NON-MEDICAL PRESCRIBING POLICY FOR NURSES, MIDWIVES, PHARMACISTS AND ALLIED HEALTH PROFESSIONALS.

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	April 2020
2	Change summary:	May/June 2020
3	Policy Statement	July/ September 2020
	Extended objective	
	Updated evidence base	
	Extended Training Implications	
	The role of the Medicine Safety & Governance group.	
4	Further description of prescribing scope for relevant staff groups.	
	Exceptional circumstances Prescribing + Administration	
5	Addition of links to relevant web sites	October 2020
6	Reference to WWW.Legislation.gov.uk	August 2021

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Medicines Management Nurse

Circulated to the following for Consultation

Date	Role / Designation
24/04/2020	Executive Director of Nursing
	Executive Medical Director
	Executive Director of Primary, Community Care and Mental Health
	Executive Director of Allied Health Professionals
	Assistant Director of Quality and Safety
	Assistant Director of Mental Health
	Head of Pharmacy
	Deputy Head of Pharmacy
	Senior Pharmacist
	Professional Head of Physiotherapy
	Lead Therapist
12/05/2020	Clinical specialists Physiotherapist
	Primary Care Pharmacist
	Consultant therapists for strokes
August 2020	Chief Pharmacist
August 2020	Interim Medical Director
July 2021	Medical Director

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? • **British Medical Association, RPS (2019-20)** Medicines and Prescribing Communities of Practice • **Medicines and Healthcare Products Regulatory Agency (2012)** • **Royal Pharmaceutical Society (2019)** A competency Framework for all Prescribers • **Royal Pharmaceutical Society (2019)** A competency Framework for Designated Prescribing Practitioners. • **National Prescribing Centre (2010)** Non-Medical Prescribing: A quick guide for commissioners

IMPACT ASSESSMENTS

Equality Impact Assessment Summary

	No impact	Adverse	Differential	Positive	Statement
Age	×				Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Disability				×	
Gender reassignment	×				
Pregnancy and maternity	×				
Race	×				
Religion/ Belief	×				
Sex	×				
Sexual Orientation	×				
Marriage and civil partnership	×				
Welsh Language	×				
Human Rights	×				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?

No risks identified. All non-medical prescribers must have undertaken the appropriate accredited training, the qualification is formally registered with the prescriber's professional regulatory body and registered with Powys Teaching Health Board.

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?

Nil

Have you identified any training and / or resource implications as a result of implementing this?

Clinical professional and service Leads need to complete the Non-Medical Prescribing Plan to identify the service need for non-medical prescribing qualified professionals, this must be approved by the Area Prescribing Committee.
In order to qualify as a non-medical prescriber, the staff member will be required to successfully complete an accredited University based course, which is on a work release part time basis. Health Education Innovation Wales (HEIW) sponsor and fund the V100/150 + V300 accredited modules**.**

In order to support this qualification a Pharmacist will be required to access a Designated Prescribing Practitioner, Allied Health Professionals a Practice Educator and Nurses and Midwifes a Practice Assessor as well as a Practice Supervisor. There have been challenges in having access to a suitable pool of experienced Medical and Non-Medical Prescribers.

1 Policy Statement / Introduction

This policy acknowledges the diverse areas across Powys Teaching Health Board
(PTHB) within which Non-Medical Prescribers' (NMP) practice. It relates to the roles of Community Practitioners as Limited Prescribers, Independent and Supplementary prescribing by Nurses, Midwives, Pharmacists and Allied Health Professionals.
This policy supports non-medical prescribing by Paramedics and Optometrist's.
Professional Independent contractors may wish to adapt this policy to guide practice, however all NMP's employed by PTHB must comply with this policy.
The policy is intended to ensure that the delivery, implementation and development of NMP is supported by a clear set of principles and arrangements in line with legislation, professional regulatory body and the Department of Health and Social Care (DHSC) guidelines.

