>
</table>

Preferred start date: CPD—Apply unique learner no:

---

**Section 1a: personal details to be completed by applicant**

<table>
<thead>
<tr>
<th>First Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
</tr>
<tr>
<td>Title (Mr/Mrs/Ms/Dr/other):</td>
</tr>
<tr>
<td>Previous Surname:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>National Insurance No:</td>
</tr>
<tr>
<td>NMC registration no:</td>
</tr>
<tr>
<td>Field</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Job title</td>
</tr>
<tr>
<td>Employer / Trust</td>
</tr>
<tr>
<td>Work Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Work Telephone number</td>
</tr>
<tr>
<td>Work Email address</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Home telephone number</td>
</tr>
<tr>
<td>Home email address</td>
</tr>
<tr>
<td>Mobile phone number</td>
</tr>
<tr>
<td>Country of birth</td>
</tr>
<tr>
<td>Nationality</td>
</tr>
<tr>
<td>Country of domicile/area of permanent residence</td>
</tr>
<tr>
<td>Applicants not born in the United Kingdom only</td>
</tr>
<tr>
<td>Date of first entry to the UK</td>
</tr>
<tr>
<td>Date of most recent entry to the UK (apart from holidays)</td>
</tr>
<tr>
<td>Date from which you have been granted permanent residence in the UK</td>
</tr>
<tr>
<td>If you are a non-British EU national who is not living in the UK, will you have been living in the EU for 3 years by 1st September of the year in which the course begins?</td>
</tr>
<tr>
<td>Professional and Academic Qualifications:</td>
</tr>
<tr>
<td>Course</td>
</tr>
<tr>
<td>(include all degrees, modules and courses leading to registration, most recent first)</td>
</tr>
</tbody>
</table>

**Please note:** transcripts of the most recent and highest level academic study to be submitted to the University with the completed application form.
Do you have the required amount of post registration clinical experience?
Normally a minimum of 2 years post-registration clinical experience in the clinical field in which you intend to prescribe.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Have you previously commenced but not completed a nurse prescribing / non-medical prescribing course?

If yes, please give details including date of course, university and reason for non-completion:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Section 1b: **Criminal conviction check: applicant self-declaration**

All prospective students should be aware that for courses in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974.

During your application for Community Practitioner Nurse Prescribing training the University will ask your employer to confirm you have had a satisfactory, enhanced criminal convictions check or if an independent practitioner to apply for and supply a criminal convictions check. Please check with the University for their policy on this.

You may also need an “enhanced disclosure document” from the Disclosure and Barring Service, or the Scottish Criminal Records Office Disclosure Document Service. This means that if the criminal record check identifies that you have a conviction, this information will be made available to the University. Furthermore, if you are convicted of a criminal offence after you have applied, you must tell the University.

**Applicant Self Declaration** (enter X in the appropriate box):

- I have a criminal conviction □
- I have not had a criminal conviction since my last criminal conviction check □
- I have never had a criminal conviction □

Signed: Date:
Section 2: to be completed by line manager / employer

This is divided into three sub-sections: suitability of the applicant to prescribe, release of staff for the course and enhanced DBS check. All parts MUST be completed.

Section 2a: suitability of the applicant to prescribe (to be completed by line manager / employer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the applicant a first level Registered Nurse eligible to undertake V150 NMP preparation?</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have evidence of the ability to study at degree level?</td>
<td></td>
</tr>
<tr>
<td>What is the applicant’s highest level of academic attainment? Please tick □ below:</td>
<td></td>
</tr>
<tr>
<td>□ MA/MSc □ Degree □ Diploma □ Certificate □ Other (please provide details)</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have appropriate numeracy skills to undertake drug calculations (to be further developed within the context of prescribing and assessed on the course)?</td>
<td></td>
</tr>
<tr>
<td>Has the applicant successfully completed the numeracy assessment tool? (This is a mandatory pre-course assessment. Please contact Trust NMP Lead to organise this)</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have a recognised qualification/experience and ability in diagnostics and physical examination skills to enable him/her to apply nurse prescribing skills to their intended area of prescribing practice?</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have sufficient experience (normally at least 2 years) post registration to be deemed to be competent in the area of intended clinical practice?</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have a named mentor / practice assessor, who is a practising nurse prescriber and sign-off mentor and has agreed to provide supervision to the applicant for the required 10 days of learning in practice?</td>
<td></td>
</tr>
<tr>
<td>Is there a clinical need within the applicant’s role to justify prescribing?</td>
<td></td>
</tr>
<tr>
<td>Has the organisation considered the options of supply and administration within the context of Patient Group Directions?</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have the commitment of his/her employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course?</td>
<td></td>
</tr>
<tr>
<td>Will the applicant be prescribing regularly from central funding in order to provide maximum benefit to patient?</td>
<td></td>
</tr>
<tr>
<td>If the applicant has previously commenced a non-medical prescribing programme, have the reasons for non-completion been discussed in order to ensure this application is appropriate?</td>
<td></td>
</tr>
</tbody>
</table>

As the applicant’s Line Manager I confirm the above:

Signed: Date:
Section 2b: (to be completed by line manager / employer) confirmation of:
1. Line Manager / Employer agreement to a minimum release from practice for both taught theory and medical supervision (10 days theory equivalent and 10 days practice)
2. Line Manager / Employer confirmation of good health and character to enable safe and effective practice
3. Line Manager / Employer confirmation of applicant’s prescribing role on successful completion of the programme

As this is a recordable qualification with the NMC, contact day attendance and recorded achievement of all theory and practice hours are mandatory. Students will be unable to record their qualification until all learning hours and assessments are achieved.

2. Line Manager / Employer confirmation of good health and character to enable safe and effective practice
The applicant’s line manager should confirm that the applicant is of good health and character to enable safe and effective practice.

3. Line Manager / Employer confirmation of applicant’s prescribing role on successful completion of the programme
The applicant’s line manager should confirm their intention that the applicant will have a prescribing role on successful completion of the programme.

As line manager, I confirm that the applicant has received an appraisal of their suitability to prescribe and is of good health and character to enable safe and effective practice. I confirm full release support, totalling a minimum of 20 days equivalent, to undertake the programme of preparation as a prescriber, and that the applicant will have a prescribing role on completion of the programme.

Name (please print): Job title:

Organisation:

Email address:

Signed: Date:
### Requirements for NMC registrants:

The NMC (circular 09/2007) requires “all registrants must have an up to date CRB check i.e. within the last three years, before they commence educational preparation to prescribe as a Nurse Independent Prescriber”.

NMC Standards (2006 p.10) require employers to have the “necessary clinical governance infrastructure in place (including a Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so”.

Therefore the NMC require registrants to provide evidence of a recent enhanced DBS to the University on application to the educational programme. The NMC identify this as the responsibility of the employer and the DBS must have been obtained by the applicant’s employing organisation within three years of the programme start date. The Universities do not undertake DBS checks on NMC registrants.

### Does the applicant have a current enhanced DBS check?

<table>
<thead>
<tr>
<th>□ YES</th>
<th>□ NO</th>
</tr>
</thead>
</table>

DBS issue no: ________________________________ *(enter issue no)*

Issue date of DBS disclosure: ____________________________ *(enter date)*

I understand that the University will not undertake a DBS check and that all applicants are required to have an enhanced DBS check within three years of the programme start date.

I can confirm that the applicant has a satisfactory enhanced DBS check obtained by their employing organisation and within the period identified above.

Signed (manager): ____________________________ Date: ____________________________
Section 3: to be completed by the Practice Assessor

This section is divided into four parts: general information about the Practice Assessor and area of clinical practice, eligibility criteria, confirmation of practice placement quality and confirmation of sign–off and current mentor status.

Section 3a: **details of the Practice Assessor**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of practice:</td>
<td></td>
</tr>
<tr>
<td>Title/position:</td>
<td></td>
</tr>
<tr>
<td>Qualifications:</td>
<td></td>
</tr>
<tr>
<td>NMC registration no:</td>
<td></td>
</tr>
<tr>
<td>Trust:</td>
<td></td>
</tr>
<tr>
<td>Work address:</td>
<td></td>
</tr>
<tr>
<td>Post code:</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
</tbody>
</table>

**I agree to facilitate 10 days/ 75 hours clinical practice supervision.**

Name (please print): 

Signed: Date:
### Section 3b: eligibility criteria for Practice Assessors

Practice Assessors must meet all the criteria below. Please circle the appropriate response below to confirm that you fit the criteria. All parts MUST be completed.

