
NHS Greater Glasgow & Clyde Non-medical Prescribing Policy & Procedure

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Introduction

The NHSGGC policy sets out the framework in which all Non-Medical Prescribing (NMP) takes place, across all settings including acute, partnerships and community settings. It also describes the responsibilities of NHS Greater Glasgow & Clyde (NHSGGC) staff, managers and supervisors for ensuring that staff under their direction comply with current legislation and professional guidance. Managers must ensure the risks inherent to both staff and patients in the use of medicines are managed appropriately.

The policy sets out the governance framework and guidance on Continuing Professional Development (CPD) to ensure staff maintain their competencies to practice as prescribers.

Independent and supplementary prescribing aims to provide patients with quicker and more efficient access to medicines, dressing products and appliances. NMP will also, enable the best use of health professionals' skills, knowledge and expertise including allowing doctors to make better use of their medical expertise.

NMP should be utilised, following an appropriate risk/benefit assessment, where there are clear benefits in patient care and better use of health professionals' and patients' time.

The policy also describes the procedural requirements for staff to attain the qualification of prescriber and the registration of that qualification.

This policy does not cover Patient Group Directions (PGDs) information on PGDs can be found on the NHS Education for Scotland (NES) Website <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/prescribing-and-patient-group-direction/patient-group-directions/introduction.aspx>

Exemptions, including emergency and midwifery, podiatry and optometry with special certificates are not covered in this policy document. Information on exemptions can be found on the following websites.

Podiatry can be found at the Health Professional Council website

<http://www.hpc-uk.org/> and the MHRA website

<http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/Chiropodists/index.htm>

Optometric exemptions can be found at the General Optical Council <http://www.optical.org/>

Exemptions can be found on the MHRA website

<http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/index.htm>

and the NES website <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/prescribing-and-patient-group-direction/patient-group-directions/introduction.aspx>

Staff should read this in conjunction with their professional codes of conduct/practice and their professional standards for which they are accountable. NHSGGC policies and standards for medication safety and cost effective use must also be read and adhered to.

This document is correct at the time of publication going to press but will be subject to change as national policy and legislation change. It is the responsibility of the prescriber to check that they are using the

relevant version. The most up-to-date version will be available on StaffNet.

<http://staffnet/Staffnet%20Home%20Page.htm>

This document supersedes all previously published local NMP guidelines and procedures for nurse, pharmacy and non-medical prescribing.

Aims of the NMP Policy

To define the legal requirements for entry, by health care professionals, to the non-medical prescribing courses.

To advise non-medical prescribers of their responsibilities to prescribe medicines, wound dressings and appliances safely, appropriately and cost effectively for their patients.

To set out the standards for health care professionals who wish to prescribe as Non Medical Prescribers within NHSGGC, to ensure practice within their competence.

To advise managers of the steps required to support staff to qualify and practice as prescribers.

To set out the requirements of the health professionals qualified to prescribe, to register their qualification and any changes in order that the NHSGGC central register is accurate.

To advise non-medical prescribers on the clinical governance structure in place within NHSGGC to monitor and support prescribers during their clinical practice.

Non-medical Prescribing

Non-Medical Prescribing (NMP) covers all health professionals who have the additional prescribing qualification marked in their professional register which enables them to prescribe medicines, wound dressings and appliances within their area of competence.

Where there are clear benefits that non-medical prescribing will improve patient care, through better use of health professional's and patient's time and improve access to medicines, wound dressings and appliances this should be implemented.

The Higher Education Institute (HEI) courses for education and training to become a prescriber equips Nurse, Midwife, Allied Health Professionals, (NMAHPs), optometrists and pharmacists with the principles of prescribing to enable them to be safe, effective and cost-efficient prescribers.

Qualified nurses, midwives, pharmacists and optometrists will be able to prescribe as supplementary and independent prescribers. Allied Health Professionals (AHPs) can only practice as supplementary prescribers at present.

The working definition of independent prescribing is 'a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.'¹

Supplementary prescribing is defined as: 'As a voluntary partnership between an independent prescriber (doctor/dentist) and a supplementary prescriber, to implement an agreed patient/client-specific Clinical Management Plan with the patient's agreement.'²

¹ SEHD (2006) Prescribing Guidance for Nurse Independent prescribers and Community Practitioner Nurse Prescribers in Scotland. Edinburgh: Scottish Executive Health Department <http://www.scotland.gov.uk/Resource/Doc/145797/0038160.pdf>

² Ibid

Supplementary prescribing will continue to have a place in the care of patients where prescribing is part of team working. In particular, for the newly qualified prescriber and where certain drugs cannot be prescribed by the non-medical independent prescriber. Some experienced prescribers moving specialties may wish to use supplementary prescribing to gain experience and competence to enable them to act as independent prescribers.

The Clinical Management Plan (CMP) is the cornerstone of supplementary prescribing and must be (with the consent of the patient) agreed by the independent prescriber (doctor or dentist) and the supplementary prescriber.

Community practitioner nurse prescribers gain the qualification as part of their specialist practitioner qualification and application for their course only is not covered in this policy.

Community nurse prescribing as a separate qualification is currently available at one university in Scotland, but not covered in the current policy.

Each individual prescriber has a professional responsibility to ensure that they only prescribe within their competences.

Non-medical prescribing is available in different forms explained below in the table.