This policy should be read in conjunction with PTHB revised Medicine Management policies and the NMP 2020 Guidelines.

2 Objective

The primary objective of this policy is to ensure that non-medical prescribing is delivered in a safe and effective manner within PTHB. To achieve the objective, PTHB sets out the principles on which NMP is based.

- To ensure the selection of appropriate clinicians to undertake the NMP qualification, by completion of a Service Non-Medical Prescribing Developmental plan. (Appendix A).

- To outline post-qualification requirements, which work to further support robust clinical governance and monitoring of NMP.
- To detail documentation requirements and suggested format for prescribing which includes the Clinical Management Plan (CMP) for supplementary prescribing and agreed primary medicines formulary for independent prescribers.
- A format for the Independent Non-Medical Prescriber to demonstrate their prescribing practice by completion of an annual scope of practice. (Appendix B).

- To guide managers and clinicians through the process of implementing NMP provision within their service.

3 Definitions

- **AHP:** Allied Health Professional
- **BNF:** British National Formulary
- **CMP:** Clinical Management Plan
- **DPP:** Designated Prescribing Practitioner
- **DHSC:** Department of Health and Social Care
- **GPhc :** General Pharmaceutical Council
- **HCPC:** The Health Care Professional Council
- **NMP:** Non-Medical Prescribing
- **NMC:** Nursing Midwifery Council
- **P:** Pharmacy
- **PA:** Personal Assistant
- **PASS:** Practice Assessor
- **PS:** Practice Supervisor
- **POM:** Prescription only Medicines
- **PTHB:** Powys Teaching Health Board
- **PADR:** Personal Appraisal and Development Plan
- **RCN:** Royal College of Nurses
- **RCM:** Royal College of Midwives
- **RPS:** Royal Pharmaceutical Society
- **SP:** Supplementary Prescribing

4 Responsibilities

The Chief Executive is legally accountable for the quality of care that patients receive and for securing patient safety within the organisation.

The Medical Director is responsible for the implementation and monitoring of Non-Medical Prescribing practices and procedures.

The Non-Medical Prescribing Lead is responsible for:

- Providing leadership and a coordinated approach to the development and maintenance of non-medical prescribing roles within the organisation.
- Co-ordinating places for Non-Medical Prescribing training courses at Higher Education Institutes.
- Ensuring that non-medical prescribing status is recorded for individual staff.
- Ensuring that any member of staff undertaking training to become a non-medical prescriber has the approval to train as set out in this policy.
- Ensuring that non-medical prescribers have access to and are familiar with this policy.
- Maintaining and updating a register of non-medical prescribers.
- Arranging access to appropriate prescribing stationary.
- Ensuring compliance with PTHB guidance on prescribing.
- Ensuring that the training requirements identified within this policy are complied with.

Responsibilities of the Designated Prescribing Practitioner, the Practice Educator and the Practice Assessor / Practice Supervisor are described in the appropriate sections further within this policy.

The Health Board must ensure that non-medical prescribing is managed within the overall clinical governance framework to ensure that practitioners practice safely and competently.

Non-medical prescribers (NMPs) are accountable for all aspects of their prescribing decisions and must only prescribe within their prescribing rights and their own level of experience and competence, acting in accordance with the:
Royal Pharmaceutical Society Competency Framework for all Prescribers (2016) **rpharms.com/prescribing competency framework**

NMPs are required to maintain a portfolio of their continuing professional development as prescribers. It is the responsibility of the NMP to keep up to date in their field of practice and any changes in local or national policy.

Individual development needs must be included in their Personal Appraisal and Development Reviews (PADR)
Nurses, midwives, allied health professionals and pharmacists must adhere to their appropriate professional code of conduct and undertake a process of professional revalidation as required by the professional body with which the healthcare professional is registered.

