NHS Greater Glasgow & Clyde
Non Medical Prescribing Policy & Procedure

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1. Introduction

Non Medical Prescribing has moved on from being a new development to being an essential requirement for the provision of many services. It has been adopted as part of service strategies and is a central component of the advanced practice strategy. The NHS Greater Glasgow and Clyde (NHSGGC) policy is the basis of the governance framework in which all Non Medical Prescribing (NMP) takes place. It is to be applied across all settings including acute, partnerships and community settings. It describes the responsibilities of NHSGGC staff, managers and supervisors for ensuring that staff under their direction complies 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 framework for Continuing Professional Development (CPD) to ensure staff maintain their competencies to practice as prescribers in line with the Royal Pharmaceutical Society (RPS) Competence Framework for all prescribers.

NMP aims to provide patients with quicker and more efficient access to medicines, and prescribable items. It will also, enable the best use of health professionals' skills, knowledge and 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, the registration of that qualification, and maintenance of competence

This policy does not cover Patient Group Directions (PGDs) information on PGDs can be found on the NHS Education for Scotland (NES) website.

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 & Care Professions Council website and at the Medicines and Healthcare Products Regulatory Agency (MHRA) website.

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

Exemptions can be found on the Medicines and Healthcare products Regulatory Agency (MHRA) website

Staff should read this in conjunction with their professional codes of conduct/practice and their professional standards for which they are accountable. It should also be implemented in conjunction with the RPS Competence Framework for all prescribers. 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 legalisation 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 the GGC Prescribing Webpage.

This document supersedes all previously published local NMP guidelines and procedures for NMP in any of the registered professional groups.

For information on other NHS GGC Medicines Policies/Guidelines Please see GGC Prescribing

1.1 **Aim of the NMP Policy**

- To define the legal requirements for entry, by health care professionals, to NMP modules.
- To advise NMPs of their responsibilities to prescribe medicines, and prescribable items safely, appropriately and cost effectively for their patients.
- To set out the standards for health care professionals who wish to prescribe as NMPs 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 NMPs on the clinical governance structure in place within NHSGGC to monitor and support prescribers during their clinical practice.

NMP covers all health professionals who have an additional prescribing qualification marked in their professional register which enables them to prescribe medicines, and prescribable items within their area of competence.

Where there are clear benefits that NMP will improve patient care, through better use of health professional's and patient's time and improve access to medicines, and other prescribable items this should be implemented.

The Higher Education Institute (HEI) module 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 can prescribe as supplementary and/or independent prescribers. Allied Health Professionals (AHPs) are divided into two groups:

a) Podiatrists, Physiotherapists and Therapeutic Radiographers who are able to prescribe as supplementary or independent prescribers.

b) Diagnostic Radiographers and Dieticians who can prescribe as supplementary prescribers.

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 (CMP) with the patient’s agreement.’[2]

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 within their new speciality.

[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

1.2 Non Medical Prescribing

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 have either gained the qualification as part of their specialist practitioner qualification or have undertaken it as a separate qualification, currently available as the V150 Community Nurse Formulary qualification.

Each individual prescriber has a professional responsibility to ensure that they only prescribe within their limits of competence and experience.

NMP 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 independent/ supplementary Prescribing	Podiatrists, physiotherapists and Therapeutic Radiographers who have completed the current Independent Prescribing course. Diagnostic Radiographers and Dieticians can only prescribe as supplementary prescribers under a CMP
Optometrists Independent/Supplementary Prescribing	Optometrists who have undertaken supplementary and independent prescribing speciality course.

1.3 Relevant legislation

The primary legislation to enable nurses and midwives to prescribe is the Medicinal Products prescription by Nurses and Others Act 1992[3]. Since then there have been several legislative changes to widen the scope of NMP. Legislation was enacted in Scotland in 2006 to enable nurses, midwives and pharmacists to prescribe independently and as supplementary prescribers. Further legislation has since been passed to expand the scope of prescribers to include podiatrists/chiropodists, physiotherapists, radiographers, dieticians and optometrists as 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. Link

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

1.4 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 CMP for an individual. Nurse and pharmacist independent prescribers can now prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists.

1.5 Off Label Prescribing

Off label prescribing is the term used to describe the action of prescribing a medicine or product for reasons other than its licensed indications. These are medicines that have a valid marketing license but are being used outside of the terms of that license. The area where medicines are most often prescribed off label is in paediatric medicine where medicines licensed for use in adult age groups are used to treat children with appropriate dose restrictions. The GGC Formulary should be used as a guide.

1.6 Scope

This policy applies to all NMPs and all staff undertaking the training to become NMPs in 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.

2. 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, and prescribable items.