Type of Prescriber	Description
Community practitioner nurse prescribers (V100) & (V150)	District nurse/health visitor formulary nurses and any nurse undertaking a V100 prescribing programme as part of a Specialist Practitioner qualification. The V150 is a stand alone programme to enable nurses to prescribe from the same formulary as the community practitioners. Can only prescribe from the Nurse Prescribers Formulary (NPF)
Nurse independent/supplementary prescribers (V300)	Previously extended/supplementary nurse prescribers. Independent prescribers can prescribe all medicines and Controlled Drugs (CDs).
Pharmacist supplementary prescribing	Pharmacists who can only prescribe under a CMP
Pharmacist independent/supplementary prescribing	Pharmacists who have completed the current independent course. Independent prescribers can prescribe all medicines and Controlled Drugs (CDs).
AHP Prescribing	Podiatrists, physiotherapists and radiographers can only prescribe as supplementary prescribers under the CMP
Optometrists Independent/Supplementary Prescribing	Optometrists who have undertaken supplementary and independent prescribing speciality course.

Relevant legislation

The primary legislation to enable nurses and midwives to prescribe is the Medicinal Products prescription by Nurses and Others Act 1992³. Since then there have been several legislative changes to widen the scope of non-medical prescribing. Legislation was enacted in Scotland in 2006 to enable nurses, midwives and pharmacists to prescribe independently and as supplementary prescribers. Further legislation has

³ Medicinal Products: prescription by Nurses etc. Act 1992 (c.28). London, office of public sector information

since been passed to expand the scope of prescribers to include podiatrists/chiropractors, physiotherapists, radiographers and optometrists as supplementary prescribers. Further legislation has been passed to enable Nurse and Pharmacist Independent Prescribers to broaden the range of prescribing to include controlled drugs, which will be covered in the policy and guidance through the safe and secure handling of medicines.

Unlicensed Medicine

Nurse and pharmacist independent prescribers are allowed to prescribe unlicensed medicines. This legislation also enables them to prescribe medicines that are mixed prior to administration as these are classed as unlicensed medicines.

The legislation enables nurse and pharmacist Independent Prescribers to mix medicines themselves and to direct others to mix. Supplementary prescribers can also mix medicines themselves and direct others to mix, but only where the preparation forms part of the Clinical Management Plan for an individual. Nurse and Pharmacist Independent Prescribers can now prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists.

Scope

This policy applies to all non-medical prescribers and all staff undertaking the training to become non-medical prescribers of NHSGGC in all care settings.

It should be used by managers and planners to support the development and sustainability of services and the development of individuals within these service areas. Managers should be linking development of individuals within these services to their PDP and KSF where appropriate.

Professional Accountability and Responsibility

All NMPs should prescribe using evidence based medicine, safely and cost effectively.

NHSGGC Formulary, policies, procedures and guidelines should be used to guide prescribing and choice of drugs, wound dressings and appliances.

The NHS Greater Glasgow and Clyde Formulary is a limited list of medicines approved for local use within hospitals and primary care. The choice of Formulary products has been made on the basis of clinical effectiveness, cost effectiveness, comparative safety and patient acceptability. The NHSGGC Formulary should be followed for prescribing. Where there are medicines not in the formulary the non-formulary policy should be followed.

Formulary link: <http://www.ggcprescribing.org.uk/>

Non-formulary link: <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/GGC%20Formulary/Pages/default.aspx>

Non-medical prescribers are accountable for their acts and omissions and cannot delegate this accountability to any other person, including any medicines prescribed.

All errors, near misses and adverse events should be reported through the local processes as soon as possible, after they have been identified. For example on the Datix system within managed services.

Prescribing outside the legal parameters of either supplementary or independent prescribing is a criminal offence.

NMPs are responsible for ensuring they work within the standards laid down by their professional body and keep up to date with these.

All non-medical prescribers must ensure that patients are aware that they are being treated by a non-medical practitioner. There may be circumstances where the patient has to be referred on to another healthcare professional to access other aspects of their care.

An Independent NMP can only order a medicine for a patient who has been assessed for care. In the absence of the original prescriber, another independent prescriber may issue a repeat prescription or order repeat doses following an assessment of need, and taking into consideration continuity of care. This may include Medicines Reconciliation at admission, transfer and discharge of the patient where appropriate and following NHSGCC policies and guidance. <http://www.ggcprescribing.org.uk/medicines-policies/>
Accountability for the prescription on each occasion rests with the prescriber who has issued the prescription or orders the drugs.

A supplementary prescriber can prescribe any medicine, including CDs and unlicensed medicines that are listed in the agreed Clinical Management Plan (CMP). The CMP must be patient specific and drawn up, with the patient's agreement, following diagnosis of the patient, and following consultation and agreement between the doctor and the supplementary prescriber. CMPs do not need approval from any committees as they are agreements between the doctor and the supplementary prescriber with the consent of the patient. The supplementary prescriber is jointly accountable for the contents of the CMP with the Independent Prescriber and solely responsible for the decision to prescribe.

If a prescriber moves from one area of practice to another, consideration of the requirements with the new role must be made. The prescriber must only ever prescribe within their level of experience and competence.

A prescriber must not prescribe any medicine for themselves. Neither should they prescribe a drug for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance.

In primary care settings, except in a dispensing Doctor's Surgery, prescriptions should not be written when an item has been administered to a patient using GP surgery or clinic stock items. The cost of these immediate and necessary administered items are obtained through the practice stock order (GP10a).

Nurse prescribers must maintain an annual 'declaration of interests' within their personal portfolio and produce this on request if required for audit purposes. Local policies on maintaining a register of interests should also be adhered to including Standards of Business Conduct for NHS Staff. This is currently a requirement for Nurses, Midwives and NHS staff and is considered good practice for all NMPs (see appendix C).⁴

Nurse Independent Prescribers (NIPs) and Pharmacist Independent Prescribers (PIPs)

Independent prescribers are expected to prescribe only within their competence and to understand that they are accountable and responsible for their prescribing regardless of the advice they receive prior to writing a prescription.

Any prescription written by a pharmacist prescriber should **not** be dispensed by the same pharmacist unless in exceptional circumstances.