NMPs must evidence dates of practice and record the number of hours prescribing practice that have been undertaken. This should be linked to the evidence submitted for the PADR appraisal process and subsequent reviews. The NMP must maintain and update their knowledge and skills, taking part in appropriate learning and professional development**. This should be evidenced annually by completing an Affirmation of Competency form and a Prescribing Scope of Practice (Appendix B).**

Line Mangers or professional leads should ensure that the NMP has completed a personal development plan which includes their Non -Medical Prescribing role. Ensure that the NMP has access to clinical supervision and that continuing professional development is encouraged in order to maintain competence in their clinical area.
Managers are also responsible for ensuring that the individual's current job description acknowledges they are undertaking Non-Medical Prescribing as part of their role.

Managers are responsible for ensuring that the Lead for Clinical Education and the PA to the Chief Pharmacist, are notified when:

- An individual qualifies as an NMP
- An NMP joins the organisation
- An NMP leaves the organisation or changes their role

Managers must also ensure that individuals complete the appropriate relevant forms found in the guidance documentation, to authorise them to practice as an NMP.

NMP's must register their prescribing qualification with their professional regulator and the PTHB Medicines Management NMP Lead.

The qualification will be registered on the NMP database, this will allow the NMP to facilitate access to a prescription pad if necessary and to prescribe within the agreed clinical area.

The Medicines Management Team has a responsibility to develop a system of support for NMPs.
All Non- Medical Prescribers: Independent, Supplementary and Community practitioner prescribers should follow the guidance contained within this revised 2021 Non-Medical Prescribing policy.

4.1 Independent Non-Medical Prescribers: Staff Group or Specific Role: Registered Nurse, Midwife, Pharmacist, Physiotherapist, Paramedics, Optometrists, Podiatrist or Chiropodist, Therapeutic Radiographer.

Supplementary Non-Medical Prescribers:
Registered Nurse, Midwife, specialist community public health nurse. Physiotherapists; Radiographers (diagnostic and therapeutic) Optometrist, Pharmacist, Dietitian, Chiropodist and Podiatrist.

4.2 Community Practitioners as limited Non-Medical Prescribers:
Can only prescribe products included In the BNF Nurse Prescribers Formulary for Community Practitioners. Relevant for Nurses, Midwives and Health Visitors https://bnf.nice.org.uk p1699-1703

5 Process

Eligibility to access Non-Medical Prescribing Training Degree module.

5.1 Independent Non- Medical Prescribing

Independent non-medical prescribers are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing or discontinuing medication.
Prescribers must only ever prescribe within their prescribing rights and their own level of expertise and competence, acting in accordance with their professional code of conduct and an agreed scope of prescribing practice.

The Royal Pharmaceutical Society (2019) issued professional guidance on the administration of medicines in health care settings, point ten states:
"Wherever possible, the actions of prescribing, dispensing/supply and administration are performed by separate health care professionals.
Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same healthcare professional can be responsible for the prescribing and supply/administration of medicines.

Where this occurs, a risk assessment, a self-audit trail signed by the line manager, documents and processes should be in place to limit errors.

BNF -http://howis.wales.nhs.uk/sitesplus/878/page/58137 : states
Non-medical prescribers should separate the functions of prescribing and administration activities whenever possible.
In exceptional circumstances, where one individual is involved in both prescribing and administrating medication (particularly a controlled drug to a patient) a second suitably competent person should be involved in checking the accuracy of the medicines provided.

PTHB has interpreted this guidance in light of changing challenging clinical circumstances, that in the patient's best interest exceptional circumstances would include the End of Life Care, or the role of the single handed Independent Non-Medical Prescriber in a clinical setting, this is providing the act of prescribing and administration is not repeated as the norm on the same patient, by the same prescriber. Wherever possible, if prescribing and administration cannot be carried out by different healthcare professionals, administration should be witnessed, this may be by a professional colleague, a carer or family member. The rationale supporting the prescribing decision and practice must also be recorded.