The NHSGGC 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.ggcprescribing.org.uk/non-formulary-information/

NMPs are accountable for their acts and omissions and cannot delegate this accountability to any other person, including any medicines prescribed. NMPs can work as autonomous practitioners and are accountable in the same way as any other professional groups.

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/local reporting system/ and where appropriate via the MHRA Yellow card scheme.

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 local organisation and have a responsibility to keep up to date with these.

The Royal Pharmaceutical Society Competence Framework for all Prescribers must be used by all prescribers to ensure competence and inform practice.

All NMPs 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.

Independent NMPs can only prescribe for patients that they have assessed.

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 NHSGGC 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 and other prescribable items. Prescribers are also accountable for any prescribing advice they provide.

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. NMPs must also notify the NMP team of any changes to their workplace/practice.

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 costs 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, midwifes and NHS staff and is considered good practice for all NMPs (see appendix C).

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.

Allied health professionals (AHPs)
AHPs can be divided into two groups of prescribers, physiotherapists/podiatrists and therapeutic radiographers who can qualify as independent prescribers. Radiographers (Diagnostic) and Dieticians can prescribe as supplementary prescribers following training approved by the HCPC which enables them to prescribe according to an agreed Clinical Management Plan.

Optometrists
Optometrists 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 listed within the Drug Tariff can be prescribed. There are formularies within NHSGGC that provide core lists of products 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/

3. 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 NMPs to practice safely, within their scope of competence, 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.

3.1 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 NMP in NHSGGC. The sub-committee will support the development and implementation of NMP, 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.

3.2 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 an NMP 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. Please see the NMP FAQs for further information.

3.3 What can be prescribed

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

Registered pharmacist independent prescribers and registered nurse or midwife independent prescribers may prescribe all licensed and unlicensed medicines for all medical conditions including controlled drugs, within their scope of competence.

Nurse independent prescribers 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 ('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.

At the time of printing there are restrictions for the prescribing of controlled drugs by AHP independent prescribers. This is likely to change in the future, (any such change/updates will be communicated to all NMPs from the NMP office) so please ensure that the most current guidance is adhered to.

Independent prescribers would never be expected to prescribe from the whole range of medicines that they are legally entitled to but to practice within their scope of competence and experience.

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 prescribable items, as well as a limited range of medicines. The Community Nurse Prescribers' Formulary can be found on the British National Formulary website. Go to: www.bnf.org

3.4 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 here.

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 here.

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 affect 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 MHRA 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.

3.5 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 record[4]
All health care professionals should be aware of NHSGGC policies on handling patient identifiable data and ensuring its security information available here.
All records and patient details should follow the current Scottish Government Records Management NHS Code of Practice

All professions should also ensure that they meet their professional standards for record keeping and work within their code of conduct.

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.

[4] 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 available policy information.

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 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.

3.6 Audit

Regular review of supplementary or independent NMP 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.

3.7 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. [5]

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

3.8 Clinical Trials

A 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.

AHP 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 NMP 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 NHSGGC GCP Policy. This must be supplied to the sponsor of the project.
- 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.

3.9 Controlled Drugs Prescribing

The Home Office issued legislation to update the Misuse of Drugs Act 1971 in 2012. The paper is available here.

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

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'.

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.[6]. A new prescription is required where a patient/client has continuing clinical need.

The change has enabled 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 supports 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.

4. 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, and prescribable items from the BNF and/or Scottish Drug Tariff, national and local guidelines e.g. SIGN and NHSGGC Therapeutics Handbook

- NHSGGC Formulary & NHSGGC Therapeutics Handbook
- British National Formulary (BNF)
- Scottish Drug Tariff
- Scottish Intercollegiate guidelines Network (SIGN)
- Medicines Update

Prescribers should also identify and fulfil the standards set by their respective professional body for CPD. i.e. Revalidation for Nurses accessed via NMC Online or HCPC standards of continuing professional development.

A portfolio should be maintained that demonstrates CPD and ongoing learning needs through reflection. The 'RPS Competence framework for all prescribers' should be used as an ongoing record that prescribers are maintaining their competence and CPD needs:

4.1 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.
Each of the forums are supported by the NMP Advisors and 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.

[6] NMC (2006) Standards of Proficiency for Nurse and Midwife Prescribers NMC, London

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.

5. Educational requirements for prescribing courses

(Please be aware that at the time of approval of this policy the standards of preparation of education programmes for prescribing are under review pending a consultation by the NMC, therefore please be aware that the following details may be subject to change in the near future, this policy will be updated in line with any changes made in as timely a manner as possible)

5.1 Selection requirements for places on prescribing course

All suitable candidates must have:

- A Designated Medical Practitioner willing to contribute to and supervise learning in practice
- Support of their manager in undertaking the prescribing programme (study leave form for NHS employees)
- Prescribing should be identified as a requirement of the service.
- Access to a prescribing budget (i.e. if writing community prescriptions)
- Access to continuing professional development opportunities

NMAHPs

All NMAHP applicants must:

- Have 3 years post registration experience and competence in the clinical area they will prescribe verified by their line manager
- Have appropriate numeracy skills
- Have membership of the Protection of Vulnerable Groups Scheme (PVG)

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.[7]

Optometrists

Optometrist must be registered with the General Optical Council (GOC) and have been practicing for two full years in the UK.[8]

It is recommended that those attending the course read their own professional standards for prescribing in order that they fully understand the requirements of the course.