⁴ NMC (2006) Medicines Management Standards, Nursing and Midwifery Council, London.

Allied health professionals (AHPs)

AHPs can only prescribe as supplementary prescribers at present and therefore can only prescribe drugs, wound dressings and appliances as described within the CMP for their named patient.

Optometrists

Optometrist can prescribe as independent prescribers within their competence.

Community Practitioner Nurse Prescribers (CPNPs)

CPNPs must prescribe within their formulary as described in the Nurse Prescribers Formulary (NPF). Additionally only products and dressings listed within the Drug Tariff can be prescribed. There are Formularies within NHSGGC that provide core lists of products & dressings that have been made on the basis of clinical effectiveness, cost-effectiveness, comparative safety and patient acceptability. It is expected that a high percentage of prescribing will be using items listed in the NHSGGC Formularies.

NHSGGC Formularies are available at: <http://www.ggcprescribing.org.uk/other-formularies/>

Prescribing governance

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

Clinical governance provides a framework for enabling non-medical prescribers to practice safely, within their competency, and in the interest of patient safety.

It is the responsibility of the prescriber to carry out their roles and responsibilities within the governance framework laid out by their professional body and employer.

The Therapeutics Sub-Committee of the Area Drugs and Therapeutics Committee (ADTC)

The Therapeutics sub-committee of the ADTC will take a strategic view of the implementation of non-medical prescribing in NHSGGC. The sub-committee will support the development and implementation of non-medical prescribing, advising on the development of processes and policies, which focus on improved care through access to medicines and the development of the NMP roles. The Committee will regularly report to the ADTC on the numbers of staff qualified as independent and supplementary prescribers. It is accountable to the ADTC for its activities and actions.

Clinical legal liability

The NHS Board is vicariously liable for its employees, assuming practitioners are appropriately trained and qualified independent and/or supplementary prescribers, and are prescribing with the NHS Board's consent, within the agreed parameters and their sphere of competence.

Prescribing outside the legal parameters of independent or supplementary prescribing is a criminal offence. As a non-medical prescriber you must comply with the relevant legislation and governance frameworks and always be able to justify your actions.

Independent contractors are expected to have appropriate indemnity insurance to cover their employees and their practice.

It is the responsibility of the NMP to ensure that they have appropriate professional indemnity insurance, as deemed necessary, for example, by membership of a professional organisation. For further advice on indemnity insurance the prescriber should contact their professional body.

What can be prescribed

The NHSGGC Formularies should be followed for prescribing, where possible. Where medicines not in the formulary are prescribed, the non-formulary policy should be followed.

A qualified and registered pharmacist independent prescriber may prescribe all licensed and unlicensed medicines for all medical conditions including controlled drugs.

Registered nurse or midwife independent prescribers can prescribe all licensed and unlicensed medicines including controlled drugs.

Nurse independent prescriber and pharmacist independent prescribers can prescribe and direct other healthcare professionals to mix medicines prior to administration, including controlled drugs. Any prescribing of unlicensed medicines should follow the Unlicensed Medicines Policy where applicable. Informed consent should also be obtained prior to prescribing an Unlicensed Medicines for any patient. For further advice see the Unlicensed Medicine Policy: <http://www.ggcprescribing.org.uk/medicines-policies/>

Independent prescribers can prescribe medicines for use outside their licensed indication (so called 'off-label'). In doing so the prescriber accepts clinical and legal responsibility for the prescribing. Prescribing "off label" should occur only where it is accepted clinical practice which is evidence based e.g. amitriptyline prescribing for neuropathic pain, or the prescribing of certain items included in the BNF for Children.

Independent prescribers would never be expected to prescribe from the whole range of medicines that they are legally entitled to.

Supplementary prescribers can prescribe medicines described in the CMP which can include all Licensed and unlicensed medicines.

Community practitioner nurse prescribers

These are registrants who have successfully undertaken a programme of preparation to prescribe from the Community Practitioner Nurse Prescribers' Formulary. They can prescribe the majority of dressings and appliances, and a limited range of medicines. The Community Nurse Prescribers' Formulary can be found on the British National Formulary website. Go to: <http://www.bnf.org/>

Risk management

All staff and managers have a responsibility for minimising harm to patients. Reported potential and actual clinical incidents provide valuable input to learning systems.

Potential or actual clinical incidents must be investigated and documented through local systems currently in place. These incidents are currently reviewed and the learning opportunities shared with the clinical community. The guidance for reporting can be found at the following link:

http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Clinical%20Effectiveness/Documents/Incident_Management_Policy.pdf

When an error is made by the individual non medical prescriber or another is identified, action must be taken to prevent any potential harm to the patient. The error should be reported as soon as possible and according to local procedures for example Datix for Managed Services.

The organisation has an open and multi-disciplinary approach to investigating adverse events and misadventures, where improvements to local practice in the administration of medicinal products can be discussed, identified and disseminated. It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents in the administration of medicines. Further information can be found on the staff intranet at the following link:

http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Clinical%20Effectiveness/Documents/Incident_Management_Policy.pdf

Individual prescribers should assume responsibility for maintaining up to date information with the office of the NMP Lead to support receipt of relevant information that may effect prescribing practice e.g. Drug Alerts, changes in SPC etc.

Individual Prescribers should undertake a regular review and audit of their prescribing practice as part of their prescribing governance.

Prescribing in the community will be monitored regularly through Prescribing Information System for Scotland (PRISMS) and feedback provided to all prescribers either with the practice reviews or through prescribing teams as appropriate. Prescribers should consider the clinical appropriateness and cost effectiveness of all items prescribed in relation to scope of practice.

All prescription rejections are reviewed for each community prescriber. Individual prescribers will be notified of these rejections. Where concerns are identified an audit of practice may be initiated.