The Non-Medical Prescriber should only ever prescribe within their prescribing rights, their area of competency and field of expertise (as defined in their approved scope of practice) Ref: **Royal Pharmaceutical Society Competency Framework for all Prescribers (2016)**

5.2 Independent Non-medical Prescriber (Nurse) (V300)

The Nursing and Midwifery Council (NMC) describe two supportive roles key to the student's development: Practice Assessor and Practice Supervisor.

- The Independent NMP will be a registered Nurse /Midwife who has successfully completed an accredited training programme.
- He /she can prescribe any licensed medicine from the BNF, within their area of competence.
- He /she may prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).
  https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/

Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics		See Part XVIIB(ii) of the Drug Tariff. Like other NHS prescribers, they may not prescribe any medicine which appears in Part XVIIIA (drugs, medicines and other substances

		that may not be ordered under the NHS) of the Drug Tariff.
Off label and off license		They must work within their own level of professional competence and expertise.[1]
Unlicensed medicines		They can prescribe 'off-license' or 'off-label'; only when this is accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision.
Controlled Drugs (CDs)		They are permitted to prescribe any Schedule 2, 3, 4 or 5 Controlled Drug (except Diamorphine, Dipipanone or Cocaine for the treatment of addiction).
Appliances or chemical reagents listed in Part IX		They can prescribe all appliances listed in Part IX of the Drug Tariff.
Selected List Scheme (SLS)		They are permitted to prescribe items in the "Selected List Scheme". However, only in the specified circumstances, for the specified patient groups listed in the Drug Tariff and where this is within their scope of professional practice.
Borderline Substances (ACBS)		They are permitted to prescribe ACBS items and should normally restrict prescribing of any borderline substances to items on the ACBS list.

Additional information		Click here for the NMC searchable register. They can write Repeat Dispensing prescriptions (RA/RD) and Emergency supply requests.

www.legislation.gov.uk

Nurse independent prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the Nursing, Midwifery Councils (NMC's) Code (2018).

- The standards for the V300 training must be approved by the NMC.

Independent Non-medical Prescriber (Pharmacist) (V300)
The General Pharmaceutical Council (GPhC) describes the role of the Designated Prescribing Practitioner (DPP) that will be key to the learning practice.

- The Independent NMP will be a Pharmacist registered with General Pharmaceutical Council (GPHC) with an annotation signifying that the Pharmacist has successfully completed an approved registered programme of training for independent prescribing or a course converting the supplementary prescribing status to independent.
- He/she can prescribe any licensed medicine from the BNF, within their area of competence.
- He /she may prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (pharmacist independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).

https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/

Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics		They must work within their own level of professional competence and expertise. See Part XVIIB(ii) of the Drug Tariff. Like other NHS prescribers, they may not prescribe any medicine which appears in Part XVIIIA (drugs, medicines and other substances that may not be

		ordered under the NHS) of the Drug Tariff.
Off label and off licence		They can prescribe 'off-licence' or 'off-label'; only when this is accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision.
Unlicensed medicines		
Controlled Drugs (CDs)		They are permitted to prescribe any Schedule 2, 3, 4 or 5 Controlled Drug (except Diamorphine, Dipipanone or Cocaine for the treatment of addiction).
Appliances or chemical reagents listed in Part IX		They can prescribe all appliances listed in Part IX of the Drug Tariff.
Selected List Scheme (SLS)		They are permitted to prescribe items in the "Selected List Scheme". However, only in the specified circumstances, for the specified patient groups listed in the Drug Tariff and where this is within their scope of professional practice.
Borderline Substances (ACBS)		They are permitted to prescribe ACBS items and the Drug Tariff indicates that they should normally restrict prescribing of any borderline substances to items on the ACBS list.
Additional information		Click here for the GPhC's searchable register.

		Can write Repeat Dispensing prescriptions (RA/RD) and Emergency supply requests. *

They can prescribe, administer and direct others to administer cocaine, dipipanone and diamorphine for treating organic disease or injury - www.legislation.gov.uk.

Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the General Pharmaceutical Council – Standards for Pharmacy professionals (2017).

- The standards for the V300 training must be approved by the General Pharmaceutical Council

https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber

Independent Non-medical Prescriber (Allied Health Professionals) (V300)

The Health and Care Professions Council (HCPC) describe the role of a Practice Educator as a key role in enabling learning in practice.

- The Independent NMP will be an Allied Health Professional (AHP)who is registered with the Health and Care Professions Council (HCPC) with an annotation signifying that the AHP has successfully completed an approved registered programme of training for independent prescribing or a course converting the supplementary prescribing status to independent.
- He/she can prescribe any licensed medicine from the BNF, within their area of competence
- He /she cannot prescribe unlicensed medicines.
- NB: It is accepted that an unlicensed medicine may be created when two licensed products are mixed together prior to administration.
- Whilst the resultant product is unlicensed, as long as the original medicines are licensed, legislation supports prescribing by an NMP in this scenario.
- An example of when this situation may arise is the mixing of a local anaesthetic and a corticosteroid in therapeutic injection therapy often used by physiotherapists.
- He /she may only prescribe the following seven itemised controlled drugs

1) Morphine (Oral and Injectable)
2) Fentanyl (Transdermal)
3) Oxycodone (Oral)
4) Dihydrocodeine (Oral)
5) Temazepam (Oral)

6) Diazepam (Oral)
7) Lorazepam (Oral)

https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/

Physiotherapists:

Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics		They can prescribe any licensed medicine for any condition within their competence within the overarching framework of human movement, performance and function. See Part XVIIB(ii) of the Drug Tariff. Like other NHS prescribers, they may not prescribe any medicine which appears in Part XVIIIA (drugs, medicines and other substances that may not be ordered under the NHS) of the Drug Tariff .
Off label and off licence		They can prescribe 'off-licence' or 'off-label'; only when this is accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision.
Unlicensed medicines		
Controlled Drugs (CDs)		They are able to prescribe for the treatment of organic disease or injury provided that the Controlled Drug is prescribed to be administered by the specified method: Diazepam, Dihydrocodeine, Lorazepam, Morphine, Oxycodone, Temazepam, by oral administration; Morphine for injectable administration; and Fentanyl for transdermal administration.
Appliances or chemical reagents listed in Part IX		They can only prescribe appliances/ dressings for the treatment of conditions relevant to their respective areas of professional practice.

Selected List Scheme (SLS)		They are permitted to prescribe items in the "Selected List Scheme". However, only in the specified circumstances, for the specified patient groups listed in the Drug Tariff and where this is within their scope of professional practice.
Borderline Substances (ACBS)		They are permitted to prescribe ACBS items; however, the Drug Tariff indicates that they should not need to prescribe any items on the ACBS list.
Additional information		Click here for the Health and Care Professions Council's searchable register. On 1 June 2015 the Misuse of Drugs Regulations 2001 were amended to allow physiotherapist independent prescribers to prescribe and administer a specified list of Controlled Drugs.

Podiatrists/Chiropody:

Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics)		They can prescribe any licensed medicine for any condition within their competence and relevant to the treatment of disorders affecting the foot, ankle and associated structures. See Part XVIIB(ii) of the Drug Tariff. Like other NHS prescribers, they may not prescribe any medicine which appears in Part XVIIIA (drugs, medicines and other substances that may not be ordered under the NHS) of the Drug Tariff.
Off label and off licence		They can prescribe 'off-licence' or 'off-label'; only when this is accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision.