5.2 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.

[7] RPSGB (2006) Outline curriculum for training programme to prepare Pharmacist Prescribers, RSPGB, August 2006 (update)
[8] General Optical Council (2010) www.optical.org

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.

5.3 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

5.4 Application process

Community Pharmacists or Managed Service Pharmacist working in Primary Care should contact Lead for Community Pharmacy Development Team or their HSCP 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.

6. Registering

6.1 Non-medical prescribing Lead

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

The NMP lead is the senior staff member responsible for leading on the implementation of NMP across the NHSGGC. The NMP Lead holds a database of all NMPs within the health board area. All applications and registrations of NMPs 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.

6.2 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 NMP lead for NHSGGC, using the Prescribing Registration form. 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 current registration form can be obtained by making an e-mail request to: NMP@ggc.scot.nhs.uk

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 NMPs 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. Change forms can also be accessed by sending an e-mail request to: NMP@ggc.scot.nhs.uk

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 HSCP then permission from the HSCP lead clinical pharmacist/prescribing lead to prescribe from the HSCP prescribing budget should be sought. If the prescriber requires to practice across HSCP boundaries and potentially Glasgow wide the NMP Lead office should be contacted to identify the most appropriate budget for the prescriber to be linked to.

Inpatient/Acute settings

NMPs 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.

6.3 Lead Clinical/Directorate Pharmacists

There are lead clinical pharmacists in Acute and Mental Health Directorate and in HSCPs, and also area specialty pharmacists for specific areas of practice e.g. palliative care and addictions. Part of their role is to support local NMPs and monitor prescribing practice. NMPs 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.

6.4 Acute Division Pharmacies

Pharmacy staff should keep a list of all prescribers with their specimen signatures and check prescriptions against this list. The NMP lead will provide individual NMPs 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.

6.5 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 that 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. The forms for registration can be obtained from the NMP Co-ordinator NMP@ggc.scot.nhs.uk.

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

Glossary

ACBS	**A**dvisory **C**ommittee on **B**orderline **S**ubstances
ADR	**A**dverse **D**rug **R**eaction
ADTC	**A**rea **D**rugs and **T**herapeutics **C**ommittee
AHPs	**A**llied **H**ealth **P**rofessional**s**
BNF	**B**ritish **N**ational **F**ormulary
CDs	**C**ontrolled **D**rug**s**
CHI	**C**ommunity **H**ealth **I**ndex number
CMP	**C**linical **M**anagement **P**lan
CPD	**C**ontinuing **P**rofessional **D**evelopment
CPNPs	**C**ommunity **P**ractitioner **N**urse **P**rescriber**s**
DMP	**D**esignated **M**edical **P**ractitioner
FAQs	**F**requently **A**sked **Q**uestion**s**
GCP	**G**ood Clinical **P**ractice Training/Register
GOC	**G**eneral **O**ptical Council
GP	**G**eneral **P**ractitioner
GPhC	**G**eneral **Ph**armaceutical **C**ouncil
GSL	**G**eneral **S**ales **L**ist
HCPC	**H**ealth and **C**are **P**rofessions **C**ouncil
HEI	**H**igher **E**ducation **I**nstitution
HON	**H**eads **O**f **N**ursing
ISD	**I**nformation & **S**tatistics **D**ivision
KSF	**K**nowledge and **S**kills **F**ramework
MHRA	**M**edicines and **H**ealthcare products **R**egulatory **A**gency
NES	**N**HS **E**ducation for **S**cotland
NICE	**N**ational **I**nstitute for **C**linical **E**xcellence
NIP	**N**urse **I**ndependent **P**rescriber
NHSGGC	**NHS G**reater **G**lasgow and **C**lyde
NMAHPs	**N**ursing, **M**idwifery and **A**llied **H**ealth **P**rofessional**s**
NMC	**N**ursing and **M**idwifery **C**ouncil
NMP	**N**on **M**edical **P**rescribing
NPC	**N**ational **P**rescribing **C**entre
NPF	**N**urse **P**rescribers **F**ormulary
P	**P**harmacy Medicine
PDP	**P**ersonal **D**evelopment **P**lan
PGDs	**P**atient **G**roup **D**irections
PIP	**P**harmacist **I**ndependent **P**rescriber
POM	**P**rescription **O**nly **M**edicine
PrISMS	**Pr**escribing **I**nformation **S**yste**m** for **S**cotland
PPSU	**P**harmacy & **P**rescribing **S**upport **U**nit
PSDs	**P**atient **S**pecific **D**irections
PVG	**P**rotection of **V**ulnerable **G**roups scheme
SG	**S**cottish **G**overnment
SIGN	**S**cottish **I**ntercollegiate **G**uideline **N**etwork
SOP	**S**tandard **O**perating **P**rocedure
V100	Community Practitioner Nurse Prescribers course (part of District Nursing specialist qualification)
V150	Community Practtioner Nurse Prescribers course
V300	Independent/Supplementary course for pharmacists and NMAHPs

