

Non-Medical Prescribing Policy

**Tower Hamlets, Newham and Waltham Forest (TNW)**

Document revision history

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# 1.0 Policy Statement

This policy has been developed to ensure that all prescribing undertaken by Non-Medical Prescribers (NMPs) is managed and governed via a robust process in General Practice, other primary and community care settings to ensure the following:

* Professional and statutory obligations are met
* Prescribing benefits patient care by improving access to medicines
* Effective standards are in place for non-medical prescribing
* Clarification on accountability and responsibility
* Clear guidance is available to support Non-Medical Prescribers (NMPs) to prescribe safely, efficiently, cost effectively and within their area of competence
* Ensure that all NMPs are supported to prescribe within an agreed framework that is consistent across Waltham Forest and East London (TNW)
* New prescribers are appropriately qualified for their role, work within the agreed national and local policies, and are identified in TNW so that they can be kept up to date on prescribing issues both locally and nationally.

The employing organisation (e.g. General Practice, Primary Care Network, GP Federation) is responsible for the management and governance of non-medical prescribers they employ. Section 3 provides an overview of the responsibilities, duties and accountabilities of both the employing organisation and individual prescriber.

Registration of non-medical prescribers by the Medicines Optimisation Team (MOT) with the NHS Business Services Authority (NHS BSA) is contingent on submission of all required documentation outlined in this policy.

## General Principles that underpin Non-Medical Prescribing

* Improve patient care without compromising patient safety
* Make it easier for patients to access the medicines they need
* Increase patient access to medicines
* Make better use of the skills of health care professionals
* Contribute to the introduction of more flexible teams working within GP practices or commissioned services.

## 1.2 Scope of this policy

This policy applies to all registered non-medical prescribers (nurses, pharmacists, physiotherapists, paramedics) employed by a GP practice or other health care providers linked to the Tower Hamlets, Newham and Waltham Forest (TNW) prescribing budget(s), who, in accordance with their job descriptions, undertake prescribing as part of their role.

## 1.3 Aim of the policy

The aim of this policy is to promote legal, safe and effective non-medical prescribing and to support the development and implementation of non-medical prescribing across TNW

This policy should be read in conjunction with relevant professional guidance and other local policies available on the Medicines Optimisation Portals (see links below):

* Newham: <http://nww.newhamccg.nhs.uk/clinical/medicinesmanagement/Pages/default.aspx>
* Tower Hamlets: <http://thccgintranet/Prescribing/Pages/default.aspx>
* Waltham Forest: <https://gp.walthamforestccg.nhs.uk/management/medicines/>

# 2.0 Introduction – The development of non-medical prescribing

Since 2006, there have been changes to regulations, enabling a range of non-medical healthcare professionals to prescribe medicines for patients as either Independent or Supplementary Prescribers.

Legislation provides the framework which defines the mechanisms available to train and assess the relevant professionals to become non-medical prescribers. The professionals who successfully complete a prescribing programme will qualify as either a supplementary or independent prescriber or both depending on what the regulations permit. They will need to be annotated as such on their professional register before they are able to prescribe in practice.

All prescribers are recommended to prescribe generically, except it would not be clinically appropriate or where there is no approved generic name. Individuals must work within their level of professional competence and expertise. Information and guidance on non-medical prescribing is available on [NHS England](https://www.england.nhs.uk/ahp/med-project/)1, [NICE](https://bnf.nice.org.uk/guidance/non-medical-prescribing.html)2 and [MHRA](https://www.gov.uk/search/all?keywords=non-medical+prescribing&order=relevance)3 websites.

## 2.1 Types of Non-Medical Prescriber

**Independent 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.

**Supplementary prescribing** is a partnership between an independent prescriber and a supplementary prescriber to implement an agreed Clinical Management Plan (CMP) for an individual patient in agreement with the patient. A Supplementary Prescriber will prescribe medicines that have been initiated following diagnosis by an Independent Prescriber.

A Clinical management Plan (CMP) is the foundation of supplementary prescribing. Before supplementary prescribing can take place, it is obligatory for the patient to be involved and an agreed CMP to be in place (written or electronic) relating to that named patient and to named specific condition(s) to be managed by the supplementary prescriber.

**Nurse Independent prescribers**

Nurse Independent Prescribers are able to prescribe any medicine for any medical condition within their clinical competence. Unlicensed medicines are excluded from the Nurse Prescribing Formulary in Scotland.

Nurse Independent Prescribers are able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs. This extends to diamorphine hydrochloride, dipipanone and cocaine for treating organic disease or injury, but not for treating addiction.

**Community Practitioner Nurse Prescribers.**

Community practitioners nurses who have completed the necessary training can only prescribe items listed in the nurse prescribers’ list set out [Nurse Prescribers’ Formulary (NPF)](https://bnf.nice.org.uk/nurse-prescribers-formulary/index.html)4.

**Independent Pharmacist Prescribers**

Pharmacist Independent Prescribers can prescribe any medicine for any medical condition within their clinical competence. This includes unlicensed medicines, subject to accepted clinical good practice. They are also able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs. This extends to diamorphine hydrochloride, dipipanone and cocaine for treating organic disease or injury, but not for treating addiction.

**Physiotherapists**

[Physiotherapist Independent Prescribers2](https://bnf.nice.org.uk/guidance/non-medical-prescribing.html)  can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. They are also allowed to prescribe the following Controlled Drugs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride or temazepam.

Physiotherapist Independent Prescribers must work within their own level of professional competence and expertise.

**Therapeutic radiographers**

[Therapeutic Radiographer Independent Prescribers5](https://www.england.nhs.uk/ahp/med-project/radiographers/) can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. Therapeutic Radiographer Independent Prescribers must work within their own level of professional competence and expertise.

**Optometrists**

Optometrist Independent Prescribers2 can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except Controlled Drugs or medicines for parenteral administration. Optometrist Independent Prescribers must work within their own level of professional competence and expertise.

**Podiatrists**

[Podiatrists2](https://bnf.nice.org.uk/guidance/non-medical-prescribing.html) can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. They are also allowed to prescribe the following Controlled Drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam.

**Paramedics**

[Paramedic Independent prescribers](https://www.england.nhs.uk/ahp/med-project/paramedics/)6 who successfully complete a prescribing programme will be qualified as both a supplementary and independent prescriber and will need to be annotated as such on the Health and Care Professions Council (HCPC) register before they are able to prescribe in practice.

**Dietitians**

Eligible [dietitians](https://www.england.nhs.uk/ahp/med-project/dietitians/)7 are able to become supplementary prescribers following successful completion of a Health and Care Professions Council (HCPC) approved prescribing programme.

**Orthoptists** [Orthoptists](https://www.england.nhs.uk/ahp/med-project/orthoptists/)8 Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except Controlled Drugs or medicines for parenteral administration.

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| --- |
| [**Physician Associates**9](https://www.england.nhs.uk/gp/case-studies/the-physician-associate-will-see-you-now-new-role-to-assist-patients-in-primary-care/) currently are not a regulated profession and therefore are unable to prescribe as there is no legal professional framework to enable them to prescribe. There is ongoing work to regulate this workforce group. |

# Roles and Responsibilities

This section provides an overview of the responsibilities, duties and accountabilities of both the individual prescriber and the employing organisation.

The employer e.g. GP Practice, is held vicariously liable for the actions of non-medical prescribers and hence the overall responsibility for the quality and safety of care received by patients. Vicarious liability does not apply in all cases, for instance when a prescriber undertakes work outside their role, if self-employed, or in cases of gross negligence.