If a patient suffers a clinically significant suspected Adverse Drug Reaction (ADR) to a prescribed medicine (POM, P, and GSL) or herbal medicine, the ADR should be reported. An explanation of Yellow Card system is in the back of the BNF. Prescribers should also record known sensitivities and previous adverse reactions in the patient/client's notes and advise patients of likely adverse effects prior to prescribing. In the situation where an ADR incident occurs, it is important that it is recorded on the patient/client's notes and that the incident is reported to any appropriate clinical colleagues. Patients, parents and carers can also report suspected adverse drug reactions using the Yellow Card system which is available on-line.

<http://yellowcard.mhra.gov.uk/>

Record Keeping

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of patient care. The records should be available to all members of the Health Care Team. In supplementary prescribing, the doctor and supplementary prescribers must share access to, consult and, whenever possible use the same common patient/client record⁵

All Health Care Professionals should be aware of NHSGGC Policies on handling patient identifiable data and ensuring its security information available at the following link.

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Health%20Information%20Technology/InfoKnowledgeAndHealthRcds/InformationGovernance/Pages/InformationGovernance.aspx>

All records and patient details should follow the Scottish Government Records Management NHS Code of Practice (January 2012): <http://www.scotland.gov.uk/Publications/2012/01/10143104/9>

NMPs have a responsibility to communicate effectively with other practitioners involved in the care of the patient. This may include but is not limited to; the GP practice, named community pharmacy and/or consultant.

⁵ NMC (2006) Standards of proficiency for nurse and midwife prescribers, Nursing and Midwifery Council, London

Where the prescribing takes place in outpatient clinics systems should be in place to inform the GP practice and where a patient has a 'named Pharmacy' that pharmacy. This may occur by proforma that is sent via secure fax, secure email, or via general mail, or in the patient held record. Where email is used to transfer personal identifiable data including patient CHI please see the link below for policy information: <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/Non%20Clinical%20Policies/Documents/04%20April%202012%20Email%20Acceptable%20Use%20Policy.pdf>

Records should include the prescription details, together with relevant details of the consultation with the patient/client. The maximum time allowed between writing the prescription and entering the details into the general record is for local negotiation. However, only in exceptional circumstances should this exceed 48 hours.

Where non-medical prescribers are working in "paper light" or "paperless" offices and clinics, with minimal paper records, the electronic data must be entered to comply with the good practice.

In hospital settings, details of every prescription may not be entered separately in hospital medical records but on an individual prescription chart or 'Kardex' which is eventually filed in the patient's notes. The general principles of prescribing as outlined in the Safe and Secure Handling of Medicines Policy should be followed.

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Clinical%20Governance/Documents/NHSGGCsafeSecureHandlingofMedicinesinHospitalWards.pdf>.

Audit

Regular review of supplementary or independent non-medical prescribing should be carried out as part of the overall prescribing monitoring framework. This is currently in place in service areas within NHSGGC, which will include monitoring of prescribing practice and cost data.

Within Acute /Inpatient settings robust systems should be in place to monitor and audit prescribing.

As part of CPD prescribers should review prescribing practice to ensure appropriateness, cost effective and evidence based prescribing.

NMPs should ensure they are aware of Division/Directorate/Community review of Datix data relating to prescribing, dispensing and administration of medicines.

Dispensing

The definition of dispensing is:

"To label from stock and supply a clinically appropriate medicine to a patient/client/carer, usually against a written prescription, for self-administration or administration by another professional, and to advise on safe and effective use." (MHRA, 2006)

Pharmacist Independent Prescribers should not dispense their own prescriptions. However, in circumstances of urgency or where the patient or the patient's representative is unlikely to be able to obtain the item without suffering excessive inconvenience or delay, patient need should be paramount and "self-dispensing" may be justified. These are, however, exceptional circumstances; self-dispensing should never be the norm. In these exceptional circumstances, where the pharmacist is both the prescriber and dispenser, a second suitably competent person should normally be involved in the checking process.

Where a Pharmacist Independent Prescriber both prescribes and dispenses a prescription, s/he must endorse that prescription "self-dispensed". In addition, the dispensed prescription should be appropriately

endorsed by means of a signature from the patient or the patient's representative. The Pharmacist Independent Prescriber should not sign the prescription as the patient's representative.⁶

Clinical Trials

IA qualified and registered pharmacist independent prescriber may prescribe all Licensed and Unlicensed Medicines for all medical conditions including Controlled Drugs within a clinical trial.

Registered Nurse or Midwife Independent prescribers can prescribe all Licensed and Unlicensed Medicines including Controlled Drugs within a clinical trial.

Supplementary prescribers can prescribe medicines described in the CMP which can include all Licensed and Unlicensed medicines, within a clinical trial.

In order for a non-medical prescriber to prescribe within a clinical trial, the following criteria **must** be met in addition to the qualification as an NMP:

- The NMP must have undergone Good Clinical Practice (GCP) training and be in possession of an in-date GCP certificate. This must be updated and renewed in accordance with NHS GGC GCP Policy. This must be supplied to the sponsor of the project.

<http://library.nhsggc.org.uk/mediaAssets/Research%20&%20Development/GCP%20Policy%20v1%201%20.1.pdf>

- The NMP must have undergone protocol-specific training in conjunction with the sponsor of the clinical trial. This must be documented within the training log for the project, within the site file.
- The NMP must appear on a delegation log for the project, signed off by the Principal Investigator as a prescriber for the study.
- The NMP must supply an up to date CV to the sponsor of the study.
- All clinical trial prescriptions must be specific to the project.