References

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HCPC (2015) Standards of conduct, performance and ethics

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

RPS (2016) Competence Framework for all prescribers

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

SG (2013) Prescription for Excellence: A Vision and Action Plan, Edinburgh, Scottish Government

Supporting Information

Appendix A **Declaration of Interest**

Appendix B **Lost/stolen prescription pad process**

DECLARATION OF STAFF INTERESTS AND GIFTS/HOSPITALITY (To be used when the online declaration on Staffnet cannot be accessed)

Title (Mr/Mrs/Miss/Ms/Dr**)**	
Name	
Job Title/Capacity	
Location	
Email	

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……** **Estimated Value £……** **I have accepted this offer Y/N*** **I have notified my line manager and been given approval Y/N***	(Details of gift/hospitality and the donor)

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

Signature	**Date**

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 that it ceased).

Appendix B

Security of Prescription Pads and Safe Handling

Practitioners must take full responsibility for the safety and security of prescription pads that have been issued to them. Pads should be kept in a locked draw at all times when not in use, and when out of this environment they should be kept on the prescriber's person at all times.

Prescribers will keep a running log of number of prescriptions used and serial numbers so that any loss/theft can be quickly recognised and managed.

Prescription Pad Loss/Theft

In the event of loss, suspected theft or forgery the prescriber must report this immediately, or as soon as possible after loss or theft has been confirmed to the Non Medical Prescribing team at PPSU. Their line manager should also be informed.

A Datix Incident report should be completed by the practitioner concerned. This should include details of the numbers of prescriptions missing, when they were last seen/first missing and whether there were any witnesses to a theft.

The NMP team will complete the notification for lost/stolen pads template and forward to the community pharmacies team for distribution. Pharmacy systems will be responsible for notifying local Community Pharmacists and deciding upon action to minimise the abuse of the forms. This may include instructions to the prescriber to sign all scripts in a particular colour (usually Red) for a period of two months.

If the theft occurs during a weekend/Bank Holiday the prescriber should notify the on-call Pharmacist of the incident. The Non Medical Prescribing Team will also need to be informed on the next working day.

It is the responsibility of the Line Manager to ensure that prescription pads are retrieved from Non Medical Prescribers who leave their employment. Old pads should be destroyed, by incineration, once the serial numbers have been recorded.

Prescription Fraud

Prescribers should be aware that if a fraudulent prescription is suspected by a Pharmacist, they will contact the prescriber in order to clarify that the prescription is genuine. The pharmacist may also contact the prescriber if their identity/signature is unknown to them.

Community Pharmacy Development Team
NHS Greater Glasgow and Clyde
West Glasgow Ambulatory Care Hospital
Dalnair Street, Yorkhill
Glasgow G3 8SJ

Date
Your Ref
Our Ref

Enquiries to
Extension
Direct Line
Fax
Email

NON MEDICAL PRESCRIBER STATIONERY NOTIFICATION – LOST/STOLEN PRESCRIPTIONS

The Board has been informed that a prescription pad for …….. has been lost. The details we have at present are as follows:

Serial Number Range:	
Nurse Prescriber Details:	
NMC Pin No:	
Main Prescriber Code:	
Main Practice Code:	
Additional Information:	

If you receive a prescription form, which you have any reason to suspect is *not authentic*, please telephone …… on …… or contact your nearest police station.

Yours sincerely

Distribution:

All Pharmacy Contractors	NHS Highland – Helen MacDonald
Addictions – Carole Hunter	NHS Lanarkshire – Pharmacy Admin Team, Anne Auld & Isobel Marshall
NHS Ayrshire & Arran – Jacqui McCall	NHS Lothian – Pat Potts & Sandra McNaughton
Deputy Fraud Liaison Officer - Brian McLean	NHSS Counter Fraud Services
Dr John Ip – Area Medical Committee	PPD Edinburgh – Sally Richards
NHS Fife – Liz Scotland	Strathclyde Police – Pitt Street (Drugs Branch)
NHS GG&C Contracts Managers	
NHS GG&C Lead Pharmacist, Community Pharmacy Development & Governance	**Person reporting lost script**