<table>
<thead>
<tr>
<th><strong>The Practice Assessor must be a registered nurse who:</strong></th>
<th>Please circle the appropriate response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Is a practising prescriber</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Has sign-off and current mentor status* with the employing organisation</td>
<td>Yes / No</td>
</tr>
<tr>
<td><em>(a trained mentor who meets the requirements of the NMC for sign-off mentor status, and has undertaken the required up-dates to remain on the employing organisation’s mentor register)</em></td>
<td></td>
</tr>
<tr>
<td>Has the support of the employing organisation to act as the practice assessor who will provide supervision, support and opportunities to develop competence in prescribing practice</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Normally works with the trainee prescriber or practises in a clinical area which directly relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Practises in a clinical area which will provide the trainee prescriber with an appropriate learning environment and which is subject to the University’s audit process.</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**As the applicant’s Practice Assessor I confirm I meet the above criteria:**

Signed: Date:
As part of the quality assurance process for practice placements, Practice Assessor to please read and confirm the placement area meets statutory requirements (Ongoing Quality Monitoring Exercise, QAA 2007 standards). Please contact the relevant programme leader for advice regarding this process if required.

<table>
<thead>
<tr>
<th>Standard statement</th>
<th>Please tick(✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity</td>
<td>--------------</td>
</tr>
<tr>
<td>2. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities</td>
<td>--------------</td>
</tr>
<tr>
<td>3. Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas</td>
<td>--------------</td>
</tr>
<tr>
<td>4. We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) when they are in placements</td>
<td>--------------</td>
</tr>
<tr>
<td>5. We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action</td>
<td>--------------</td>
</tr>
<tr>
<td>6. We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements</td>
<td>--------------</td>
</tr>
<tr>
<td>7. Our practice placement supervisors are aware of the student’s placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience</td>
<td>--------------</td>
</tr>
<tr>
<td>8. We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract</td>
<td>--------------</td>
</tr>
<tr>
<td>9. We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received</td>
<td>--------------</td>
</tr>
<tr>
<td>10. We provide students with an orientation/induction to each practice placement</td>
<td>--------------</td>
</tr>
<tr>
<td>11. Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning</td>
<td>--------------</td>
</tr>
<tr>
<td>12. Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through: observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users’ rights, privacy and dignity</td>
<td>--------------</td>
</tr>
<tr>
<td>13. Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice</td>
<td>--------------</td>
</tr>
<tr>
<td>14. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working</td>
<td>--------------</td>
</tr>
<tr>
<td>15. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria</td>
<td>--------------</td>
</tr>
<tr>
<td>16. We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated</td>
<td>--------------</td>
</tr>
<tr>
<td>17. We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas</td>
<td>--------------</td>
</tr>
<tr>
<td>18. The guidance and support we offer as a placement provider are sensitive to equality of opportunity</td>
<td>--------------</td>
</tr>
</tbody>
</table>

I confirm all the above standards can be met whilst the student undergoes prescribing supervision. (Please identify exceptions below, see next page)

Signature:  
Date:
Section 3d: practice assessor current sign-off mentor status (to be confirmed by Practice Education Facilitator)

The NMC require that the nominated Practice Assessor for the V150 programme has current sign–off mentor status with their employing organisation. This means that the Practice Assessor must have completed the necessary sign–off mentor training and has undertaken up–dates to remain on the employing organisation’s register of sign–off and current mentors.

Confirmation of the Practice Assessor’s sign–off and current mentor status must be provided by the Practice Education Facilitator(s) who maintain the register of sign–off mentors. Confirmation can be provided by email (recommended), using work email addresses, and using the wording below. A copy of the email confirmation should be submitted with this application. Alternatively, confirmation can be provided by the completion of section 3d below. Mentors and applicants seeking this confirmation should check the process that has been established within their organisation for confirmation of sign–off and current mentor status.

As Practice Education Facilitator, I can confirm that ………………………………………….. (insert the name of the nominated Practice Assessor) has sign–off and current mentor status.
Name of Practice Education Facilitator (please print):
Organisation:
Email address:
Signed: Date:

Section 4: to be completed by the Trust Non–Medical Prescribing Lead
(Please note this is the person responsible for non–medical prescribing in your organisation)

Applicants within the Health Education England – North West region:
➢ Non–Medical Prescribing Leads facilitate access to the numeracy tool which must be completed and passed before submitting this application form to the University.

<table>
<thead>
<tr>
<th>Non–Medical Prescribing Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (please print):</td>
</tr>
<tr>
<td>Employing organisation:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
</tbody>
</table>

Numeracy tool completed and passed:

□ YES □ NO Date completed: _________________

I agree with the above professional training for registration as a V150 Community Practitioner Nurse Prescriber.

Signed: Date:
Notes for applicants:

All the sections of this form **must be completed fully** before submission to the relevant University. Failure to complete the form accurately will result in the application form being returned, and may delay the commencement of the course.

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

<table>
<thead>
<tr>
<th>University of Bolton</th>
<th>Edge Hill University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma Street Senior Lecturer</td>
<td>Jane Duckworth Faculty</td>
</tr>
<tr>
<td>Room T3 – 12, Eagle Tower The</td>
<td>of Health Edge Hill University Ormskirk Campus</td>
</tr>
<tr>
<td>University of Bolton Deane Road</td>
<td>St Helens Road</td>
</tr>
<tr>
<td>Bolton BL3 5AB</td>
<td>Ormskirk L39 4QP</td>
</tr>
<tr>
<td>Email: <a href="mailto:es8@bolton.ac.uk">es8@bolton.ac.uk</a></td>
<td>Email: <a href="mailto:duckworj@edgehill.ac.uk">duckworj@edgehill.ac.uk</a></td>
</tr>
<tr>
<td>Tel: 01204 903780</td>
<td>Tel: 01695 650723</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Central Lancashire</th>
<th>Liverpool John Moores University</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Contracts Administration School of Health</td>
<td>Sharon Gibson, Admissions and Information Officer</td>
</tr>
<tr>
<td>University of Central Lancashire</td>
<td>Faculty of Education, Health and Community Tithebarn Building</td>
</tr>
<tr>
<td>Preston PR1 2HE</td>
<td>79 Tithebarn Street</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:nursingcpd@uclan.ac.uk">nursingcpd@uclan.ac.uk</a></td>
<td>Liverpool L2 2ER</td>
</tr>
<tr>
<td>Tel: 01772 893836</td>
<td>Email: <a href="mailto:S.Gibson@ljmu.ac.uk">S.Gibson@ljmu.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>Tel: 0151 231 5844</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Chester</th>
<th>Manchester Metropolitan University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Ashford Admissions</td>
<td>Direct Admissions 2nd Floor</td>
</tr>
<tr>
<td>Department University of</td>
<td>Business School and Student Hub All Saints Campus</td>
</tr>
<tr>
<td>Chester Riverside Campus</td>
<td>Manchester M15 6BH</td>
</tr>
<tr>
<td>Castle Drive</td>
<td>Email: <a href="mailto:direct@mmu.ac.uk">direct@mmu.ac.uk</a></td>
</tr>
<tr>
<td>Chester CH1 1SL</td>
<td>Tel: 0161 247 2966</td>
</tr>
<tr>
<td>Email: <a href="mailto:a.ashford@chester.ac.uk">a.ashford@chester.ac.uk</a></td>
<td></td>
</tr>
<tr>
<td>Tel: 01244 512573</td>
<td></td>
</tr>
</tbody>
</table>

| University of Cumbria             |                                  |
|-----------------------------------|                                  |
| Health Admissions Team            |                                  |
| University of Cumbria             |                                  |
| Bowerham Road Lancaster           |                                  |
| LA1 3JD                           |                                  |
| Email: healthadmissions@cumbria.ac.uk |                                  |
| Tel: 01524 384360 / 4604          |                                  |
Notes for applicants:

The application process requires applicants to meet criteria for appropriate governance of a prescribing role.