Controlled Drugs Prescribing

The Home Office has issued new legislation to update the Misuse of Drugs Act 1971 this legislation came into effect on 23rd April 2012. The paper can be accessed at the following link

<http://www.homeoffice.gov.uk/about-us/corporate-publications-strategy/home-office-circulars/circulars-2012/009-2012/>

The amendments include the following:

- Removes the restrictions on prescribing Schedule 2-5 controlled drugs for nurse independent prescribers (NIPs) with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction (NIPs are able to prescribe other controlled drugs for the treatment of addiction)
- Enables pharmacist independent prescribers (PIPs) to prescribe Schedule 2-5 controlled drugs with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction (PIPs are able to prescribe other controlled drugs for the treatment of addiction)
- Regularises the compounding of medicines that include controlled drugs prior to administration

⁶ CEL 24 (2007) Pharmacist Independent Prescribing Guidance, of NHS Health Boards Scottish Government December 2007.

NMPs must prescribe only those CDs which are within their competence and experience to prescribe.

All prescribers should follow NHSGGC prescribing policies including 'A Safe and Secure Handling of Medicines'. <http://www.ggcprescribing.org.uk/medicines-policies/>

When prescribing CDs it is important to maintain patient safety and comply with legal prescription writing requirements. Prescriptions must include clear dosage instructions.

The quantity of any CDs prescribed (excluding those in schedule 5) should not exceed 28 days supply per prescription unless the CDs prescribed comes in a pack size that would cover 30 days, as it is preferable for supply to be in the original pack.⁷. A new prescription is required where a patient/client has continuing clinical need.

The change will enable NIPs and PIPs to prescribe controlled drugs to be mixed prior to administration, the previous change to the Medicines Act did not include the 'mixing' or 'compounding' of controlled drugs, however, the MHRA had issued a statement advising it would not support enforcement unless it was in the public interest to do so. NHSGGC can now support NMPs in prescribing and directing others to administer these controlled drugs that may be mixed with other drugs prior to administration. When mixing, advice on compatibility and stability should be sought from a pharmacist or another recognised information source such as the palliative care guidelines. <http://www.palliativecareguidelines.scot.nhs.uk> or <http://www.palliativecareggc.org.uk>

Please note that community pharmacists cannot prescribe CDs independently until changes are made to the Health Board Pharmacist Independent Prescribing Service (Scotland) Directions 2007 http://www.sehd.scot.nhs.uk/mels/CEL2007_24.pdf. They can continue to prescribe CDs on a supplementary basis. Hospital or primary care pharmacists are not subject to this restriction. The Scottish Government will advise Boards when these changes have been implemented.

Continuing Professional Development

All NMPs have a professional responsibility to maintain their competence and keep themselves abreast of clinical and professional developments.

Prescribers will be expected to keep up to date with best practice in the management of conditions for which they may prescribe, and in the use of the drugs, dressings and appliances from the BNF and/or Scottish Drug Tariff, National and Local Guidelines e.g. SIGN and NHSGGC Therapeutics Handbook

NHSGGC Formulary & NHSGGC Therapeutics Handbook

<http://www.staffnet.ggc.scot.nhs.uk/Clinical%20Info/Clinical%20Guidelines/Pages/Therapeutic%20Handbook.aspx>

BNF <http://www.bnf.org/bnf/>

Scottish Drug Tariff <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>

SIGN <http://www.sign.ac.uk/>

Prescribers should also identify and fulfil the standards set by their respective professional body for CPD.

A portfolio should be maintained that demonstrates CPD and ongoing learning needs through reflection. Tools are available to support the identification of CPD needs which can be accessed on the internet

⁷ NMC (2006) Standards of Proficiency for Nurse and Midwife Prescribers NMC, London

through NHS Education for Scotland, 'A Template for Continuing Professional Development in Prescribing'⁸, and the National Prescribing Centre, 'Maintaining Competence in Prescribing.'⁹

NMP Forums

There are various forums to support all prescribers in maintaining competence. They provide opportunities for prescribers to share practice and reflect on their practice. Where agreed, practitioners can audit practice and review the results within the forum to provide learning opportunities for the membership.

All NMPs should belong to a learning forum and attend meetings as regularly as possible. Managers should provide time for the prescribers to attend these meetings as a part of their CPD.

Where a prescriber is unsure of how to access a forum they can contact the office of the NMP lead for information and contact details.

Lead clinical pharmacists should be aware of these forums and support participation in them. This will enable prescribing information to be fed back to the membership of these groups in order for reflection of prescribing practice.

Forum Chairs will be provided with updated list of prescribers within their area in order to include them in meeting notifications. New prescribers will be added to the email network for local forums unless individuals specifically ask to be excluded

Educational requirements for prescribing courses

Selection requirements for places on prescribing course

All suitable candidates must have:

- A medical supervisor willing to contribute to and supervise learning in practice
- Support of their manager in undertaking the prescribing programme (study leave form for NHS Employees)
- The need and opportunity to prescribe
- Access to a prescribing budget (i.e. if writing community prescriptions)
- Access to continuing professional development opportunities

Pharmacists

Pharmacists must be registered with the General Pharmaceutical Council (GPHC) and have a minimum of 2 years patient orientated experience following their pre registration year.¹⁰

Optometrists

Optometrist must be registered with the General Optical Council (GOC) and have been practicing for two full years in the UK.¹¹

NMAHPs

All NMAHP applicants must:

⁸ http://www.nes.scot.nhs.uk/documents/publications/classa/CPD_prescribing.pdf

⁹ http://www.npc.co.uk/pdf/pharmacist_comp_framework_Oct06.pdf

¹⁰ RPSGB (2006) Outline curriculum for training programme to prepare Pharmacist Prescribers, RPSGB, August 2006

¹¹ General Optical Council (2010) www.optical.org

- Have 3 years post registration experience and competence in the clinical area they will prescribe verified by their line manager
- Be able to demonstrate appropriate numeracy skills
- Have membership of the Protection of Vulnerable Groups Scheme (PVG)
http://www.disclosurescotland.co.uk/pvg/pvg_index.html

It is recommended that nurses and midwives planning to attend the course read the NMC Standards of proficiency for prescribing in order that they fully understand the requirements and assessments of the course.