## Employer responsibilities

The employer should ensure the following:

* The Non-Medical Prescriber has access to a prescribing budget
* The Non-Medical Prescriber has the skills and knowledge necessary to carry out the role and is prescribing within their area of competency. Employers must complete an **Assurance form (Appendix III)** for all Non-Medical Prescribers
* An accurate summary of prescribing responsibilities is incorporated in the practitioners’ job description
* Review and agree the **scope of practice** for the non-medical prescribers before submitting the completed scope of practice form to the Medicines Optimisation Team **(Appendix IV).**
* Prescribing is reviewed regularly, including updating the scope of practice and reflection any changes in clinical areas and competencies. Details of the NMPs prescribing will need to be provided upon request by the Medicines Optimisation Team
* Non–medical prescribers have access to continuing education and continuing professional development opportunities and are supported by medical prescribers within the practice
* Monitor the Non-Medical Prescriber’s continuing professional development portfolio at agreed intervals and at least once a year
* Accurate details of the NMP are provided to the Medicines Optimisation Team to enable registration with the NHS Business Services Authority before prescribing by the NMP commences prescribing
* Where necessary any anomalies or issues in prescribing practice must be investigated and findings reported to the Medicines Optimisation Team
* Notify the Medicine Optimisation Team when the Prescriber leaves the practice, using the form in Appendix VI
* Processes are in place to ensure a robust clinical governance infrastructure including Disclosure and Barring Service (DBS) checks and evidence of up-to-date registration with the relevant professional body to enable the registrant to prescribe once qualified

## Non-medical prescriber responsibilities

The Non-Medical Prescriber is responsible for:

* Acting in accordance with the standards set by their registering and professional regulatory bodies for prescribing and complying with their registration requirements
* Adhering to their to their employing / contracting organisation and policies on non-medical prescribing
* Working in line with local policies and guidelines ratified by their employing organisation including Medicines Optimisation schemes and prescribing dashboards available via the GP Portals or evidence-based national guidance approved locally e.g. NICE
* Acting within their professional competence and expertise when prescribing and not beyond the boundaries of their scope of practice
* Keeping and maintaining accurate, legible, unambiguous and contemporaneous records of patients’ care
* Ensuring that prescriptions are written legibly and legally
* Having appropriate indemnity insurance
* Recognising and dealing with pressures (e.g. from the pharmaceutical industry, patients, or colleagues) that might result in inappropriate prescribing and act accordingly.
* Completing and submitting the **Scope of Practice form (see Appendix IV)** which details the therapeutic areas for which they intend to prescribe, to their employer and the Medicines Optimisation Team. This should be completed for each practice where the Non-Medical Prescriber is intending to prescribe.
* Providing evidence based, safe and cost-effective prescribing to their patients at all times in line with the local medicines formulary
* Ensuring that patients are made aware of the scope and limits of non-medical prescribing and to ensure patients understand their rights in relation to non-medical prescribing (including the right to refuse)
* Maintaining a portfolio of their Continuing Professional Development & identifying individual training and development needs with the employing practice. It is the responsibility of the individual to ensure they are up to date on therapeutics in their area of practice and changes in national and local policies, guidance, medicines optimisation initiatives and safety updates.
* Adhering to relevant professional prescribing guidance and standards outlined by professional regulatory bodies
* Ensuring their prescribing data is reviewed regularly and discussed with the Designated Prescribing Practitioner (DPP) and that prescribing reflects the competencies as defined in the Scope of Practice Form
* Updating their scope of practice form where competencies change following appropriate training and agreement with DPP.
* Submitting updated Scope of practice forms to the Medicines Optimisation Team.
* Utilising prescribing support software such as ScriptSwitch®

**Useful Links:**

* [**Nursing and Midwifery Council (NMC) Standards of proficiency for nurse and midwife prescribers**](https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-of-proficiency-for-nurse-and-midwife-prescribers/)**10**
* [**General Pharmaceutical Council (GPhC) Standards for Pharmacy Professionals**](https://www.pharmacyregulation.org/standards-for-pharmacy-professionals)**11**
* [**General Medical Council (GMC) Good practice in prescribing and managing medicines and devices**](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices)**12**

## 3.3 Medicines Optimisation Team (MOT) responsibilities

The Medicines Optimisation Team are responsible for:

* All the governance arrangements that will ensure up-to-date registration of non-medical prescribers is maintained by the Medicines Optimisation Team which includes the following activities:
  + Registration with NHS Business Services Authority
  + Maintain a register of non-medical prescribers
  + Assurance on details of employing organisation and practices they may work in
  + Details of lead GP clinician
  + Details of scope of competence
* Providing prescribing data to practices upon request in relation to the non-medical prescribers
* Highlighting any prescribing issues and escalating any issues that arise from non-medical prescribing that have not been addressed at practice level
* Monitoring of prescribing and responding to prescribing/fitness to practice requests from the NHS England Local Area Team.
* Dissemination of Medicines Optimisation and key prescribing information

## 3.4 Competencies

The [Prescribing Competency Framework](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework)13 for all prescribers published by the Royal Pharmaceutical Society (RPS) in collaboration with all prescribing professions in the UK sets out the competencies expected of all prescribers to support safe prescribing and effective use of medicines by patients. The framework was developed, as it is clear that a common set of competencies should underpin prescribing regardless of professional background.

**Main changes to the framework**

* The structure is more intuitive, with competencies 1-6 reflecting the consultation and competencies 7 – 10 focusing on the governance around the consultation.
* New behavioural statements to explicitly reflect challenges in practice (e.g. recognising inappropriate polypharmacy, dose optimisation and de-prescribing) or changes to practice (e.g. challenges associated with remote prescribing)
* Improvements of previous statements due to restructuring and new scrutiny including;
  + Consolidation of behavioural statements
  + Rewording for clarity
  + Improvements to sentence structure of indicators
  + Some deletions due to overlap and removal of general statements on professionalism
  + Explicit discussion about the application of professionalism (sits alongside the framework rather than within it)

## 3.5. Designated Prescribing Practitioner (DPP)

The term [Designated Prescribing Practitioner (DPP)](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-16-110751-883) 14 describes the practitioner responsible for the non-medical prescribing trainee’s Period of Learning in Practice (PLP). It’s an umbrella term for a number of different profession-specific titles. The aim of the DPP is “To oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during their Period of Learning in Practice”.

**Allied Health Professionals:** The Health and Care Professions Council (HCPC) use the term Practice Educator to describe DPP equivalent role. The Practice educator is the individual responsible for a trainee’s education during their practice-based learning and who has received appropriate training for that role. For the purpose of non-medical prescribing training, the Practice Educator should be a registered prescriber who is able to demonstrate the competencies in the DPP framework.

**Nurses and Midwives:** The Nursing and Midwifery Council (NMC) standards describe two roles key to learning in practice; Practice Assessor and Practice Supervisor. In the context of non-medical prescribing training, the DPP competencies apply to any prescriber in the Practice Assessor role for a nurse or midwife trainee. All nurse or midwife non-medical prescribing trainees should, in the absence of exceptional circumstances, also have a named Practice Supervisor, who is a registered prescriber.

**Pharmacists:** The General Pharmaceutical Council (GPhC) uses the term Designated Prescribing Practitioner (DPP). For Pharmacist Non-Medical Prescribing trainees, this role should be carried out by a registered Independent Pharmacist Prescriber or Medical Practitioner who is able to demonstrate the competencies in the framework.