Applications should be aware that they may be required to meet their employing organisation’s own criteria in advance of submission of an application. These criteria may include submission of a completed application form several months in advance of course start dates. Applicants are advised to contact Non-Medical Prescribing Leads in the employing organisation as early as possible in the process.

All the sections of this form must be completed fully before submission to the relevant University. PLEASE PRINT CLEARLY. Failure to complete the form fully and accurately will result in the application form being returned, and may delay the commencement of the course.

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

Section 1: to be completed by applicant

<table>
<thead>
<tr>
<th>University applying to: (please circle)</th>
<th>Bolton</th>
<th>Central Lancashire</th>
<th>Edge Hill</th>
<th>Liverpool John Moores</th>
<th>Manchester</th>
<th>Manchester Metropolitan</th>
<th>Salford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred start date:</td>
<td>CPD–Apply unique learner no:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 1a: personal details to be completed by applicant

| First Name(s):                          | |
|----------------------------------------| |
| Surname:                                | |
| Title (Mr/Mrs/Ms/Dr/other):             | |
| Previous Surname:                       | |
| Date of Birth:                          | |
| National Insurance No:                  | |
| Professional body for Registration: (please tick) | □ Nursing and Midwifery Council (NMC)  
□ Health and Care Professions Council (HCPC)  
□ General Pharmaceutical Council (GPhC)  
□ Pharmaceutical Society of Northern Ireland (PSNI) |
<p>| NMC/ HCPC / GPhC / PSNI                | |
| Regulatory body registration no:        | |</p>
<table>
<thead>
<tr>
<th>Job title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer / Trust:</td>
<td></td>
</tr>
<tr>
<td>Work Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Work Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Work Email address:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Home telephone number:</td>
<td></td>
</tr>
<tr>
<td>Home email address:</td>
<td></td>
</tr>
<tr>
<td>Mobile phone number:</td>
<td></td>
</tr>
<tr>
<td>Country of birth:</td>
<td></td>
</tr>
<tr>
<td>Nationality:</td>
<td></td>
</tr>
<tr>
<td>Country of domicile/area of permanent residence:</td>
<td></td>
</tr>
<tr>
<td>Applicants not born in the United Kingdom only</td>
<td></td>
</tr>
<tr>
<td>Date of first entry to the UK</td>
<td>Day: ____ Month: ____ Year: ____</td>
</tr>
<tr>
<td>Date of most recent entry to the UK (apart from holidays)</td>
<td>Day: ____ Month: ____ Year: ____</td>
</tr>
<tr>
<td>Date from which you have been granted permanent residence in the UK</td>
<td>Day: ____ Month: ____ Year: ____</td>
</tr>
<tr>
<td>If you are a non-British EU national who is not living in the UK, will you have been living in the EU for 3 years by 1st September of the year in which the course begins?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>Professional and Academic Qualifications:</td>
<td></td>
</tr>
<tr>
<td>(include all degrees, short courses and courses leading to registration, most recent first)</td>
<td></td>
</tr>
<tr>
<td>Course</td>
<td>Academic Level</td>
</tr>
</tbody>
</table>

**Please note:** transcripts of the most recent and highest level academic study to be submitted to the University with the completed application form.
Do you have the required amount of post registration clinical experience?
- Nurses: Level 1 registrants, normally 3 years ‘post-registration clinical experience, including one year preceding application in the clinical field in which they intend to prescribe’.
- Pharmacists: at least two years’ appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year.
- AHPs: 3 years ‘relevant post qualification experience’.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Are you applying for the course at degree level or Masters level? (to be eligible for M level study you are normally required to have a first degree.
Please check with the University for details)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Have you previously commenced but not completed a non-medical prescribing course?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, please give details:

Section 1b: Criminal conviction check: applicant self-declaration

All prospective students should be aware that for courses in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974.

During your application for non-medical prescribing training the University will ask your employer to confirm you have had a satisfactory, enhanced criminal convictions check or if an independent practitioner to apply for and supply a criminal convictions check. Please check with the University for their policy on this.

You may also need an “enhanced disclosure document” from the Disclosure and Barring Service, or the Scottish Criminal Records Office Disclosure Document Service. This means that if the criminal record check identifies that you have a conviction, this information will be made available to the University. Furthermore, if you are convicted of a criminal offence after you have applied, you must tell the University.

**Applicant Self Declaration** (enter X in the appropriate box):

I have a criminal conviction ☐

I have not had a criminal conviction since my last criminal conviction check ☐

I have never had a criminal conviction ☐

Signed: ___________________________  Date: ___________________________
Section 1c: to be completed by applicant

A short statement should be provided which identifies an area of clinical practice in which applicants intend to develop their prescribing skills. It is also a prerequisite of admission to the course, that the applicant is able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection and learning.
Section 2: to be completed by line manager / employer

This is divided into three sub-sections: suitability of the applicant to prescribe, release of staff for the course and enhanced DBS check. All parts MUST be completed.

### Section 2a: suitability of the applicant to prescribe (to be completed by line manager/employer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the applicant a regulated Health Care Professional eligible to undertake NMP preparation? (Nurses should be first level registered nurses)</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have evidence of the ability to study at degree level?</td>
<td></td>
</tr>
<tr>
<td>What is the applicant’s highest level of academic attainment? Please tick ✓ below:</td>
<td></td>
</tr>
<tr>
<td>□ MA/MSc □ Degree □ Diploma □ Certificate □ Other (please provide details)</td>
<td></td>
</tr>
<tr>
<td>........................................................................................................................................</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have appropriate numeracy skills to undertake drug calculations (to be further developed within the context of prescribing and assessed on the course)?</td>
<td></td>
</tr>
<tr>
<td>Has the applicant successfully completed the numeracy assessment tool? (This is a mandatory pre-course assessment for students in the North West. Please contact Trust NMP Lead to organise this)</td>
<td></td>
</tr>
</tbody>
</table>
| Does the applicant have at least 3 years* (2 years for pharmacists and optometrists) post registration clinical experience or part-time equivalent?  
*for nurses the year prior to application must be spent in the clinical area in which the applicant intends to prescribe |          |
| Does the applicant have a recognised qualification/experience and ability in diagnostics and physical examination skills to enable him/her to apply non-medical prescribing skills to their intended area of prescribing practice? (not applicable to pharmacists) |          |
| Does the applicant have a medical prescriber willing to supervise the student for the 12-day ‘learning in practice’ element of the preparation? |          |
| Is there a clinical need within the applicant’s role to justify prescribing? |          |
| Has the organisation considered the options of prescribing/preparation within the context of Patient Group Directions? |          |
| Does the applicant have the commitment of his/her employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course? |          |
| Will the applicant be prescribing regularly from central funding in order to provide maximum benefit to patient? |          |
| Has the applicant an area of clinical practice in which to develop their prescribing skills? |          |
| Pharmacists Only                                                                 |          |
| Has the pharmacist applicant up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice? |          |

As the applicant’s Line Manager I confirm the above:

Signed: ___________________  Date: ___________________

---

5
**Section 2b:** (to be completed by line manager / employer) confirmation of:

1. release from practice for duration of course (38 days) and
2. applicant’s suitability to prescribe
3. applicant’s prescribing role on successful completion of the programme

---

1. **Line Manager / Employer agreement to a minimum release from practice for both taught theory and medical supervision (26 days theory equivalent and 12 days practice)**

   As this is a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.

   Some universities operate a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves flexibility of release time required, but this does not reduce the total mandatory time needed for study by the student.

2. **Line Manager / Employer confirmation of good health and character to enable safe and effective practice**

   The applicant’s line manager should confirm that the applicant is of good health and character to enable safe and effective practice.

3. **Line Manager / Employer confirmation of applicant’s prescribing role on successful completion of the programme**

   The applicant’s line manager should confirm their intention that the applicant will have a prescribing role on successful completion of the programme.