AHPs must have current registration in one of the relevant professions currently covered by the legislation.

The courses that are open to AHPs are also courses that teach the nurses and midwives. They will therefore be required to meet the standards set by the NMC. It would be helpful for AHPs to read the NMC standards of proficiency for prescribing as they will have to meet the same assessments. The Health Professionals Council (HPC) has not issued any standards for prescribing to date.

Management responsibilities

The manager needs to undertake an appraisal of the registrant's suitability to prescribe before they apply for a training place and complete the appropriate forms in the application pack. Following qualification the Manager needs to ensure that the prescriber will be given support & opportunities to prescribe.

Where the NMAHP registrant has *not* undertaken a module to prepare them to undertake assessment and diagnoses, then the manager is responsible for confirming that:

- The applicant has been assessed by an appropriate person as competent to take a history, undertake a clinical assessment, and diagnose, before being put forward.
- The applicant has sufficient knowledge to apply prescribing principles taught on the programme of preparation to their own field of practice.
- A Competency framework has been developed to support managers and staff in evidencing competence in Assessment & Diagnosis skills available on the intranet.

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Prescribing/Non%20Medical%20Prescribing/Documents/NMAHP%20assessment%20and%20diagnosis%20competency%20framework.doc>

University courses

Places are offered at the following universities within Scotland for qualified pharmacists.

- Strathclyde University
- Robert Gordon University

Places are offered at the following universities within the West of Scotland for NMAHPs.

- Glasgow Caledonian University, offers only 26 day programme
- University of the West of Scotland, offers both distance learning and 26 day programme

Places are offered at the following universities within Scotland for qualified optometrists.

- Glasgow Caledonian University

Application process

Community Pharmacists or Managed Service Pharmacist working in Primary Care should contact Lead for Community Pharmacy Development Team or their CH(C)P Lead Clinical Pharmacist in the first instance. NHS employed hospital pharmacist applicants should contact the Lead Pharmacist for Education Training. Applications are available from NHS NES.

NMAHP applicants should obtain the application forms from the office of the NMP Lead and return the completed application forms to the office of the NMP lead where they will be processed and the applicant contacted for an informal interview.

Optometrist prescribers should obtain application forms directly from the university.

Registering

Non-medical prescribing Lead

NHSGGC has a designated Lead for Non Medical Prescribing. The Lead for Non Medical Prescribing is a senior member of the Central Prescribing Team which is part of Pharmacy & Prescribing Support Unit (PPSU).

The non-medical prescribing lead is the senior staff member responsible for leading on the implementation of non-medical prescribing across the NHSGGC. The Non-Medical Prescribing Lead holds a database of all non-medical prescribers within the health board area. All applications and registrations for non-medical prescribers will be logged on this database.

The lead will monitor the quality and assess prescribing practice, providing professional advice and support within the organisation.

The office of the NMP lead will disseminate information to support prescribing practice, such as: the BNF, the NHSGGC Formulary, recalls and safety action notifications, meetings and available updates.

The NMP lead will work with service leads and managers to ensure NMP is considered in service developments to meet the future needs on behalf of the NHS Board.

Registering

Following completion of the course, the successful candidate must register with the appropriate professional body as independent and/or supplementary prescriber.

On receipt of their registration, it is the individual's responsibility to register their status with the non-medical prescribing lead for NHSGGC, using the Prescribing Registration form (Appendix B). This form along with a copy of their professional registration should be sent to the central prescribing department. Prescribing should not take place until the prescriber has registered with NHSGGC.

The prescriber details will be securely maintained on the NMP database in accordance with NHSGGC confidential information policy. It will be used to provide confirmation of prescribing authority to community pharmacists, lead clinical pharmacists, hospital pharmacies and forum leads, who will also receive an updated list of prescribers in their area three/four times a year. Anonymised information will be used to provide necessary statistical reports to national and local committees such as ADTC, workforce planning and Scottish Government Departments.

When non-medical prescribers change practice or area of work it is their responsibility to notify the central prescribing department, using the change of practice form, to ensure NMP details are maintained within the database.

Where NMP is a requirement of the role, prescribing should be explicit in the job description.

Community settings

The prescriber is also required to provide evidence of permission to prescribe from their practice in addition to a copy of the professional registration. If the prescribing takes place across a large number of practices within a CH(C) P then permission from the CH(C) P lead clinical pharmacist / Prescribing Lead to prescribe from the CH(C) P prescribing budget should be sought.

Inpatient/Acute settings

Non-medical prescribers within hospitals will be sent a form confirming their status as a prescriber for delivery to the pharmacy where the individual prescriber will provide a specimen signature for the pharmacy records. The appropriate professional leads and the pharmacy manager for the service area will also be informed of the prescriber's status.

Lead Clinical/Directorate Pharmacists

There are lead clinical pharmacists in Acute and Mental Health Directorate and in CH(C)Ps, and also area specialty pharmacists for specific areas of practice e.g. palliative care and addictions. Part of their role is to support local Non Medical Prescribers and monitor prescribing practice. Non-medical prescribers' details will be shared with the lead clinical pharmacists to ensure they are aware of the NMPs in their service area. This will enable them to provide support for NMP forums which play an important role in continuing professional development, peer support and clinical supervision.

Acute Division Pharmacies

Pharmacy staff should keep a list of all prescribers with their specimen signatures and check prescriptions against this list. The Non-Medical Prescribing lead will provide individual non-medical prescribers with a form confirming their authority to prescribe to be presented to pharmacy departments and signed to provide the specimen signature. Notification of prescribers will also be sent directly to hospital pharmacies to ensure the list is correct and up to date.

