

NON-MEDICAL PRESCRIBING POLICY

NHS NORTH EAST LONDON INTEGRATED CARE BOARD

PHARMACY AND MEDICINES OPTIMISATION TEAM

THIS POLICY SHOULD BE READ IN CONJUNCTION WITH:

- [NHS NEL SOP GP Practice, Managing Prescriber Changes](#)
- [NHS NEL Pharmacy and Medicines Optimisation SOP Processing Non-Medical Prescriber Changes \(for the Pharmacy team\)](#)
- [A Competency Framework for All Prescribers](#)
- [Professional Guidance: Expanding Scope of Practice](#)
- [Guidance on prescribing | Medicines guidance | BNF | NICE](#)
- [Non-medical prescribing | Medicines guidance | BNF | NICE](#)
- [Good practice in prescribing and managing medicines and devices - professional standards - GMC \(gmc-uk.org\)](#)
- [Professional Guidance on the Administration of Medicines in Healthcare Settings \(Royal Pharmaceutical Society, 2019\)](#)
- [Remote prescribing high-level principles - summary - GMC \(gmc-uk.org\)](#)

Links to the Professional Regulatory Bodies

- [Nursing and Midwifery Council \(NMC\) Standards for Prescribers](#)
- [General Pharmaceutical Council \(GPhC\) Standards for Pharmacy Professionals](#)
- [Health and Care Professionals Council Standards of Proficiency for Allied Health](#)

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Version	Date	Summary of Changes to Previous Version
2.0	July 2024	Full review throughout
1.0	April 2024	New procedural document

With acknowledgment to NHS Black Country Integrated Care Board

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1. Introduction

This policy will provide an overarching governance framework to support non-medical prescribing across North East London Integrated Care Board (NEL ICB). The policy will enable wider and faster access to medicines, more flexible use of the workforce and establish a consistent approach for non-medical prescribing.

Non-medical prescribing refers to prescribing by members of professional groups other than doctors or dentists, as defined by the legislation, ([The National Health Service \(Miscellaneous Amendments Relating to Independent Prescribing\) Regulations 2006](#)) who have undertaken and successfully completed an accredited non-medical prescribing training programme and who are registered as prescribers with their professional regulatory body.

The key principles of non-medical prescribing are:

- Patient safety is paramount
- Make better use of the skills of health professionals and contribute to more flexible team working across the NHS
- Improve patient access to medicines
- Improve service delivery by better use of health professionals' skills and optimising professionals' time

This policy should be read in conjunction with other local provider policies and relevant professional regulatory body's guidance on non-medical prescribing.

2. Purpose

This policy has been developed to ensure that all prescribing by all non-medical prescribers is managed and governed robustly in GP Practices and Community Pharmacies, and to ensure:

- Professional and statutory obligations are met
- Prescribing benefits patient care by improving access to medicines
- Robust governance standards are in place for non-medical prescribing
- There is clarification on accountability and responsibility
- There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved prescribing programme
- All non-medical prescribers are appropriately qualified for their role
- All non-medical prescribers work within national guidelines and local formularies
- All non-medical prescribers are supported in their role and access continuing

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professional development (CPD)

3. Scope

This policy applies to those, registered nurses / midwives, pharmacists and other healthcare professionals who, in accordance with the registration requirements of their professional bodies, have gained or training to gain, the necessary independent or supplementary prescriber qualification to undertake prescribing as part of their role.

This policy relates to all non-medical prescribing activity within NEL GP practices and community pharmacies, (local policies / guidelines can be found on <https://primarycare.northeastlondon.icb.nhs.uk/home/meds/>).

4. Definitions and Abbreviations

Non-Medical Prescriber	Prescribing by professional groups other than doctors or dentists, as defined by the legislation, who have undertaken and successfully completed an accredited non-medical training programme. They are registered with their professional regulatory body, with an annotation, signifying they are a prescriber. There are two types of non-medical prescribers, independent and supplementary.
Independent Prescriber	Able to prescribe on their own initiative any medicine within their agreed scope of practice and in accordance with relevant legislation.
Supplementary Prescriber	May prescribe any medicine (including controlled drugs), within the framework of a service user-specific clinical management plan (CMP), which has been agreed with a doctor.
Clinical Management Plan (CMP)	This is a written plan agreed between a doctor and a supplementary prescriber for the treatment of a named service user, with the knowledge and agreement of the service user and/or carer. The plan outlines the illnesses or conditions that may be treated by the supplementary prescriber, the types of medicines they may prescribe any limits to the strength or dose of medicines that they may prescribe.
Community Practitioner Nurse Prescriber	District Nurses and Specialist Community Public Health Nurses (including Health Visitors) who may prescribe independently only the dressings, appliances and licensed medicines listed in the Nurse Prescribers Formulary (NPF) for Community Practitioners.

Designated Prescribing Practitioner (DPP)	<p>The term used to describe the designated practitioner responsible for the non-medical prescribing trainee’s period of learning in practice. A DPP can be a medical doctor or experienced non-medical prescriber in accordance with the Royal Pharmaceutical Society (RPS) framework for Designated Prescribing Practitioners</p> <p>A competency framework for Designated Prescribing Practitioners</p>
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5. Roles and Responsibilities

This section contains an overview of the responsibilities, duties, and accountability of the employer/ line manager, non-medical prescriber and NHS NEL ICB.