As line manager, I confirm that the applicant has received an appraisal of their suitability to prescribe and is of good health and character to enable safe and effective practice. I confirm full release support, totalling a minimum of 38 days equivalent, to undertake the programme of preparation as a prescriber, and that the applicant will have a prescribing role on completion of the programme.

**Name** (please print):

**Job title:**

**Organisation:**

**Email address:**

**Signed:**                **Date:**
Section 2c: Disclosure and Barring Service check (to be completed by line manager / employer of all applicants).

Requirements for NMC registrants:
The NMC (circular 09/2007) requires “all registrants must have an up to date CRB check i.e. within the last three years, before they commence educational preparation to prescribe as a Nurse Independent Prescriber”.

NMC Standards (2006 p.10) require employers to have the “necessary clinical governance infrastructure in place (including a Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so”.

Therefore the NMC require registrants to provide evidence of a recent enhanced DBS to the University on application to the educational programme. The NMC identify this as the responsibility of the employer and the DBS must have been obtained by the applicant’s employing organisation within three years of the programme start date. The Universities do not undertake DBS checks on NMC registrants.

Requirements for HCPC registrants:
The Outline Curriculum Frameworks (ahp, 2016) for Allied Health Professionals also state that “employers should undertake an appraisal of a registrant’s suitability to prescribe before they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including relevant Disclosure and Barring Service check) to enable the registrant to prescribe once they are qualified to do so”.

Therefore the HCPC require registrants to provide evidence of an enhanced DBS check to the University within the last three years prior to entry to the programme.

As the HCPC identify this as the responsibility of the employer the Universities do not undertake DBS checks on HCPC registrants.

Requirements for GPhC registrants:
Universities may also require pharmacists to provide evidence of a recent, satisfactory enhanced DBS check, and the applicant should confirm the requirements of the University to which they wish this application form to be submitted.

Does the applicant have a current enhanced DBS check?

□ YES    □ NO

DBS issue no: ________________________________ (enter issue no)

Issue date of DBS disclosure: _________________ (enter date)

I understand that the University will not undertake a DBS check and that all applicants are required to have an enhanced DBS check within the period specified above.

I can confirm that the applicant has a satisfactory enhanced DBS check obtained by their employing organisation and within the period identified above.

Signed (manager):                                      Date:
Section 3: to be completed by the Designated Medical Practitioner (DMP)

This section is divided into three parts: general information about the DMP, eligibility criteria and confirmation of practice placement quality.

**Section 3a: details of the Designated Medical Practitioner (DMP)**

<table>
<thead>
<tr>
<th>Name of DMP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of practice:</td>
</tr>
<tr>
<td>Title/position:</td>
</tr>
<tr>
<td>Qualifications:</td>
</tr>
<tr>
<td>GMC registration no:</td>
</tr>
<tr>
<td>Employing organisation:</td>
</tr>
<tr>
<td>Work address:</td>
</tr>
<tr>
<td>Post code:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
<tr>
<td>Work email address:</td>
</tr>
</tbody>
</table>

I agree to facilitate 12 days/ 90 hours clinical practice supervision.

Name (please print):

Signed: Date:

Official hospital / practice stamp:
Section 3b: eligibility criteria for Designated Medical Practitioners

Doctors must meet all of the criteria below. Please tick the box to confirm that you fit the criteria.

<table>
<thead>
<tr>
<th>The doctor must be a registered medical practitioner who:</th>
<th>Please tick (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice</td>
<td></td>
</tr>
<tr>
<td>Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) or is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer</td>
<td></td>
</tr>
<tr>
<td>Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice</td>
<td></td>
</tr>
<tr>
<td>Has some experience or training in teaching and / or supervising in practice</td>
<td></td>
</tr>
<tr>
<td>Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role</td>
<td></td>
</tr>
<tr>
<td>Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes.</td>
<td></td>
</tr>
</tbody>
</table>


As the applicant’s Designated Medical Practitioner I confirm I meet the above criteria:

Signed:  
Date:
Section 3c: practice placement quality (to be completed by DMP)

As part of the quality assurance process for practice placements, DMP to please read and confirm the placement area meets statutory requirements (Ongoing Quality Monitoring Exercise, QAA 2007 standards). Please contact the relevant programme leader for advice regarding this process if required.

<table>
<thead>
<tr>
<th>Standard statement</th>
<th>Please tick (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity</td>
<td></td>
</tr>
<tr>
<td>2. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities</td>
<td></td>
</tr>
<tr>
<td>3. Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas</td>
<td></td>
</tr>
<tr>
<td>4. We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) when they are in placements</td>
<td></td>
</tr>
<tr>
<td>5. We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action</td>
<td></td>
</tr>
<tr>
<td>6. We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements</td>
<td></td>
</tr>
<tr>
<td>7. Our practice placement supervisors are aware of the students placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience</td>
<td></td>
</tr>
<tr>
<td>8. We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract</td>
<td></td>
</tr>
<tr>
<td>9. We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received</td>
<td></td>
</tr>
<tr>
<td>10. We provide students with an orientation/induction to each practice placement</td>
<td></td>
</tr>
<tr>
<td>11. Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning</td>
<td></td>
</tr>
<tr>
<td>12. Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through: observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users’ rights, privacy and dignity</td>
<td></td>
</tr>
<tr>
<td>13. Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice</td>
<td></td>
</tr>
<tr>
<td>14. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working</td>
<td></td>
</tr>
<tr>
<td>15. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria</td>
<td></td>
</tr>
<tr>
<td>16. We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated</td>
<td></td>
</tr>
<tr>
<td>17. We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas</td>
<td></td>
</tr>
<tr>
<td>18. The guidance and support we offer as a placement provider are sensitive to equality of opportunity</td>
<td></td>
</tr>
</tbody>
</table>

I confirm all the above standards can be met whilst the student undergoes prescribing supervision. (If there are any exceptions, please identify these on a separate page)

Signature:  
Date:
Section 4: to be completed by the Trust Non–Medical Prescribing Lead
(Please note this is the person responsible for non–medical prescribing in your organisation)

Applicants within the Health Education England – North West region:
- Non–Medical Prescribing Leads facilitate access to the numeracy tool which must be completed and passed before submitting this application form to the University.

<table>
<thead>
<tr>
<th>Non–Medical Prescribing Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (please print):</td>
</tr>
<tr>
<td>Employing organisation:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
</tbody>
</table>

Numeracy tool completed and passed:

□ YES    □ NO Date completed: ______________________

I agree with the above professional training for registration as an Independent/Supplementary prescriber.

Signed:        Date:

Notes for applicants:

All the sections of this form must be completed fully before submission to the relevant University. Failure to complete the form accurately will result in the application form being returned, and may delay the commencement of the course.

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.
## University contact details

(Application forms should be returned to one university of choice only)