**Eligibility for the DPP role**

The regulatory requirements that underpin the competencies within the framework should be met by all DPPs:

* Any prescriber taking on the DPP role must be registered with their professional regulator. All NMPs undertaking the DPP role should have the necessary annotation for a prescriber as required by their regulator.
* The registered health professional practitioner acting in the DPP role should demonstrate that they meet all the competencies within the [Prescribing Competency Framework](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)14

# 4.0 Professional Accountability

The qualified Non-Medical Prescriber is accountable both individually and professionally for all aspects of their prescribing decisions, including actions and omissions, and should not under any circumstance delegate this accountability to any other individual. They should prescribe within the locally agreed formulary, guidance and policies.

The employer is held vicariously liable for actions of the qualified Non-Medical Prescriber when the appropriately trained Non-Medical Prescriber is prescribing as part of their professional duties and scope of practice, with the consent of their employer.

The job description, person specifications, service level agreement should include a clear statement that prescribing is required as part of the duties of the role or service. All NMPs should ensure that their current job description, person specification and service level agreements adequately covers their prescribing role.

All Non-Medical Prescribers are expected at all times to work within the standards and codes of professional conduct as set out by their own regulatory bodies as well as the policies and guidelines ratified by their employer and the CCG in which their employer is located

# 5.0 Clinical Governance in Prescribing

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.

All qualified Non-Medical Prescribers need to complete a scope of practice form which will identify the areas of their practice and provide assurance that they have the relevant knowledge, competence, skills and experience to manage the health conditions and prescribe.

All Non-Medical Prescribers, prescribing against the Clinical Commissioning Group prescribing budget must be listed on the Clinical Commissioning Group non-medical prescribing register and registered to the appropriate cost code with the Prescription Services at the NHS Business Services Authority. Locum Non-Medical Prescribers working on an ad hoc basis are not able to register with the NHSBSA and therefore will not be able to prescribe when working as a locum. If there is any doubt contact the Medicines Optimisation Team for advice.

Patient safety concerns or incidents should be reported to the practice prescribing lead or Line Manager in the first instance and refer to the practice and Incident reporting policy and guidelines as required by the ‘Duty of Candour’.

For any safeguarding or child protection concerns, please refer to Child Protection Guidelines and Safeguarding Children/Adult Policies (see links below), this will include issues identified around obtaining consent and the Mental Capacity Act.

* <http://www.walthamforestccg.nhs.uk/about/publications.htm>
* <http://nww.newhamccg.nhs.uk/clinical/Safeguarding/Pages/default.aspx>
* <http://nww.towerhamletsccg.nhs.uk/organisation/performance/Pages/Safeguarding.aspx>

# 6.0 Training

Health Education England, North Central and East London (HE NCEL) has the responsibility for ensuring high quality education and training is provided to all health professionals and can support in the training of a non-medical prescriber. Further information is available online ([click here](https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers)) 15.

Funding may also be available via individual Community Education Provider Networks (CEPNs)

Details of HE NCEL are:

Health Education North Central and East London

4th Floor, Stewart House, 32 Russell Square, London, WC1B 5DN

Tel: 0207 866 3100 - general enquiries

Tel: 0207 862 8601 - for nurse prescriber training queries (between 2 and 5 pm)

<https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers>

# 7.0 Process for registering an NMP

It is the responsibility of the employing organisation to check the registration & qualifications of the NMP with the relevant professional regulatory body and retain a sample of the NMP’s signature.

The Medicines Optimisation Team will maintain a register of NMPs.

The NMP must provide the Medicines Optimisation Team with the completed documents listed in the Standard Operating procedure (SOP) for registering a NMP (Appendix II). The scope of practice form (Appendix IV) should be completed by the NMP and authorised by the line manager or the practice lead clinician and submitted to the MOT.

It is important to provide the full name as it appears on the NMP’s certificate of registration to avoid delays in registration.

**Appendix V**: NMP joining a new organisation form should be completed for new NMPs.

**Appendix VI:** Non-medical prescriber leaving a GP practice or cost centre form would need completion where the NMP leaves a practice or organisation. This will prevent inappropriate prescription charges being made to the practice from which the NMP is leaving.

**Appendix VII**: Change of non-medical prescriber details form would only need to be completed there is a change in the personal details of the NMP such as a change in qualifications or a name change.

**Organisation Name is NHS North East London and the code is A3A8R.**

The delegated member of the Medicines Optimisation Team will complete and sign the relevant form as the authorised signatory and email it to the NHS BSA (cc the NMP into the email). The NMP must not commence prescribing prior to receiving confirmation of registration from NHSBSA.

The registering member of the MOT must complete the internal NMP register with required details

# 8.0 Prescribing principles and quality

## 8.1 Patient Assessment

All non-medical prescribers must ensure that the patient gives their informed consent to treatment. When prescribing, the NMP must:

* Identify the likely cause of the person’s medical condition
* Establish current medical conditions, history and concurrent or recent use of other medications including non-prescription medicines
* Ensure that there is sufficient justification to prescribe the medicines/treatment proposed. Where appropriate the NMP should discuss other treatment options with the patient and / or a medical practitioner
* Ensure that the treatment and medicines are not contra-indicated for the patient and make a clear, accurate and legible record of all medicines prescribed

## 8.2 Writing and Issuing Prescriptions

All prescriptions across England are being digitalised, with most now electronic, to make the issuing of prescriptions more efficient for NHS staff and patients.

The Electronic Prescription Service (EPS) has been rolled out to all practices and community pharmacies, therefore prescriptions should be computer generated and meet all the legal requirements for writing prescriptions.

The prescriber will act within their scope of practice and acknowledge any limitations in their competence and where necessary, make alternative arrangements for the patient’s care. This may include referral to other medical or non-medical colleagues within their organisation or primary/community care services.

Prescribers should only issue prescriptions bearing their own unique prescriber number and should not issue prescriptions on the behalf of other colleagues. The accountability for the prescription rests with the NMP who issues and/or signs the prescription. Supplementary prescribers should only prescribe for patients who have agreed Clinical Management Plans (CMPs).

## 8.3 Generic Prescribing

All NMP’s are reminded to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name. The table below (Table 1) highlights some medicines that should not be prescribed generically. Please note: the list is not exhaustive and therefore should be used in the most up to date version of the BNF. At the end of the section there are some useful links which may support safe prescribing. Inhalers should be prescribed by **BRAND** and **DEVICE**.

### 8.3.1 Anti-epileptic Drugs (AED)

Majority of anti-epileptics needs to be prescribed by **BRAND.** Antiepileptic drugs (AEDs) vary considerably in their characteristics, which influences the risk of whether switching between different manufacturers’ products of a particular drug may cause adverse effects or loss of seizure control. AEDs have been divided into three risk-based categories to help healthcare professionals decide whether it is necessary to maintain continuity of supply of a specific manufacturer’s product. Please refer to the [MHRA drug safety update](https://www.gov.uk/drug-safety-update/antiepileptic-drugs-new-advice-on-switching-between-different-manufacturers-products-for-a-particular-drug)16 on-switching between different anti-epileptics products.

The AED categories are listed below:

* **Category 1 – phenytoin, carbamazepine, phenobarbital, primidone**
  + For these drugs, doctors are advised to ensure that their patient is maintained on a specific manufacturer’s product
* **Category 2 – valproate, lamotrigine, perampanel, retigabine, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine, zonisamide, topiramate**
  + For these drugs, the need for continued supply of a particular manufacturer’s product should be based on clinical judgement and consultation with patient and/or carer, considering factors such as seizure frequency and treatment history
* **Category 3 - levetiracetam, lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide, vigabatrin** 
  + For these drugs, it is usually unnecessary to ensure that patients are maintained on a specific manufacturer’s product unless there are specific reasons such as patient anxiety and risk of confusion or dosing errors.