Unlicensed medicines		
Controlled Drugs (CDs)		They are able to prescribe for the treatment of organic disease or injury provided that the Controlled Drug is prescribed to be administered by the specified method: Diazepam; Dihydrocodeine; Lorazepam; and Temazepam by oral administration.
Appliances or chemical reagents listed in Part IX		They can only prescribe appliances/ dressings for the treatment of conditions relevant to their respective areas of professional practice.
Selected List Scheme (SLS)		They are permitted to prescribe items in the "Selected List Scheme". However, only in the specified circumstances, for the specified patient groups listed in the Drug Tariff and where this is within their scope of professional practice.
Borderline Substances (ACBS)		They are permitted to prescribe ACBS items; However, they should not need to prescribe any items on the ACBS list.
Additional information		Click here for the Health and Care Professions Council's searchable register. On 1 June 2015 the Misuse of Drugs Regulations 2001 were amended to allow chiropodist/podiatrist independent prescribers to prescribe and administer a specified list of Controlled Drugs.

- He/She cannot prescribe diamorphine, gabapentin, pregabalin, cocaine and dipipanone for the treatment of addiction. www.legislation.gov.uk.

All AHPs who are annotated by the HCPC Standards as prescribers must act in accordance with the HCPC Standards of Conduct, Performance and Ethics (2016)

- The standards for the V300 training must be approved by the Health and Care Professions Council (HCPC).
  https://www.hcpc-uk.org

5.3 Supplementary Prescribing

Supplementary prescribing (SP) is a partnership between an Independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan (CMP) for an individual patient with that patient's agreement.

There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing.

The Department of Health and Social Care state that the CMP will contain enough detail to ensure service user safety and must contain:

- The name of the service user to whom the plan relates;
- The illness or conditions, which may be treated by the supplementary prescriber.
- The date on which the CMP has to take effect and when it is to be reviewed by the independent medical prescriber who is party to the CMP, the review date must be no longer than a year.
- The date on which the plan is to take effect, and when it is to be reviewed by the doctor who is party to the plan.
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan.
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.
- Relevant warnings about known sensitivities of the service user to, or known difficulties of the service user with, particular medicines or appliances.

Supplementary Non-medical Prescriber (Allied Health Professional (AHP))

- An allied health professional from one of the professions of physiotherapist, podiatrist, optometrist or radiographer who is registered with the Health and Care Professions Council with an annotation signifying that he /she has successfully completed an approved registered programme of training for Supplementary Prescribing.
  https://www.optical.org
  http://www.hcpc-uk.org/
- The standards for the training must be approved by the Health and Care Professions Council/General Optical Council.

Optometrists:

Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics		They can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue. See Part XVIIB(ii) of the Drug Tariff. Like other NHS prescribers, they may not prescribe any medicine which appears in Part XVIIIA (drugs, medicines and other substances that may not be ordered under the NHS) of the Drug Tariff.
Off label and off licence		They can prescribe 'off-licence' or 'off-label'; only when this is accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision; although, the General Optical Council discourages this. Guidance is available from the College of Optometrists Clinical Management Guidelines
Unlicensed medicines		
Controlled Drugs (CDs)		
Appliances or chemical reagents listed in Part IX		They can only prescribe if the appliance is listed in Part IX of the Drug Tariff and is for ocular conditions affecting the eye and surrounding tissue.
Selected List Scheme (SLS)		They are permitted to prescribe items in the "Selected List Scheme". However, only in the specified circumstances, for the specified patient groups listed in the Drug Tariff and where this is within their scope of professional practice.
Borderline Substances (ACBS)		They are permitted to prescribe ACBS items; However, the Drug Tariff indicates that they should not need to prescribe any items on the ACBS list.