<table>
<thead>
<tr>
<th>University of Bolton</th>
<th>Liverpool John Moores University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma Street, Senior Lecturer</td>
<td>Sharon Gibson</td>
</tr>
<tr>
<td>Room T3 – 12, Eagle Tower</td>
<td>Admissions and Information Officer</td>
</tr>
<tr>
<td>The University of Bolton</td>
<td>Faculty of Education, Health and Community</td>
</tr>
<tr>
<td>Deane Road</td>
<td>Tithebarn Building</td>
</tr>
<tr>
<td>Bolton BL3 5AB</td>
<td>79 Tithebarn Street</td>
</tr>
<tr>
<td>Email: <a href="mailto:es8@bolton.ac.uk">es8@bolton.ac.uk</a></td>
<td>Liverpool L2 2ER</td>
</tr>
<tr>
<td>Tel: 01204 903780</td>
<td>Email: <a href="mailto:S.Gibson@ljmu.ac.uk">S.Gibson@ljmu.ac.uk</a></td>
</tr>
<tr>
<td>Tel: 0151 231 5844</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Central Lancashire</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Contracts Administration</td>
<td>University of Manchester</td>
</tr>
<tr>
<td>School of Health</td>
<td>Max Gibbons</td>
</tr>
<tr>
<td>University of Central Lancashire</td>
<td>Postgraduate Admissions Administrator</td>
</tr>
<tr>
<td>Preston PR1 2HE</td>
<td>Manchester Pharmacy School</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:nursingcpd@uclan.ac.uk">nursingcpd@uclan.ac.uk</a></td>
<td>G.129, Stopford Building</td>
</tr>
<tr>
<td>Tel: 01772 893836</td>
<td>The University of Manchester</td>
</tr>
<tr>
<td></td>
<td>Manchester M13 9PL</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:pgtpharmacy@manchester.ac.uk">pgtpharmacy@manchester.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>Tel: 161 306 0604</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Chester</th>
<th>Manchester Metropolitan University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Ashford</td>
<td>Direct Admissions</td>
</tr>
<tr>
<td>Admissions Department</td>
<td>2nd Floor</td>
</tr>
<tr>
<td>University of Chester</td>
<td>Business School and Student Hub</td>
</tr>
<tr>
<td>Riverside Campus</td>
<td>All Saints Campus</td>
</tr>
<tr>
<td>Castle Drive</td>
<td>Manchester M15 6BH</td>
</tr>
<tr>
<td>Chester CH1 1SL</td>
<td>Email: <a href="mailto:direct@mmu.ac.uk">direct@mmu.ac.uk</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:a.ashford@chester.ac.uk">a.ashford@chester.ac.uk</a></td>
<td>Tel: 0161 247 2966</td>
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<tr>
<td>Tel: 01244 512573</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>University of Cumbria</th>
<th>University of Salford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Admissions Team</td>
<td>Pat Killeen</td>
</tr>
<tr>
<td>University of Cumbria</td>
<td>Administration</td>
</tr>
<tr>
<td>Bowerham Road</td>
<td>School of Midwifery, Nursing, Social Sciences and</td>
</tr>
<tr>
<td>Lancaster LA1 3JD</td>
<td>Social Work</td>
</tr>
<tr>
<td>Email: <a href="mailto:healthadmissions@cumbria.ac.uk">healthadmissions@cumbria.ac.uk</a></td>
<td>University of Salford</td>
</tr>
<tr>
<td>Tel: 01524 384360 / 4604</td>
<td>Fredrick Road</td>
</tr>
<tr>
<td></td>
<td>Salford M6 6PU</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:p.a.killeen@salford.ac.uk">p.a.killeen@salford.ac.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edge Hill University</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Duckworth</td>
<td></td>
</tr>
<tr>
<td>Faculty of Health</td>
<td></td>
</tr>
<tr>
<td>Edge Hill University</td>
<td></td>
</tr>
<tr>
<td>Ormskirk Campus</td>
<td></td>
</tr>
<tr>
<td>St Helens Road</td>
<td></td>
</tr>
<tr>
<td>Ormskirk L39 4QP</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:duckworj@edgehill.ac.uk">duckworj@edgehill.ac.uk</a></td>
<td></td>
</tr>
<tr>
<td>Tel: 01695 650723</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3
Flowchart - Summary flowchart for NMP Application Process.

The service manager and nominee for NMP has read and understands what NMP is. He/She can demonstrate how it can be used in practice and how it will form part of their professional responsibilities and provide patients with quicker and easier access to medicines in order to improve the patient experience.

Complete NMP Proposal Form (Service Manager, Nominee NMP, DMP)
http://www.hecoperative.co.uk/available-courses/1160/page/8217
or contact you NMP lead for a form

Forward NMP Proposal form to NMP Lead with copy of in date DBS for checking and approval (Nb: a DBS must have been undertaken within 3 years of the course start date for nurses and within 3 months of the course start date for HCPC registrants)

Once proposal accepted and confirmed by NMP Lead an On-Line Numeracy Assessment will be released by the NMP Lead.

Once the applicant completes Numeracy test, the applicant will forward the results to the NMP address: lisa.minshall@nhs.net

NMP Lead to ask Applicant to go onto CPD apply websited and complete CPD application form

NB: This is to apply for funding

Service Manager to sign off CPD Application

NMP Lead to forward the application form to the chosen HEI and request the applicant to complete CPD application www.cpd-applynw.nhs.uk
**NON MEDICAL PRESCRIBING APPROVAL TO PRACTICE FORM – INITIAL REGISTRATION AS NEW NMP**

<table>
<thead>
<tr>
<th>Prescribers full name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td></td>
</tr>
<tr>
<td>Areas prescribing undertaken (please circle – may be more than one)</td>
<td>Inpatient/hospital</td>
</tr>
<tr>
<td>Contact number / Bleep</td>
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</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Clinical Speciality, Field or Service in which prescribing takes place</td>
<td></td>
</tr>
<tr>
<td>Prescribing qualifications</td>
<td>V100</td>
</tr>
<tr>
<td>Approved to prescribe as (please tick appropriate box)</td>
<td></td>
</tr>
<tr>
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<td>SUPPLEMENTARY</td>
</tr>
<tr>
<td>Date of registration as an NMP:</td>
<td></td>
</tr>
<tr>
<td>Professional registrations Number:</td>
<td></td>
</tr>
</tbody>
</table>

**Summarise Area(s) of Prescribing Practice : e.g. asthma, wound care products**

| Will you prescribe Chemotherapy? | Yes | No |
| Will you prescribe Insulin? | Yes | No |
| Will you prescribe opioids? | Yes | No |

| Have you completed the Trust E-learning Medicines Management Module | Yes | No | Date completed |
| Have you completed ‘Safe use of Insulin’ E-learning module | Yes | No | Date completed |
| Have you completed the NMP legal & Professional Framework update | Yes | No | Date completed |

*If the answer to above is no either provide equivalent evidence or complete before undertaking NMP within the Trust.*

**Areas of Px Practice – P- List: (for more information about P- list please see Appendix 5 of the NMP policy)**

<table>
<thead>
<tr>
<th>Disease area to be prescribed for:</th>
<th>List all medicine’s that may be (BNF section/group):</th>
<th>Please state guidelines or attach protocols worked to EXAMPLE; BTS guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
# NON MEDICAL PRESCRIBING APPROVAL TO PRACTICE FORM – INITIAL REGISTRATION AS NEW NMP

## SELF DECLARATION

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident &amp; competent as a prescriber in my prescribing practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have updated my prescribing knowledge &amp; skills through CPD, to enable me to prescribe competently, safely and in line with policy and legislation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recent CPD Activity (please list):

General Comments:

<table>
<thead>
<tr>
<th>Prescriber's Signature</th>
</tr>
</thead>
</table>

---

## To be completed by LINE MANAGER - Name:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any identified clinical concerns regarding the prescribers competency identified (including competency to take a patients history, undertake a clinical assessment and diagnose within their field of practice)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence of up to date statutory requirements/ CPD related to job description

Evidence of Statement of Entry on relevant professional register

Evidence of Qualification Certificate from University

Please attach copy of above and submit with Approval to Practice form to NMP lead – **failure to do so may Result in a delay in registration on the NMP register.**

I am satisfied that the prescriber is competent to prescribing actively

General Comments:

<table>
<thead>
<tr>
<th>Line Managers Signature</th>
</tr>
</thead>
</table>

---

## To be completed by NMP Lead – Name:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied that the evidence provided, the prescriber is competent to continue prescribing actively</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am NOT satisfied that the prescriber is competent to continue prescribing actively and therefore I Recommend suspending prescribing activity

Prescriber has professional body registration

General Comments:

<table>
<thead>
<tr>
<th>NMP Lead Signature</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>Portfolio Called for</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

---
Appendix 5

ADDITIONAL INFORMATION ABOUT P- LISTS AND PERSONAL PORTFOLIOS

What is a P-List?

As a Non-Medical Prescriber (NMP) you may see a lot of patients per day, many of whom need treatment with a drug. A Personal Formulary also known as a “P” List is a list of the drugs you, your Designated Medical Practitioner and your manager have agreed are appropriate to your role and which you will be prescribing regularly.

For supplementary prescribers, the P-List will consist of those drugs for which you have developed clinical management plans; this will be done in conjunction with your Independent Prescriber.