**Table 1: Medicines that should be prescribed by brand**

For a fully comprehensive list please refer to the Specialist Pharmacy Services (SPS) resource [*Which medicines should be considered for brand name prescribing in primary care?*](https://www.sps.nhs.uk/articles/which-medicines-should-be-considered-for-brand-name-prescribing-in-primary-care/)*17*

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicine category** | **Generic Name** | **Examples** | **Comments** |
| **Drugs with narrow therapeutic index** | Aminophylline | Phyllcontin Continue® | There may be differences in the bioavailability of the preparations and/or differences between the therapeutic and toxic plasma concentrations. Therefore, the brand name should be prescribed. |
| Ciclosporin | Neoral® Sandimmun® |
|  | Lithium | Priadel®, Camcolit® Liskonum® |
|  | Phenytoin |  |
|  | Theophylline | Nuelin SA ®, Slo-Phyllin® Uniphyllin Continus® |
|  |  |  |  |
| **Certain modified release preparations** | Diltiazem® | Slozem®, Adizem XL ®, Tildiem LA | The BNF states that the brand names should be specified as different versions of these modified release (m/r) preparations may not have the same clinical effect |
|  | Mesalazine® | Asacol MR ®, Pentasa® |
|  | Nifedipine ® | Coracten SR ® or XL, Adalat®, Adalat Retard® |
|  |  |  |  |
| **Controlled drugs including patches (schedule 2 and 3)** | Morphine | MST ®, Zomorph®,  Morphgesic SR ® | Caution due to different dosage regimes for SR and XL preparations. The BNF states that dosage should be reviewed if brand is altered. |
|  | Oxycodone | Lynlor®, Longtec® |
|  | Fentanyl | Durogesic DTrans®, Matrifen®, Tilofyl® |
|  | Buprenorphine | Butrans®, Transtec® |

More information in relation to brand prescribing can be found by accessing the following link:

* [MHRA: Antiepileptic Drugs – advice on switching between different manufacturers products for a particular drug](https://www.gov.uk/drug-safety-update/antiepileptic-drugs-new-advice-on-switching-between-different-manufacturers-products-for-a-particular-drug)16

## 8.4 Unlicensed Medicines-specials

NMPs may prescribe [unlicensed medicinal products18](https://www.gov.uk/government/publications/supply-unlicensed-medicinal-products-specials) within their competence or as a supplementary prescriber as part of a Clinical Management Plan. The NMP must accept full professional, clinical and legal responsibility for the prescribing of the unlicensed medicine(s). It is advised that prescribing of an unlicensed preparation should only be considered only when there is no licensed alternative.

The following conditions must also be met:

* There is sufficient evidence to support prescribing in terms of safety and efficacy

Explain to patients in broad terms why the medicines are not licensed for their proposed use. In the case of a supplementary prescriber any use of a medicines outside its product license must have a joint agreement of both the supplementary and independent prescribers and the status of the drug should be recorded in the CMP

* Where a patient is unable to agree to such treatment, the prescriber should act in accordance to best practice in the given situation in line with local policy/formulary
* The NMP must make clear, accurate, and legible record of all medicines prescribed and the reason for prescribing of an unlicensed medicine.

The following links may provide information useful when deciding on whether to prescribe an unlicensed medicine.

* [SPS Q&A: What are the therapeutic options for patients unable to take solid oral dosage forms?](https://www.sps.nhs.uk/articles/what-are-the-therapeutic-options-for-patients-unable-to-take-solid-oral-dosage-forms/" \o "What are the therapeutic options for patients unable to take solid oral dosage forms?) [19](https://www.sps.nhs.uk/articles/what-are-the-therapeutic-options-for-patients-unable-to-take-solid-oral-dosage-forms/" \o "What are the therapeutic options for patients unable to take solid oral dosage forms?)
* [RPS: Prescribing Specials – Guidance for the Prescribers of Specials](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/professional-standards---prescribing-specials.pdf)20
* [GMC: Good practice in prescribing and managing medicines and devices – Prescribing Unlicensed Medicines](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/prescribing-unlicensed-medicines)21

## 8.5 Prescribing medicines for use outside the terms of the license - Off Label

Non-medical prescribers may independently prescribe medicines that are or off label i.e. for use outside their licensed indications or UK marketing authorisation. The non-medical prescriber must accept professional, clinical and legal responsibility for that prescribing and should only prescribe outside the terms of the license where it is accepted clinical practice. The prescriber should:

* Discuss the treatment with the patient/carer and to gain consent before prescribing
* Act in accordance with best practice should the patient not agree to treatment
* Supplementary prescribers may only prescribe off-license in line with the CMP, provided there is a joint agreement of both the supplementary and independent prescriber and the status of the drug is recorded in the clinical management plan.

## 8.6 Controlled Drugs

All health and social care organisations are accountable for ensuring the safe management of controlled drugs and will be subject to monitoring of controlled drug prescribing as part of the regular prescribing review.

The restriction on which controlled drugs could be prescribed by NMP Independent Prescribers was lifted in 2012 by Statutory Instrument no 973. This change in law permits Independent prescriber to prescribe all controlled drugs in schedule 2, 3, 4 and 5, provided this is within their competence. The regulation also clarifies the mixing of medications that include controlled drugs.

For detailed information on prescribing of controlled drugs prescriber should refer to the current [BNF](https://bnf.nice.org.uk/)22.

**Key points to note are:**

In line with national best practice recommendations:

* The quantity of any controlled drug in schedule 2 and 3 (including tramadol) prescribed should not exceed one month’s supply.
* Prescribers must not prescribe for themselves or family members or must not prescribe a controlled drug someone close except in exceptional cases where treatment is required immediately to:
  + Save life
  + Avoid significant deterioration in the patient’s health e.g. Alleviate otherwise uncontrollable pain

Prescribers must be able to justify any actions and document the relationship and the emergency circumstances that necessitated the prescribing of a controlled drug in such circumstances.

## 8.7 Repeat Prescribing

Non-medical prescribers working in GP practice may issue repeat prescriptions in line with local guidance and best practice. NMPs should ensure patients have regular medication reviews before issuing a prescription and in every case be satisfied that it is safe and appropriate to do so.

NMPs are professionally accountable for prescriptions they sign and therefore must endure that any repeat prescription they sign:

* Is safe and appropriate, regularly reviewed and only re-issued to meet an identified clinical need
* They have followed appropriate relevant procedures
* Do not include Schedule 2 and 3 Controlled Drugs as these are not safe to be issued as repeats

Supplementary prescribers need to review and prescribe in line the clinical management plan. The patient should be seen by the independent prescriber at least once every 12 months, or at intervals specified within the clinical management plan.

## 8.8 Private Prescriptions

NMPs may issue private prescriptions for any licensed medicines that they are competent to prescribe in line with their scope of practice and current regulations. There is specific guidance for issuing private prescriptions for Controlled Drugs.

All the above requirements apply, in addition to the following:

* Private prescriptions for Schedule 2 and 3 controlled drugs must be on the appropriate standardise Prescription form
* Prescriber identification number must be included on the standardised private prescription form which is different to their professional registration number (it’s not their GMC, GDC, GPhC, NMC number). This number is issued by the relevant NHS agency.

## 8.9 Prescribing for Self, Family, Friends and Colleagues

It is strongly advised that Non-Medical Prescribers should avoid prescribing for themselves or anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. Further advice must be sought from the relevant professional regulatory body.

Where it is necessary to prescribe for friends, family or colleagues this should only be undertaken in the context of that the friend, relative or colleague is being seen in a professional capacity e.g. where a friend, family or colleague is also a registered patient.