Prescription Pads

NHS prescription forms are classified as secure stationery. Prescription forms are serially numbered and have anti-counterfeiting and anti-forgery features. They must be kept securely in locked cupboards or drawers. Prescription paper should not be left in printers where there is a risk of theft. It is recommended that every practice has a standard operating procedure (SOP) for security of prescription pads and paper.

It is good practice to note the serial numbers of prescription pads on receipt. GP Practices are advised to note serial numbers of prescriptions pads and of computer prescriptions stationery and to check their stock regularly. Lost or stolen pads must be reported to the NMP office who will notify the Fraud Liaison Officer within the NHS Board and set in process the procedures required to notify community pharmacies, Information and Statistics Division (ISD) and instructions to the prescriber on the next steps.

There are different prescription forms for different prescribers, it is therefore important for prescribers to ensure they are using the correct prescription form, especially when generating a prescription through a

computer. If the prescription is printed on the incorrect paper it will be rejected when submitted to ISD for payment.

For NMPs who will prescribe in the community initial prescription pads or paper need to be requested. This process is managed through the office of the NMP lead. The NMP coordinator requires information from the NMP and permission from the prescribing budget holder. Forms for registration can be obtained from the NMP Co-Coordinator and on the intranet.

<http://staffnet/Acute/Division+Wide+Services/Pharmacy+and+Prescribing+Support+Unit/Prescribing/Non+Medical+Prescribing/Forms.htm>

Review

This Policy and Procedure will be reviewed and updated as required if changes in legislation, and within two years, which ever comes first.

References

Home Office (2012) Nurse and pharmacist independent prescribing, 'mixing of medicines', possession authorities under patient group directions and personal exemption provisions for Schedule 4 Part II drugs Home Office circular 009/2012 London

NMC (2006) Standards Proficiency for nurses & midwife prescribers, NMC Publication, April 2006, London, Nursing & Midwifery Council

NMC (2007) Prescribing for Children and Young People, NMC Circular 22/2007, London, Nursing and Midwifery Council

NMC (2007) Strengthened requirements on Criminal Records Bureau checks for eligibility to undertake preparation to prescribe as Nurse Independent prescriber, NMC Circular 29/2007, London, Nursing and Midwifery Council

NMC (2008) Standards for Medicines Management, NMC Publication August 2008, Nursing & Midwifery Council, London

NMC (2008) The Code: Standards of Conduct Performance & Ethics for Nurses and Midwives

NPC (2003) Maintaining Competence in Prescribing, www.npc.co.uk

SEHD (2006) Prescribing Guidance for Nurse Independent prescribers and Community Practitioner Nurse Prescribers in Scotland. Edinburgh: Scottish Executive Health Department

SG (2007) Pharmacist independent prescribing – guidance for NHS Health Boards, CEL 24(2007), Edinburgh, Scottish Government

SG (2007) Safer Management of Controlled Drugs Standard Operating Procedures, CEL 14(2007), Edinburgh, Scottish Government

SG (2009) A safe Prescription, developing nurse, midwifery and allied health profession (NMAHP) prescribing in NHS Scotland, Edinburgh, Scottish Government

Supporting Information

Appendix A **Prescribing registration and Pad request forms**

Appendix B **NMP flow chart**

Appendix C **Declaration of Interest**

PLEASE PRINT



**NON MEDICAL PRESCRIBING
NEW PRESCRIBER REGISTRATION FORM**

Profession (We require a current copy of your Professional Registration)

Pharmacist Nurse Podiatrist Physiotherapist Optometrist Radiographer Paramedic Occupational Therapist Dietician

Prescriber Type (Please tick as appropriate):

NIP/Supplementary <input type="checkbox"/>	Community Practitioner Nurse Prescriber <input type="checkbox"/>	Pharmacist Independent <input type="checkbox"/>	Pharmacist Supplementary <input type="checkbox"/>	AHP Supplementary <input type="checkbox"/>	Optometrist Independent <input type="checkbox"/>
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Job Title	Professional Registration Number/Code (NMS, GPhC, CHI etc)
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Prescribing Status (Please tick all that apply)

Active Training Conversion Qualified Inactive

Surname	Forename(s)	Clinical Practice	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
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Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female.
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Work address:	Work phone no.:
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Town	Post Code	Work Email	Work Mobile:
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Home address:	Home Phone No
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Town	Post Code	Home Email	Personal Mobile:
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CH(C)P/Directorate (Please tick as appropriate)

Acute Emergency Care & Medical Specialties Acute Surgery & Anesthetics Acute Women & Children's Acute Regional Services
 Acute Rehab & Assessment Acute Diagnostics Acute Mental Health Acute Oral Health Community Addictions
 Community Homeless Support Team Community Learning Disabilities Community Mental Health Community Sandyford
 GGC Out of Hours Service Care Home Team Homeless Addiction Team Glasgow City CHP South Sector
 Glasgow City CHP North East Sector Glasgow City CHP North West Sector East Dunbartonshire CHP West Dunbartonshire CHP
 East Renfrewshire CHCP Inverclyde CHP Renfrewshire CHP North Lanarkshire CHP South Lanarkshire CHP

All Practices (Please list Main Practice first) – (If Applicable)

If you are applying to prescribe from a practice budget we require a letter from the practice authorising you to prescribe from their budget.