Additional information		Click here for the General Optical Council searchable register. They can write Repeat Dispensing prescriptions (RA/RD) and Emergency supply requests. *

For supplementary non-medical prescribing the following criteria must be met:

- It is a legal requirement for a clinical management plan (CMP) to be in place before supplementary prescribing can begin. The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary non-medical prescriber. That plan must be agreed and signed by both the independent medical and supplementary non-medical prescribers. This can be in either paper or electronic format.
- The CMP must specify the range of medicines that may be prescribed for the named patient by the supplementary non-medical prescriber, also specify the range and circumstances within which the supplementary non-medical prescriber can vary the dosage, frequency and formulation of the specific range of medicines as appropriate, and when to refer back to the independent medical prescriber.
- There is no specific formulary for SP and provided they are included in the CMP, prescribers are able to prescribe:
- All Prescription Only Medicines (POM's) including CDs for any indication of medicines used outside their licensed indications (off label prescribing), black triangle drugs and those marked 'less suitable for prescribing' in the BNF.
- Unlicensed drugs.

https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/

- The CMP should be as simple as possible. It should refer to local/national guidelines such as Clinical Knowledge Summaries, the All Wales Medicines Strategy Group guidance, National Service Frameworks, NICE guidance and clinical trial protocols where possible. The advice within these guidelines can be referenced rather than within the CMP itself.

- Only relevant information about the patient's condition need be contained in the CMP.

Required elements of the CMP are:

- A reference to the medicines (by individual medicine or class of medicine) that may be prescribed.
- The circumstances within which the supplementary prescriber can vary dosage, frequency and formulation of specified medicines.
- The circumstances in which the supplementary prescriber should refer back to the independent prescriber.

- The date on which the CMP commences and the date by which the patient should be reviewed.
- Relevant warnings about any known sensitivities of the patient to any medicines, common side effects and counselling in the correct use of the prescribed medicine.
- Process for reporting adverse events.

6 Monitoring Compliance, Audit & Review

Completion of a Service Led Non-Medical Prescribing Development Plan by the Service Clinical Lead / Line Manager, that requires approval by the PTHB Medicines Safety and Governance Group and annual completion of a Scope of Practice and verification of competency signed by the practicing Non-Medical Prescriber and their line manager.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

7 References / Bibliography

- **British Medical Association, RPS (2019-20)**
  Medicines and Prescribing communities of practice
- **British National Formulary Publication Management (2019-2020)**
  British National Formulary (BNF)
- **CSP Information paper-PD019-Oct 2016**
  Medicines, Prescribing and Physiotherapy –
- **East Kent Hospitals University NHS Foundation Trust (2019)**
  Non-Medical Prescribing Policy
- **Greater Manchester Mental Health, NHS Foundation Trust (2019)**
  Non-Medical Prescribing (NMP) policy
- **Lancashire Teaching Hospitals NHS Foundation Trust (2019)**
  Non-Medical Prescribing (NMP)
- **Locala (2019)**
  Non-Medical Prescribing Policy
- **Medicines and Healthcare Products Regulatory Agency (2012)**
- **Midlands Partnership NHS Foundation Trust (2018)**
  Non-Medical Prescribing Policy
- **Medicines and Healthcare Products Regulatory Agency (2012)**
- **Royal Pharmaceutical Society (2019)**
  Professional guidance on the administration of Medicines in Health Care settings
- **Royal Pharmaceutical Society (2019)**
  A competency framework for Designated Prescribing Practitioners
- **Royal Pharmaceutical Society (2016)**
  A competency framework for all prescribers

Recommended prior reading
Royal Pharmaceutical Society (2019) A competency framework for Designated Prescribing Practitioners

Appendix A

Non-Medical Prescribing Development Plan

Non-medical prescribing has significant benefits including better use of professional's skills, improved service efficiency, improved access to medicines and more flexible team working.
It is the benefit to patients, services and organizational development that will help to identify which clinicians are in prime positions to undertake non-medical prescribing training. The development of non-medical prescribing within a Service without full consideration of financial, professional and workforce impact can carry significant risk.

This **Non-Medical Prescribing Development Plan** will help the organization to plan training and professional development for individuals prior to, during and post qualifying.