# 9.0 Adverse Drug reactions

If a NMP suspects that a patient is/has experienced an adverse drug reaction (ADR) to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P), herbal medicine or combination of medicines, they should inform the GP responsible for the patient’s continuing care.

The NMP should evaluate the suspected adverse drug reaction(s) in accordance with the guidance issued by the Committee on Safety of Medicines (CSM) and decide if he/she needs to complete a “Yellow Card” to notify the CSM of a suspected adverse drug reaction. Hard copies of the form can be found at the back of the BNF, electronic copies can be found at <https://yellowcard.mhra.gov.uk/>23

If an appliance or dressing is involved in an adverse incident then it must be reported to the Medicines & Healthcare products Regulatory Agency (MHRA).

# 10.0 Incidents

NMPs must report all prescribing errors and serious incidents in line with their employing organisation’s in policy and to the Medicines Optimisation Team.

# 11.0 Security and Safe Handling of Prescription Forms

(Refer to Safe Custody Guidance of Prescriptions in primary care on GP Portal)

FP10 prescription forms are controlled stationary and must be kept securely to prevent their loss and fraudulent use by members of the public seeking access to certain medicines liable to misuse e.g. opioids, benzodiazepines and hypnotics. It is therefore vital that Practices, services and Non-Medical prescribers keep a log of serial numbers of prescription forms. This can be done by recording the first and last serial numbers of the pad or box/reel for forms to be used. These records should be kept for a period of three years.

Prescriptions should NEVER be left unattended in a car overnight.

Patients, temporary staff and visitors should not be left alone with prescription forms or allowed in secure areas where the forms are stored.

All prescriptions requiring amendment or corrections should be counter signed and dated to confirm the change is genuine.

All prescriptions that require destruction must be destroyed securely making note of the serial numbers of the prescription(s) and a record must be kept for at least 18 months.

Where appropriate the MOT should also contact NHS Protect (formerly the Local Counter Fraud team) on 0207 895 4686/020 7895 4571.

**Useful Link:**

* [NHS Counter Fraud Authority – Management and Control of Prescription Forms: A Guide for Prescribers and Health Organisations](https://cfa.nhs.uk/fraud-prevention/fraud-guidance#controlPrescriptionForms)24

# 12.0 Gifts and Benefits - refer to TNW policy on Intranet

Conflicts of interest should be managed effectively to ensure that decisions involving the use of NHS funds are not influenced by outside interests or private gain. The public rightly expect the highest standards of behaviour in the NHS, as custodians of taxpayers’ money.

NHS staff need to be empowered to use good judgement in managing conflicts of interest effectively, and need to be safeguarded so they can continue to work innovatively with partners whilst also providing transparency to the taxpayer.

NHS England published new guidance on [managing conflicts of interest](https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)  in 201725. The guidance:

* Introduces common principles and rules for managing conflicts of interest
* Provides simple advice to staff and organisations about what to do in common situations
* Supports good judgement about how interests should be approached and managed.

The guidance is applicable to the following NHS organisations:

* Commissioning organisations via the statutory guidance issued by NHS England
* NHS Trusts and NHS Foundation Trusts – which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts
* NHS England (through our Standards of Business Conduct)

Although the guidance does not apply to bodies not listed above (i.e. independent and private sector organisations, general practices, social enterprises, community pharmacies, community dental practices, optical providers, local authorities), these organisations are invited to consider implementing the guidance as a means to effectively manage conflicts of interest and provide safeguards for their staff.

# 13.0 Free Samples

NMPs should not accept or use free samples or starter packs. Representatives who wish to provide samples or starter packs should discuss with the Medicines Optimisation Team. Gifts of minimal value may be accepted e.g. pens, diaries, post-it pads.

# 

# 14.0 Meeting Representatives from the Pharmaceutical Industry

Please refer to the Working with Industry guidance on the GP Portals.

# 15.0 Contacts for Help and Support

For medicines information and prescribing queries, please email the TNW Medicines Optimisation Team via the generic email listed below.

# 16.0 Appendices

## 16.1 Appendix I: Checklist for registration of a NMP or making changes regarding registration status

|  |  |  |
| --- | --- | --- |
| Requirement | By Whom | Action |
| Qualifications of NMP are checked, including all certificates & registration with the relevant regulatory body | The employing practice | Photocopies are kept by the practice as per Practice employment protocol |
| Electronic sample signature of the NMP is obtained | The employing practice | A pdf signature is kept on file and provided to support clinical governance processes when required |
| Non-Medical Prescribers Registration Assurance form is completed **(Appendix III)** | NMP and line manager/clinical lead/senior partner | A copy is sent to the Medicines Optimisation Team via generic email  [nelondon.tnwmedicinesoptimisation@nhs.net](mailto:nelondon.tnwmedicinesoptimisation@nhs.net) |
| Scope of practice form is completed by the NMP **(Appendix IV)** | Authorised by the employing practice /line manager/senior clinician | A copy is sent to the Medicines Optimisation Team via generic email |
| NHSBSA form for an NMP joining the organisation must be completed (Appendix V) | The employing practice/ NMP/ practice /line manager/senior clinician | A copy is sent to the Medicines Optimisation Team via generic email |
| If the NMP is leaving the organisation the form in Appendix VI must be completed | The employing practice/ NMP/ practice /line manager/senior clinician | A copy is sent to the Medicines Optimisation Team via generic email |
| If the NMP is leaving one organisation (practice) to join a different organisation (practice), the forms in Appendix V and Appendix VI must be completed. | The employing practice/ NMP/ practice /line manager/senior clinician | Copies must be sent to the Medicines Optimisation Team via generic email |

## 16.2 Appendix II: Standard Operating Procedure (SOP) for registering a NMP

|  |  |
| --- | --- |
| **Process** | **To be completed by** |
| Employing GP practice confirms request in writing to give access to prescribing budget and accepts responsibility for verifying HR processes including qualifications for candidate.  Manager/employer to ensure IP is in job description | GP lead/Clinical Manager |
| Practitioner registers with the appropriate professional body and ensures name is annotated as a prescriber on professional register | Non-Medical Prescriber |
| Complete all the relevant registration forms and email to the Medicines Optimisation Team.   * Non-Medical Prescribers Registration Assurance Form-Appendix III * Non-Medical Prescribing Scope of Practice Agreement-Appendix IV * NMP joining a new organisation-Appendix V | GP lead/Clinical Manager and  Non-Medical Prescriber |
| Confirm practitioner registration on the appropriate professional register | Medicines Optimisation Team |
| Send NHSBSA NMP joining a new organisation form (Appendix V) to NHSBSA and copy practitioner into the email | Medicines Optimisation Team |
| Complete Non-Medical Prescribing register | Medicines Optimisation Team |
| Confirmation of NHSBSA registration  The NHSBSA does not inform the Medicines Optimisation team of registration so in the case of delays in notification, the practitioner should follow up in an email and copy the team into the email | Non-Medical Prescriber |
| On receipt of NHSBSA confirmation of registration, the practitioner is added to the practice prescribing system and prescribing commences | Practice manager/Administrator  Non-Medical Prescriber |
| Inform of any changes to employment/NMP leaving the organisation, prescribing etc. | GP lead/Clinical Manager and  Non-Medical Prescriber |

## 16.3 Appendix III: Non-Medical Prescribers Registration Assurance Form

|  |  |
| --- | --- |
| **Name of Non-Medical Prescriber** |  |
| **Contact details** | **Email: Mobile:** |
| **Name of practice/service** |  |
| **Contact details** | **Address: Tel No:** |
| **Name of line manager/prescribing lead/ Snr partner\*** | **Tel No:** |