Any drugs included in this P-List will be ones you are competent to prescribe and for which you can provide supporting evidence to demonstrate this. The items selected for inclusion in your Personal Formulary should be based on maximum efficacy combined with lowest cost, reflecting best clinical evidence and local/national guidance. They are your first choice for given indications. For supplementary prescribers, the P-List will consist of those drugs for which you have developed clinical management plans; this will be done in conjunction with your Independent Prescriber.

The BNF is updated 6 monthly, every March and September, and it is good practice to review your P-List each time a new BNF becomes available. The Children’s BNF is updated every 12 months in July and the Nurse Prescribers Formulary every 2 years in November. It is essential that up to date information is used as a reference source for prescribing decisions. You MUST send your updated P-List, preferably electronically, to the NMP Lead on commencement of prescribing within the organisation and bi-annually thereafter. Failure to supply an up to date P-List to the NMP Lead can result in prescription pad supply being delayed until the requested P-List is submitted. Additions to P-Lists can be submitted to the NMP Lead at any time.

The P-List concept is more than just the name of a pharmacological substance; it also includes the types of clinical conditions that the NMP will prescribe for. P-Lists will differ from place to place, and between prescribers. However, you may find that prescribers in similar roles, and where agreed formularies exist, will be very similar.

What do non-medical prescribers have to do to be compliant?

As detailed in the Non-Medical Prescribing (NMP) Policy prescribers are required to submit a Personal Formulary to the Non-Medical Prescribing Lead as part of the approval to Practice process.

A section/table has been included in the Approval to practice forms to allow you to create your P-list.

It is not expected that P-lists will include any unlicensed preparations. Additionally if you use an ECNHST approved local formulary (e.g. dressing/wound care formulary) you can acknowledge this and attach the formulary.

The P-list is an overview of your prescribing scope. When producing your P List it is important to reflect on whether prescribing each medication or class of medication items is within your clinical competence. The use of the BNF categories of drugs is acceptable or it may be appropriate to list individual items or classes of medication, depending on area(s) of competence.

For example, it may be appropriate to list:

- Individual item ‘salbutamol inhaler’ or subclass of medication ‘beta 2 antagonists’
- Individual item ‘Ramipril’ or class of medications ‘ACE inhibitors’.
Sample P-list given below:-

<table>
<thead>
<tr>
<th>Disease area to be prescribed for</th>
<th>List all medicine’s that may be (BNF section/group)</th>
<th>Please state guidelines or attach protocols worked to EXAMPLE; BTS guidelines</th>
</tr>
</thead>
</table>
| Heart Failure                    | Diuretics  
  Beta-adrenoceptor blocking drugs 
  Hypertension and heart failure 
  Anti-arrhythmic drugs          |                                                                          |
| Palliative care                  | Antiemetic’s  
  Non opioid analgesics  
  Benzodiazepines                |                                                                          |
| Asthma                           | Bronchodilators  
  Corticosteroids  
  Oxygen                         |                                                                          |
| Infections (UTI/Cellulitis/Chest) | Antibacterial drugs  
  Antifungal drugs                |                                                                          |

**Personal Portfolio**

Your personal portfolio (held by individual prescribers) will contain more detailed information about the medicine you prescribe e.g. Drug indication for use, side effects, interactions and pharmacodynamics (the effects of the drug on the body) and pharmacokinetics (the way the body affects the drug with time).

Additionally portfolios should include reflections on prescribing decisions, details on how the prescriber keeps up to date such as with safety data, new treatment(s) and local/national guidance and formularies.

Sources that can be included as supporting evidence include attendance at prescribing meetings, particularly if you have contributed to discussions at the meetings or presented topics/case scenarios. Additionally anonymised case records where a prescription has been issued or medications were reviewed along with reflections on prescribing decisions are a valuable source of evidence. Mentoring prescribing students will also provide a valuable addition to your prescribing portfolio. The portfolio can be utilised for annual appraisals and as evidence in validation processes by your professional registering body to demonstrate competence and continued professional development within your role. The NMP intranet page and NMP Policy contain a number of resources you will find useful in developing/completing a prescribing portfolio.

A number of portfolios will be randomly selected annually or as necessary as part of the Approval to practice review. If your portfolio is selected for review you will have 3 weeks to submit it to the NMP Lead, failure to comply within the timescale without mitigating circumstances will be viewed as non-compliance and this will be discussed with your manager.

Written feedback will be provided NMPs who have submitted their prescribing portfolio.
## NMP APPROVAL TO PRACTICE FORM - NEW EMPLOYEE TO ECNHST FORM

A new Annual Approval to Practice Form must be completed at appraisal or if area / field of practice changes.

<table>
<thead>
<tr>
<th>Prescribers full name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td></td>
</tr>
</tbody>
</table>

### Areas prescribing undertaken (please circle – may be more than one)

- Inpatient/hospital
- East CCG
- South CCG
- Vale Royal CCG

<table>
<thead>
<tr>
<th>Contact number / Bleep</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Specialty, Field or Service in which prescribing takes place

<table>
<thead>
<tr>
<th>Prescribing qualifications</th>
<th>V100</th>
<th>V150</th>
<th>V300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved to prescribe as</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDEPENDENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLEMENTARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY PRACTITIONER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of registration as NMP</th>
<th>Professional registrations Number</th>
<th>Date of Joining the Trust</th>
</tr>
</thead>
</table>

### Are you have been you actively prescribing?

- Yes [ ]
- No [ ]

If no, give reason for non-activity

### Do you prescribe Chemotherapy?

- Yes [ ]
- No [ ]

### Do you prescribe Insulin?

- Yes [ ]
- No [ ]

### Do you prescribe opioids?

- Yes [ ]
- No [ ]

### Have you completed the Trust E-learning Medicines Management Module?

- Yes [ ]
- No [ ]
- Date completed ………………..

### Have you completed – ‘Safe use of Insulin’ E-learning module?

- Yes [ ]
- No [ ]
- Date completed ………………..

### Have you completed the NMP legal & Professional Framework update?

- Yes [ ]
- No [ ]
- Date completed ………………..

If the answer to above is no either provide equivalent evidence or complete before undertaking NMP within the Trust.

### Scope of prescribing –“P- List”:

- Disease area to be prescribed for:
- List all medicine’s that may be (BNF section/group):
- Please state guidelines or attach protocols worked to EXAMPLE; BTS guidelines

Add more lines as required.
# NMP APPROVAL TO PRACTICE FORM - NEW EMPLOYEE TO ECNHST FORM

A new Annual Approval to Practice Form must be completed at appraisal or if area / field of practice changes

## SELF DECLARATION

<table>
<thead>
<tr>
<th>Prescriber’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident &amp; competent as a prescriber in my prescribing practice</td>
</tr>
<tr>
<td>I have updated my prescribing knowledge &amp; skills through CPD, to enable me to prescribe competently, safely and in line with policy and legislation</td>
</tr>
<tr>
<td>Recent CPD Activity (please list):</td>
</tr>
</tbody>
</table>

**General Comments:**

## To be completed by LINE MANAGER - Name:

<table>
<thead>
<tr>
<th>Line Managers Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any identified clinical concerns regarding the prescriber’s competency identified (including competency to a patient’s history, undertake a clinical assessment and diagnose within their field of practice?)</td>
</tr>
<tr>
<td>Evidence of up to date statutory requirements/ CPD related to job description?</td>
</tr>
<tr>
<td>Evidence provided ( and attached ) of NMP’s:</td>
</tr>
<tr>
<td>Professional Registration</td>
</tr>
<tr>
<td>Professional Qualification ( certificate/Uni notification)</td>
</tr>
<tr>
<td>I am satisfied that the prescriber is competent to continue prescribing actively</td>
</tr>
<tr>
<td>General Comments:</td>
</tr>
</tbody>
</table>

**Date**

## To be completed by NMP Lead – Name:

<table>
<thead>
<tr>
<th>NMP Lead Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied that the evidence provided, the prescriber is competent to continue prescribing actively</td>
</tr>
<tr>
<td>I am NOT satisfied that the prescriber is competent to continue prescribing actively and therefore I recommend suspending prescribing activity</td>
</tr>
<tr>
<td>Prescriber still has active professional body registration</td>
</tr>
<tr>
<td>General Comments :-</td>
</tr>
</tbody>
</table>