This plan must be approved by the Area Prescribing Committee

Cluster:	
Directorate:	
Department/ service area	
Service where non-medical prescribing is being proposed to be introduced:	
Service Clinical Lead (if different from above):	
Name of person(s) completing this Plan:	
Designation:	
Date:	

Date submitted to NMP Lead	Has this plan previously been considered by the NMP Lead?			Outcome ☐		
	No ☐	Yes ☐	If "Yes" Date	Approved ☐	Rejected ☐	Deferred ☐
Reason for rejection or deferral:						
Date submitted to Area Prescribing Committee	**Has this plan previously been considered by the committee**			**Outcome ☑**		
	No ☐	**Yes ☐**	**If "Yes" Date**	**Approved ☐**	**Rejected ☐**	**Deferred ☐**
Reason for rejection or deferral:						

Please complete all sections of the form and add comments as required. Where a section of the form is not applicable (NA) please

The points in the patient's journey through the Service at which a Non-Medical Prescriber (NMP) may potentially be involved:

What type of NMP is needed? Independent, Supplementary, Community Practitioners	
How many NMPs will be required?	
What type of patients will be treated? **What are the proposed benefits to the patients?**	
What are the medicines / group of medicines that are intended to be prescribed by the NMP's	
How do patients currently access these medicines?	
Is there access to a: DPP = GPhC PE = HCPC PA/PS = NMC Health care professionals	

What are the alternative options to providing the medications? **Have these been explored?** **What are the budget implications?**	

What mechanisms will you need to have in place to audit practice across all prescribers?	
Identify who the Non-Medical Prescribers will be:	
Will you recruit an existing NMP(s) to the Team or develop an existing staff member?	
What is the lead time for each option?	
If intending to develop existing staff:	
Has this been discussed in their PADR Review?	
Which module V150 or V300, suits the Service and individual needs?	

Has the requirement for a NMP been added to the IMTP	
Has the impact on their current duties been assessed?	
What impact will there be on the rest of the team by the addition of a non-medical Prescriber?	
Any additional comments?	

Appendix B

Annual Prescribing Scope of Practice Statement

Can be completed electronically, enlarging where necessary, and return electronically to the:
Lead Medicines Management Nurse: Susan.newport@wales.nhs.uk

Prescribers Name:	**Professional Reg.**
Prescribing Qualification:	**Date of Completion of prescribing training**
Base:	**Telephone number**
Name of Line Manager	
CLINICAL SPECIALITY/FIELD OR SERVICE:	
Do you currently Prescribe Schedule 2,3,4 Controlled Drugs?	
How do you evaluate the effectiveness of your prescribing?	
Have you been involved in any audits? If yes please give details	Have you participated in the Clinician's audit?

DETAIL PRESCRIBING AREAS

Disease area to be prescribed for: EXAMPLE; Asthma	**List all medicine's that you do, or may prescribe** e.g. Salbutamol inhalers	**Recent CPD supporting prescribing in the area (include dates)** EXAMPLE; Formal updates, courses attended, journal articles (or whatever applies). Please give as much detail as possible.	**Please state guidelines or attach protocols worked to** EXAMPLE; BTS guidelines

Do you receive clinical supervision? If yes • How often? • With whom? I.e. medical mentor/colleague • How is this recorded? If no, give reasons why	
Have you identified any CPD needs relating to prescribing and if so, how do you plan to address these needs?	

Evidence of competence to prescribe in your area of specialty:
EXAMPLE; 10 years experience or Asthma Diploma (or whatever applies)

CONFIRMATION OF COMPETENCY TO TAKE A PATIENT'S HISTORY, UNDERTAKE A CLINICAL ASSESSMENT AND DIAGNOSE WITHIN THE AREA AND FIELD OF PRACTICE IDENTIFIED

SIGNATURE OF PRESCRIBER Date:
SIGNATURE OF LINE MANAGER Date:
(electronic is acceptable)

This approval to practice form must be completed when prescribing commences and reviewed if area or field of practice changes and at Annual Review
Copies to: 1. Lead Medicines Management Nurse Lead 2. Line Manager