*\*delete as appropriate*

|  |  |
| --- | --- |
| **Process** | **Signature & date completed** |
| Service lead confirms request to give access to prescribing budget and accepts responsibility for verifying HR processes and confirming qualifications and scope of practice. |  |
| Non-Medical prescriber’s registration with professional regulatory body is annotated as a prescriber |  |
| **Practitioner completes and provides documentation to Medicines Optimisation Team** |  |
| Non-medical prescriber assurance form - Appendix III |  |
| Scope of Practice - Appendix IV |  |
| NHSBSA registration form - Appendix V |  |
| **NMP to confirm knowledge and understanding of** |  |
| NMP Prescribing policy |  |
| Medicines Optimisation intranet page, guidelines and policies |  |
| * The [competency framework](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework) for all prescribers * [The GMC guidance: Good practice in prescribing and managing medicines and devices](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices) * The BNF [guidance on prescribing](https://bnf.nice.org.uk/guidance/guidance-on-prescribing.html) |  |

**Appendix III continued: Non-Medical Prescribers Registration Assurance Form**

|  |  |
| --- | --- |
| **Name of person completing the form** |  |
| **Signature** |  |
| **Title and email** |  |
| **Date of completion** |  |

## 16.3. Appendix IV Non-Medical Prescribing Scope of Practice Agreement

Please complete the form electronically, enlarging where necessary, then print and sign

|  |
| --- |
| **Non-Medical Prescribing Scope Of Practice Agreement**  **To be completed by all Non-Medical prescribers (independent and supplementary) working in GP practices and commissioned services** |

|  |
| --- |
| Name: |
| Job title: |
| Base/Practice Name:  Address: |
| Professional registration Body: |
| Registration PIN/ Number: |
| Date prescribing qualification registered with professional body and which prescribing qualification is held(Independent or Supplementary: |

|  |  |  |
| --- | --- | --- |
| **Disease area and class of medication to be prescribed:** | **Evidence of competence to prescribe in this area:** | **Recent CPD supporting prescribing in this area:**  **(include dates)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| How do you intend to audit your prescribing? |  | |
| Describe the details of your clinical supervision e.g. type and frequency |  | |

|  |  |  |
| --- | --- | --- |
| **Prescribing CPD Requirements** | | |
| Describe area(s) of CPD identified  **e.g.** *Prescribing for the elderly, dilemmas, electronic prescribing* | Outline plan to meet CPD **e.g.** *through training, shadowing, supervised practice etc.* | Date this CPD needs to be met. |
|  |  |  |
|  |  |  |

**My scope of practice has been discussed and agreed with the practice GP prescribing lead/clinical manager.**

Independent/Supplementary Prescriber signature:

GP lead/Clinical Manager name (name) and Signature:

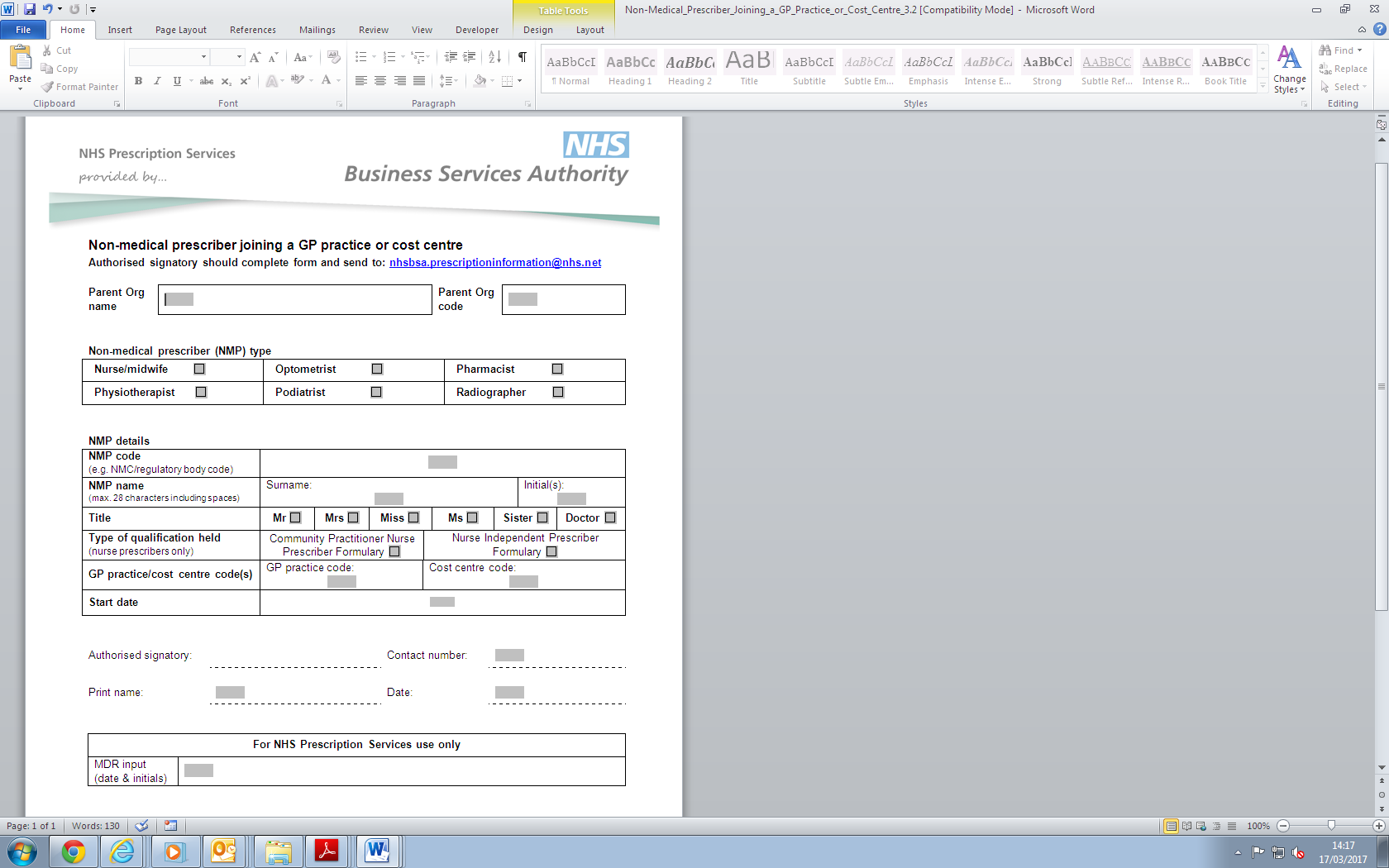
**Send a copy of the completed document to the Medicines Optimisation Team**

[nelondon.tnwmedicinesoptimisation@nhs.net](mailto:nelondon.tnwmedicinesoptimisation@nhs.net)