**Portfolio Called for** | Yes [ ] No [ ]

---

[East Cheshire NHS Foundation Trust]]
**NON MEDICAL PRESCRIBING APPROVAL TO PRACTICE FORM ANNUAL REVIEW FORM**

This form must be reviewed annually at appraisal or if area / field of practice changes

<table>
<thead>
<tr>
<th>Prescribers full name</th>
<th>Designation</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas prescribing undertaken (please circle – may be more than one)</th>
<th>Inpatient/hospital</th>
<th>East CCG</th>
<th>South CCG</th>
<th>Vale Royal CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact number / Bleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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**Clinical Speciality, Field or Service in which prescribing takes place**

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<th>Professional registrations Number:</th>
<th>Date of Reg:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are you actively prescribing?**

- Yes [ ]
- No [ ]

If no, give reason for non-activity

If Yes – Summarise Area(s) of Prescribing Practice : e.g. asthma, wound care products

<table>
<thead>
<tr>
<th>Do you prescribe Chemotherapy?</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you prescribe Insulin?</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you prescribe opioids?</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
</table>

**Have you completed the Trust E-learning Medicines Management Module**

- Yes [ ]
- No [ ]
- Date completed …………..

**Have you completed ‘Safe use of Insulin’ E-learning module**

- Yes [ ]
- No [ ]
- Date completed …………..

**Have you completed the NMP legal & Professional Framework update**

- Yes [ ]
- No [ ]
- Date completed …………..

*If the answer to above is no either provide equivalent evidence or complete before undertaking NMP within the Trust.*
## Areas of Px Practice – P- List: (for more information about P- list please see Appendix 5 of the NMP policy.

<table>
<thead>
<tr>
<th>Disease area to be prescribed for</th>
<th>List all medicine’s that may be (BNF section/group)</th>
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</tr>
</tbody>
</table>

Has there been any expansion in your areas of prescribing since your last review? Yes □ No □

If Yes please specify:

### SELF DECLARATION.

<table>
<thead>
<tr>
<th>Prescriber’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident &amp; competent as a prescriber in my prescribing practice</td>
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</table>

Recent CPD Activity (please list):

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<tr>
<th>General Comments:</th>
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</thead>
</table>

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</tr>
<tr>
<td>I am satisfied that the prescriber is competent to continue prescribing actively</td>
</tr>
</tbody>
</table>

General Comments:
## Non Medical Prescribing Approval to Practice Form Annual Review Form

This form must be reviewed annually at appraisal or if area / field of practice changes.

<table>
<thead>
<tr>
<th>To be completed by NMP Lead – Name:</th>
<th>NMP Lead Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied that the evidence provided, the prescriber is competent to continue prescribing actively</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>I am NOT satisfied that the prescriber is competent to continue prescribing actively and therefore I recommend suspending prescribing activity</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Prescriber still has active professional body registration</td>
<td>Yes ☐ No ☐ Date checked: ……………</td>
</tr>
<tr>
<td>General Comments:</td>
<td></td>
</tr>
<tr>
<td>Portfolio Called for</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
APPENDIX 8

Writing an FP10 Prescription

- The prescription must be written in black ink, unless otherwise instructed, and legible.
- The prescription must state the surname and first name of the patient, date of birth and age if over 60 or under 16 years, full address, date and identification number of the prescriber.
- A prescription is only for the patient whose name appears at the top; items may not be added for other people. A line should be drawn under each item and a diagonal line drawn through the unused remaining blank area of the prescription.
- The prescription must state the quantity to be supplied.
- Variable doses of medicine (e.g. one or two tablets) must be clearly stated.
- The directions for use should be stated (i.e. timing, frequency and route of administration).
- Directions should be written in English without abbreviation (BNF 60).
- The unnecessary use of a decimal point should be avoided e.g. 3 mg and not 3.0 mg. Quantities less than 1 mg should be written in micrograms. Where decimals are unavoidable a zero must be written in front of the decimal point where there is no other figure e.g. 0.5 ml and not .5 ml.
- ‘Micromgrams’ and ‘Nanograms’ shall always be written in full.
- Similarly ‘units’ should always be written in full. Abbreviations such as ‘U’ and ‘IU’ should never be used.
- Medicines should be prescribed by approved names unless the brand name is clinically significant.
- Due regard should be taken of any known hypersensitivity to medicines.
- Dose and dose frequency should be stated; avoid vague dosage direction, i.e. as necessary, as before, as directed.
- For topical preparations, the precise area to be covered should be specified.
- The prescription must be signed and the GP practice number must also be entered. This number is of the practice with which the patient is registered. The prescriber’s contact number must also be endorsed.
- The generic name of the medicine(s) on the prescription should be used except in the case of dressings, ostomy appliances or combinations of drugs where there is no generic name of where the generic name would result in confusion as to which product was required
- The patient must be clearly informed about the purpose of the medication and any other changes relating to their medication.
- It is the nurse/pharmacist's responsibility to ensure that all prescription details outlined above are complete. Incomplete prescriptions will not be dispensed.
- Any prescriber who works for more than one employer or in more than one setting must have a separate prescription pad for each organisation/scenario. Nurses working across different GP Practices can use one prescription pad but must add the relevant practice code number for each patient for whom they prescribe.
### Purpose and Background

This is an interim SOP to the NMP policy which was approved by the MMG in 2015. The SOP allows a Community NMP nurses (V150 and V300) to prescribe wound care products/repeat prescription appliance products for patients who have had a previous NMP assessment, *on the recommendation* of a nurse without a NMP qualification. Its requirement was brought about by the increasing requirement for nurses to prescribe in these areas but due to the small number of nurses with an NMP qualification – the burden of prescribing was falling to a small number of nurses who were unable to undertake a face to face assessment each time a prescription was due. As a result the patients prescriptions were often delayed or had to be requested via the GP. The GP would not be familiar with the products and would often prescribe on the recommendation of the requesting nurse (often not an NMP). The purpose of the SOP was to provide an interim solution to reduce any delays in treatment to the patient whilst the number of NMPs in the teams were increased - this was expected to take 2 – 3 years.

### Scope (i.e. organisational responsibility)

| Vital functions affected by this procedure: | All community nurse NMP’s who prescribe wound care/ appliance products and the registered nurses who work with them. |

### Monitoring Compliance

<table>
<thead>
<tr>
<th>Requirement to be monitored. Must include all requirements within NHS LA Standards</th>
<th>Process to be used for monitoring e.g. audit</th>
<th>Responsible individual/committee for carrying out monitoring</th>
<th>Frequency of monitoring</th>
<th>Responsible individual/committee for reviewing the results</th>
<th>Responsible individual/committee for developing action plan</th>
<th>Responsible individual / committee for monitoring action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Datix/incident reports Number of nurses</td>
<td>NMP lead</td>
<td>Annually</td>
<td>NMP lead</td>
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<td>Received for information:</td>
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</table>

**Operating Procedure - Interim SOP for Community Nurse Non Medical Prescribers when prescribing wound care/ appliance products.**

This is an interim arrangement of the NMP policy and allows a Community NMP nurses (V150 and V300) to prescribe wound care products /repeat prescription appliance products for patients who have had a previous NMP assessment, on the recommendation of a nurse without a NMP qualification as long as the following standards are met:-

6.1 The interim SOP covers only wound care products and re-orders of catheter/stoma appliances.

6.2 For appliances that are for long term use these should be entered on the repeat prescription ordering.

6.3 For wound care products the use of the first dressing box should be considered and utilised wherever possible.

6.4 NMP Nurses should never prescribe for patients who have not received a NMP assessment with regards to the presenting problem.

6.5 The SOP allows the NMP nurse to prescribe on behalf of the community nurse making the recommendation for the wound care product/treatment only if the NMP nurse is assured of:-

- The competence /experience of the nurse making the recommendation is
applicable

- That the recommended dressing is featured in the wound care formulary.
- The requested appliance is a repeat order and the initial assessment was carried out by an NMP.
- That on discussion the recommendation seems appropriate for the condition being treated.