Practice Code	Prescribing Code	Practice Code	Prescribing Code

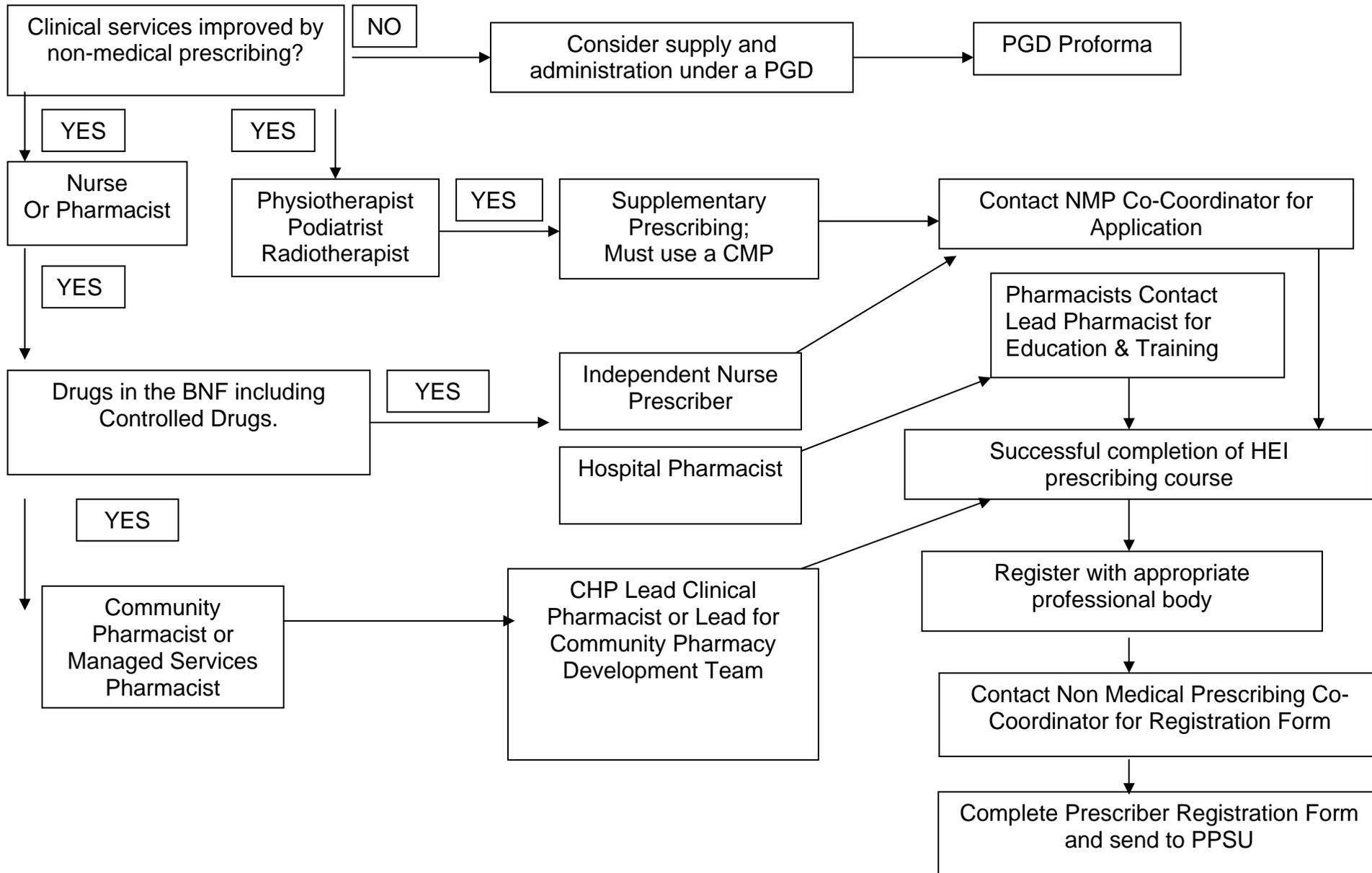
Do You Require Computerised Prescription Paper	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Additional Clinical Training (Area of Training e.g. Diabetes, Asthma, Renal)

Diploma <input type="checkbox"/>	Degree <input type="checkbox"/>	Band/Grade
University Attended for NMP	Year Attended University for NMP Qualification	

APPENDIX B

NMAHP Non-Medical Prescribing Flow Chart



Appendix C

Declaration of Interests and Gifts/Hospitality

BLOCK letters please

Name of Individual

Job Title

Location

Email

Years covered by this register

ADDITIONAL INFORMATION:

- Definitions and guide for completion are shown overleaf
- Please include any relevant information including that which, whilst not strictly a personal or non-personal interest, may be perceived to cause a conflict
- Please also include details of any *personal* interests in the pharmaceutical industry held by partners or any adult members of your immediate household. Names of household members need not be declared and only the type of interest (e.g. stocks, shares) and company name need be stated
- Committee / Group membership / participation should be recorded where relevant to working with clinical suppliers
- You should record "no interests" if you have none

This Declaration may be requested for Audit purposes by the NMC and by the NMP Lead for NHSGCC.

I wish to declare the following (- please delete as appropriate)*

Declared Item	Details (Please provide all relevant details that will allow assessment of whether or not the declared item could have a bearing on a specific matter)
Interest (e.g. Other employment, Directorships, Ownership of/interest in a business, Shareholdings, Land/Buildings, Position of Authority, Voluntary Organisation, Declaration on behalf of family member, Other)*	
Interest with Clinical Supplier (e.g. Employment, Shareholding/Ownership, Shareholding/Directorship, Advice, Gift/Donation, Fees, Hospitality, Sponsorship, Research partnership, Declaration on behalf of family member, Other)*	This interest is Personal/Non Personal*
Offer of Gift/Hospitality* Date Offered Estimate Value I have accepted this offer Y/N* I have notified my line manager and been given approval Y/N*	(Details of gift/hospitality <u>and the donor</u>)

Please continue on a separate sheet where necessary or for multiple declarations.

Signature	Date
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Note Any relevant interest held within the previous 12 months should also be registered (where the interest is no longer current, this should be indicated along with the date it ceased).