**This agreement must be updated when the prescriber’s scope of practice changes.**

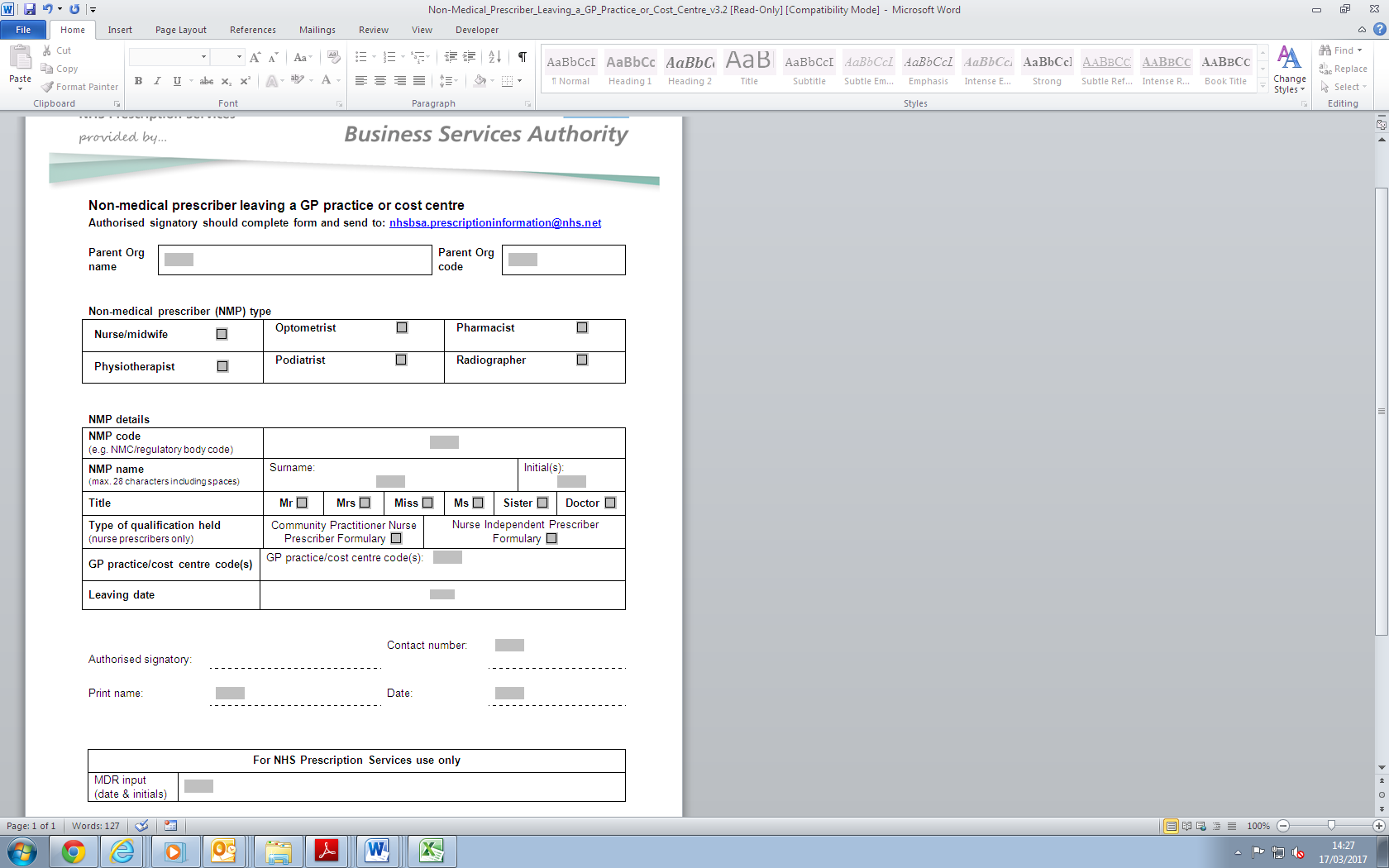
## 16.5 Appendix V: NMP joining a new organisation

Available from the NHS BSA website here (example form shown below): <https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs>



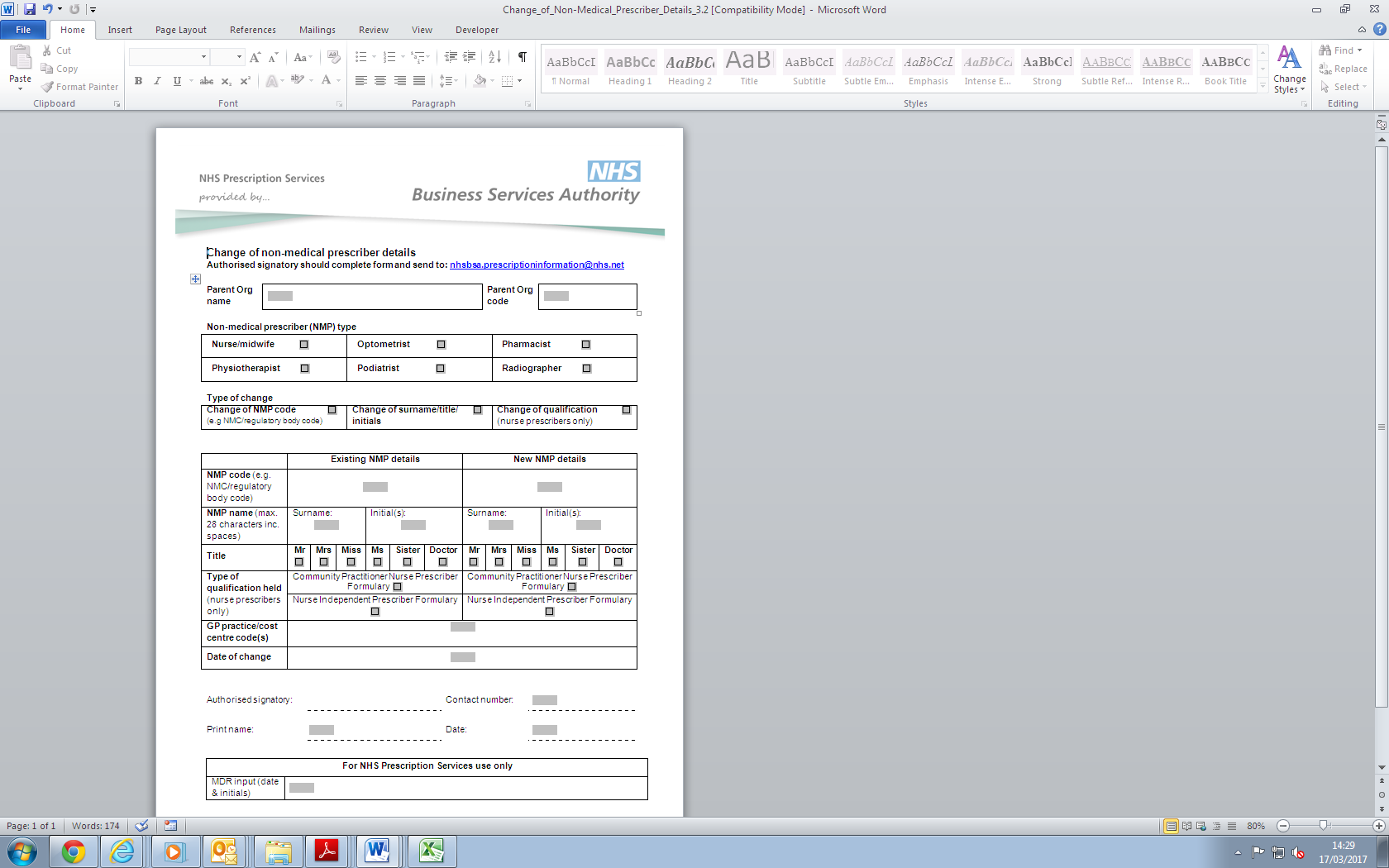
## 16.6 Appendix VI: NMP leaving an organisation

Available from the NHS BSA website here (example form shown below): <https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs>



## 16.7 Appendix VII: Change of non-medical prescriber details

Available from the NHS BSA website here (example form shown below): <https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs>



## 16.8 Appendix VIII Setting up Independent Non-Medical Prescribers on Practice Clinical Systems

**EMIS Web**

In order to prescribe using clinical systems. EMIS prescriber options in Organisation Configuration needs to be configured for all prescriber types (independent, supplementary and nurse prescribers). The practice manager/administrator can configure the medication module settings, such as medication review codes and printing options, in Medication Configuration.