6.6 If the NMP nurse is not assured of the above criteria then the NMP should not undertake the prescribing activity.

6.7 The NMP must not prescribe from another nurses recommendation if they (or the original NMP) have not seen the patient themselves within the past 3 months.

6.8 In making a recommendation for wound care products the recommending nurse should give indication as to whether there is improvement/no change or deterioration in the wound.

6.9 If the recommending nurse reports a deterioration in the condition of the wound the NMP can prescribe on the recommendation but it is then the responsibility of the NMP Nurse who must ensure that the next review is undertaken by a NMP.

6.9 The NMP/or the nurse making the recommendation must ensure that all changes to treatments are documented in the patient case notes and reflected in the care plans in a timely manner.

6.10 It is not under any circumstances acceptable for any nurse to print of a green FP10 for any prescribed product and leave for GP’s to sign.

6.11 It is acceptable to request a GP prescription from the GP following discussion of the condition and treatment with the GP.
### Additional Information (if appropriate)

<table>
<thead>
<tr>
<th>Back up information (if appropriate)</th>
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<td>Document Change History</td>
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<td>Roles and Responsibilities</td>
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<tr>
<td>Abbreviations</td>
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<tr>
<td>References</td>
</tr>
</tbody>
</table>
Date...

Dear Dr.……..

Re: …………..

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>NHS Number:</td>
</tr>
</tbody>
</table>

I am writing to inform you that I have seen the above named patient today…………….

Please find a summary of my assessment and clinical findings below.

Assessment & Clinical Findings:

I have made the following amendments:

- Medication on review
- Change to medication

I have issued a prescription for:

<table>
<thead>
<tr>
<th>Name of drug:</th>
<th>Days Supplied:</th>
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</thead>
</table>

I would appreciate it if you could amend your records and issue future prescriptions from ………

If you have any queries of comments please do not hesitate to contact me on…………

Yours Sincerely
Title of Standard Operation Procedure: SOP for missing, lost or suspected theft of FP10 prescriptions.

Reference Number: Version No: 1

Issue Date: Review Date: May 2019

Purpose and Background

Theft of prescription forms and their consequent misuse is an area of concern for a number of reasons. A prescription form is an NHS asset that has a financial cost attached. Prescription forms should be treated as ‘blank cheques’ which, in the wrong hands, can lead to a misuse of NHS resources. Stolen forms, or indeed whole pads, can be used to illegally obtain controlled drugs (CDs), as well as other medicines either for illegitimate personal use, which might lead to a clinical incident, or for the purpose of selling them on. The forms themselves are items of value which can be sold to a third party.

All organisations that manage and use prescription forms have a duty to implement procedures and systems to ensure, as far as practicable it is important that there are effective processes in place for staff to report incidents. This SOP is to ensure that a clear reporting procedure is available to staff and provide standardisation for reporting missing, lost or suspected theft of FP10 prescriptions.

Scope (i.e. organisational responsibility) Vital functions affected by this procedure:

<table>
<thead>
<tr>
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<th>Responsible individual/committee for monitoring action plan</th>
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</thead>
<tbody>
<tr>
<td>Trust NMP lead /</td>
<td>3 yearly or as changes arise</td>
<td>Trust NMP lead / Medicines Management Committee</td>
<td>Trust NMP lead</td>
<td>Medicines management committee / Medicines pup</td>
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Escalations (if you require any further clarification regarding this procedure please contact):

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<th>Committees / Group</th>
<th>Date</th>
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<td>Consultation:</td>
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<tr>
<td>Approval Committee</td>
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<td>Medicines Management Committee</td>
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<td>Ratified by Committee</td>
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<td>Received for information:</td>
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<tr>
<th>Operating Procedure</th>
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<tr>
<td>In the event of missing, lost or suspected theft of FP10 prescription pads / hospital prescriptions the following actions should be taken:</td>
</tr>
</tbody>
</table>

The NHSBA procedure for stolen / lost FP10 forms must be followed by all prescribers. [Supporting SOP](https://security_of_prescription_forms_guidance_updated_august_2013.pdf)

**In-hours (Mon-Friday 0900-1700hrs)**

Report a suspected loss or theft of any prescription stationary to the relevant line manager, NMP and the Lead Pharmacist or designated deputy.

An clinical incident form (datix) must be completed by the NMP as soon as possible and on the day of the loss being identified.

Details that must be included in the incident report are:

- the approximate number of prescription form/pads that are lost or stolen,
- Where and when they were lost or stolen.
- The serial numbers of the missing prescriptions must be listed.

The prescriber whose stock has gone missing should write and sign all newly issued prescription forms in a particular colour (RED) for a period of two months.

Any computer generated prescriptions should also be signed in this colour.

The Lead pharmacy or designate deputy will notify the nominated Local Security
Management Specialist (Tony Harrington) and the NMP lead using the Missing/lost/stolen NHS prescription form(s) notification form at annex B. **Standard Operating Procedure - Lost- Missing Prescriptions**

The notification form should then be emailed to NHS Protect at prescription@nhsprotect.gsi.gov.uk to notify them of the incident. The completed form may be submitted either by organisation staff or the LSMS.

If completed by organisation staff, it should be forwarded to the organisation’s designated individual, nominated security specialist or LSMS to be submitted to NHS Protect. This is to ensure that they are aware of the incident and can initiate an investigation if required.

The lead Pharmacist should inform all pharmacies in the area and adjacent CCGs of the name and address of the prescriber concerned, the approximate number of prescription forms missing or stolen, serial numbers (if known) and the period for which the prescriber will write in a specific colour.

**Out of hours – between 1700- 0800 weekdays/ bank holidays and weekends**

Report a suspected loss or theft of any prescription stationary to the Trust Senior Manager On Call (accessed via switchboard – 01625 421000), who will in turn inform the pharmacist on call.

The Senior Manager on Call/pharmacist on call will contact the police to notify them of the loss and obtain a crime number.

An clinical incident form (datix) must be completed by the NMP as soon as possible and on the day of the loss being identified.

Details that must be included in the incident report are :-

- the approximate number of prescription form/pads that are lost or stolen,
- Where and when they were lost or stolen.
- The serial numbers of the missing prescriptions must be listed.

The prescriber whose stock has gone missing should write and sign all newly issued prescription forms in a particular colour (RED) for a period of two months.

Any computer generated prescriptions should also be signed in this colour.

The Lead pharmacy or designate deputy will notify the nominated Local Security Management Specialist (Tony Harrington) and the NMP lead using the Missing/lost/stolen NHS prescription form(s) notification form at annex B **Standard Operating Procedure - Lost- Missing Prescriptions** at the next working day.

The notification form should then be emailed to NHS Protect at prescription@nhsprotect.gsi.gov.uk to notify them of the incident. The completed form may be submitted either by organisation staff or the LSMS.

If completed by organisation staff, it should be forwarded to the organisation’s designated individual, nominated security specialist or LSMS to be submitted to NHS Protect. This is to ensure that they are aware of the incident and can initiate an investigation if required.
The lead Pharmacist should inform all pharmacies in the area and adjacent CCGs of the name and address of the prescriber concerned, the approximate number of prescription forms missing or stolen, serial numbers (if known) and the period for which the prescriber will write in a specific colour.

**Investigation**

The level of investigation of missing/lost/stolen prescription forms will depend on the nature of the incident

In the event of misuse, or suspected misuse, immediate contact should be made with the police and the CDAO. Under the Controlled Drugs (Supervision of Management and Use) Regulations 2013, the CDAO has responsibility for investigating concerns and incidents related to CDs.

**Additional Information (if appropriate)**

Please note: Staff may report any concerns about fraud to the confidential NHS Fraud and Corruption Reporting Line on 0800 028 4060.

Further information is available on the Trust Intranet

**Back up information (if appropriate)**

**Document Change History – None – Version 1**

**Roles and Responsibilities – please refer to NMP Policy**

**Abbreviations**

- NHSBA – NHS Business Authority
- LSMS - Local Security Management Specialist
- NMP – Non medical Prescribing

**References**

Security of prescription forms guidance – NHS Protect (Updated August 2013)