**Prescribing users**

Smartcards need to be configured with the correct RBAC activity for the selected prescriber type - B0420 for Independent Prescribing. The appropriate option (e.g. Independent Prescribing) should also be selected in the Authorise Prescriptions field in the Role Section of the Add User or Edit User screen. For example, for an independent prescriber and select Independent Prescribing in the Authorise Prescriptions field, then RBAC activity B0420 Independent Prescribing needs to be added to the prescriber’s smartcard before prescribing can commence.

**Configure a prescriber**

1. Access Users.
2. Select the required user, and then on the ribbon, click Edit User.
3. In the left-hand pane of the Edit User screen, click Role to display the user’s role settings in the right-hand pane.
4. Check that the user has the appropriate job category.
5. Click the Authorise Prescriptions field and select the required prescriber type.
6. Click the Stamp User Choice field and select one of the following:

* “Own” – to use their own prescribing number (e.g. GPhC/NMC number)
* “Senior partner” to use the senior partner’s PPA ID
* “Specify user…” if Senior partner isn’t available to select a GP partner

7. In the Relationship field, select the required option. For prescribers not directly employed by the practice select “Associated”. Note that independent prescribers prescribing under your practice will use the practice cost code and as such prescribing costs will fall to the individual practice.

8. In the Professional Numbers section, type the user’s appropriate professional number(s).

The user should know their professional numbers.

If you do not complete this information in full, the user will not be able to prescribe.

9. In the left-hand pane, click User Role Profiles to display the user’s role profile settings in the right-hand pane.

10. If the user’s smartcard has not yet been synchronised:

* Click the RBAC Role field and select the appropriate local profile.
* In the Prescribing Role field, select Yes.

If the user’s smartcard has been synchronised, the RBAC Role field is greyed out and the Prescribing Role option is not displayed. For the user to be able to prescribe, the appropriate RBAC activity (i.e. their prescriber type) must be added to their smartcard by your RA team.

11. Click OK.

## 16.9 Appendix IX Summary of prescriber type and prescribing restrictions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Prescriber** | **Can prescribe controlled Drugs (CD)**  **Schedules 2 to 5** | **Can prescribe unlicensed medicines** | **Other applicable considerations** | **Can authorise and emergency supply for items which can be prescribed** | **Can provide Private Medical Services and issue private prescriptions** |
| **Pharmacist Independent Prescriber** | Yes (but not cocaine, dipipanone or diamorphine for treating addiction). Address of prescriber must be within the UK | Yes (Subject to accepted clinical good practice) | Medicines for any  medical  condition within  their competence | Yes. Includes phenobarbital  for epilepsy but not Schedule 1, 2 and 3 CDs | Any medicine |
| **Physiotherapist**  **Independent Prescriber** | Only the following CDs: diazepam, dihydrocodeine, lorazepam, oxycodone and temazepam for oral administration only; morphine for oral administration or for injection; fentanyl for transdermal administration1 | Only ‘off-label’ medicines subject to accepted clinical good practice | Medicines for any  medical condition  within their  competence | Yes, but not Schedule 1, 2, and 3 CDs, including phenobarbital | Any licensed medicine relevant to their role. May prescribe a limited number of Controlled Drugs. |
| **Podiatrist**  **Independent Prescriber** | Only the following CDs for oral administration: diazepam, dihydrocodeine, lorazepam and  temazepam | Only ‘off-label’ medicines subject to accepted clinical good practice | Medicines for any medical condition within their  competence | Yes, but not Schedule 1, 2, and 3 CDs, including phenobarbital | Any licensed medicine relevant to their role. May prescribe a limited number of Controlled Drugs |
| **Nurse**  **Independent Prescriber** | Yes (but not cocaine, dipipanone or  diamorphine for treating addiction) Address of prescriber must be within the UK unless prescribing Schedule 4 or 5 CDs | Unlicensed medicines are  excluded from the Nurse Prescribing Formulary in  Scotland and therefore not  reimbursed on NHS prescriptions | Medicines for any medical condition within their  competence | Yes. Includes phenobarbital for epilepsy but not Schedule 1, 2  and 3 CDs | Any medicine |
| **Optometrist**  **Independent**  **Prescriber** | No | Only ‘off-label’ medicines subject to accepted clinical good practice | For ocular conditions affecting the eye and surrounding tissue only | Yes for ocular treatment but not for Controlled drugs. | Any licensed medicines for treatment of ocular conditions. May not prescribe Controlled Drugs |
| **Therapeutic radiographer**  **Independent Prescriber** | At the time of writing proposed changes to legislation in relation to the use of certain  CDs were still to be considered by the Home Office | Only ‘off label’  medicines subject  to accepted clinical  good practice | Medicines for any medical  condition within their competence | Yes, but not Schedule 1, 2  and 3 CDs, including  phenobarbital | Any licensed medicine relevant to their role. May prescribe a limited number of Controlled Drugs |
| **Community Practitioner**  **Nurse** | No | No | Restricted to dressings, appliances and licensed medicines which are listed  in the Nurse Prescribers’  Formulary (see BNF) | Restricted to NPF | Yes, restricted to their areas of competence and items in the NPF |
| **Paramedic**  **Independent Prescriber** | Subject to legislative changes | Only ‘off-label’ medicines subject  to accepted clinical good practice | Medicines for any medical  condition within their competence |  | Yes, but not  Schedule 1, 2 and  3 CDs, including  phenobarbital |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supplementary prescriber**  **Pharmacist, Mid-wife, Nurse, Chiropodist, dietician, Physiotherapist, radiographer or Optometrist** | Yes (but not cocaine, dipipanone or  diamorphine for treating addiction)  Address of prescriber must be within the UK unless prescribing Schedule 4 or 5 CD | Yes (subject  to accepted clinical  good practice) | Prescribed items are subject to clinical competence and  inclusion within a clinical management plan agreed |  | Yes. Includes phenobarbital  for epilepsy but not Schedule 1, 2 and 3 CDs |

Taken from Royal Pharmaceutical Society: [Medicines, Ethics and Practice Edition 43 July 2019](https://www.rpharms.com/publications/the-mep)

Private prescriptions for Schedule 2 and 3 controlled drugs must be on the appropriate standardised form, the only exception is veterinary prescriptions. The Prescriber identification number must be included on a standardised private prescription form (this is different to their professional registration number, it’s not their GMC, GDC, GPhC or NMC number). This number is issued by the relevant NHS agency

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## 16.10 Appendix X: References

1. NHS England, Non-medical prescribing by allied health professionals. [ONLINE] Available at: <https://www.england.nhs.uk/ahp/med-project/> [accessed 25th June 2020]
2. National Institute for Health and Care Excellence (NICE), BNF - Medicines Guidance: Non-Medical Prescribing, last updated 3 June 2020. [ONLINE] Available at: <https://bnf.nice.org.uk/guidance/non-medical-prescribing.html> [accessed 25th June 2020]
3. GOV.UK – “non-medical prescribing” search. [ONLINE] Available at: <https://www.gov.uk/search/all?keywords=non-medical+prescribing&order=relevance> [accessed 25th June 2020]
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6. NHS England, Non-medical prescribing by allied health professionals: Paramedic prescribing. [ONLINE] Available at: <https://www.england.nhs.uk/ahp/med-project/paramedics/> [accessed 25th June 2020]
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