The employer/line manager will be responsible for ensuring that:

- They comply with NEL ICB’s governance processes for non-medical prescribing.
- Appropriate pre-employment checks are undertaken including non-medical prescribers employed through an agency. It is the responsibility of the employing organisation to ensure the agency has carried out the pre-employment checks. This includes ensuring the non-medical prescriber is registered with their relevant professional regulatory body and has a licence to practice and prescribe. The employing organisation is aware if the non-medical prescriber has any restrictions on their practice and that they will be able to work within these restrictions
- The non-medical prescriber has an up-to-date enhanced Disclosure & Barring Service (DBS) certificate, which meets the organisation’s requirements.
- 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 to Practice** form (Appendix 1) and a **Scope of Practice Agreement** form (Appendix 2), which has been reviewed and agreed with the non-medical prescriber and submit them to the Pharmacy and Medicines Optimisation team. The **Scope of Practice Agreement** specifies the non-medical prescriber’s scope of practice for which they intend to prescribe to their employer, and to the ICB for NHSBSA registration/ de-registration. It is recommended for employers to keep a record of scope of practice for individual non-medical prescribers. The **Scope of Practice Agreement** form is a live document and should be updated following any changes to practice, details (e.g. surname) or if they are leaving employment.
- The non-medical prescriber’s job description identifies their scope to practice as a non-medical prescriber.

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- The non-medical prescriber can only prescribe for patients registered with GP practices or services for which the Integrated Care Board (ICB) has allocated NHS prescribing budgets or cost centre prescribing codes.
- The non-medical prescriber is appropriately trained, authorised and set up on the electronic prescribing system (EPS) when they start with the organisation and removed from the system when they leave the organisation. Registration with the NHS Business Services Authority (NHSBSA) must be completed before prescribing by the non-medical prescriber commences. The Standard Operating Procedure ‘**GP Practice Guidance for Managing Prescriber Changes**’ outlines these processes.
- They obtain and provide prescription forms (if appropriate) for the non-medical prescriber.

The non-medical prescriber is responsible for:

- Ensuring they comply with the ICB governance processes for prescribing and ensuring appropriate indemnity arrangements are in place for their prescriber role.
- Adhering to the ICB prescribing policies, formulary, local/national guidelines, and their professional code of conduct.
- Remaining up to date on therapeutics in their field of prescribing practice, and on changes to national and local prescribing guidelines.
- Taking full responsibility and accountability for clinical assessments undertaken, management of patients and their prescribing decisions.
- Only prescribing medicines (including controlled drugs), within their competence, approved scope of practice, and agreed formulary.
- Delegating where appropriate (within their competencies and skill set), seeking support when required and using their acquired knowledge, skills and professional judgement.
- Utilising the RPS framework as a self-assessment tool when expanding scope of practice, changing scope of practice or returning to practice.
- Monitoring and reviewing patient progress and response to treatment and acting accordingly.
- Ensuring their professional registration is current and active, with their non-medical prescribing role registered with their professional regulatory body and annotated on the relevant professional register.
- Ensuring their role as a prescriber is clearly stated in their job description.
- Ensuring that they provide evidence-based, safe and cost-effective prescribing to their patients at all times and that prescribing is person-centred and responds to the patient’s needs.

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- Keeping accurate, legible, unambiguous, and contemporaneous records of a patient's care, which identifies them as the prescriber.
- Ensuring that their 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 (the right to refuse treatment/prescribing from a non-medical prescriber).
- Liaising with other healthcare providers and professionals, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Ensuring that prescriptions are written legibly, legally and in accordance with the BNF 'prescription writing' requirements.
- Ensuring they comply with the employing organisation's procedures, systems, processes, and security on prescription stationery.
- Updating the **Scope of Practice Agreement** if they expand their competency at various points after registration and in agreement with the employer, and that they and their employer have records of all agreed changes in scope of practice.
- Ensuring they engage in appropriate continuous professional development (CPD) clinical supervision, maintaining an up-to-date portfolio, clearly documenting CPD completed and any associated certificates/qualifications and submit evidence of their ongoing competence to prescribe when requested.
- Reporting all patient safety incidents in accordance with their organisation's processes.
- Ensuring that they have access to (and use) the current version of the BNF / BNF for Children/ NPF, as appropriate.
- Cooperate with any enquiries into their prescribing practice.
- Never write a prescription for themselves, friends, or family members.
- Only prescribe for patients directly under their care in their normal working practice.
- Reviewing their individual prescribing data.

The Designated Prescribing Practitioner (DPP):

- Directs and teaches the trainee non-medical prescriber throughout their period of learning in practice.
- Is responsible for assessing whether the learning outcomes have been met and whether the trainee non-medical prescriber has acquired the competencies set out in the accredited prescribing programme.

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The Pharmacy and Medicines Optimisation Team will be responsible for:

- Ensuring there is an up-to-date register of non-medical prescribers in the ICB.
- 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.
- Processing all documents and checks for non-medical prescriber changes to NHSBSA.

6. The Process of Applying to the NMP Course

Each organisation will consider the number of new non-medical prescribers they require to train each year and liaise with the NEL training hub or NHS England (NHSE) to seek agreement and funding for the NMP course, where pertinent.

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

Practitioners wishing to access one of the places to become a non-medical prescriber need to:

- Ensure they meet the criteria for the course and have the appropriate knowledge and skills to undertake the course.
- Ensure their employer agrees to release them for the full course requirements.
- Identify an appropriate DPP and comply with any pre-course requirements for entry on the course e.g., numeracy assessment.
- Identify the therapeutic/ clinical area for which they intend to prescribe.

The employer should ensure they:

- Only nominate candidates who meet the criteria for the course and will prescribe as part of their role.
- Only nominate candidates where development is in line with the organisation's workforce development plans.
- Provide support to the practitioner and release them for the pre-requisite number of days as well as time with their DPP.
- Have identified a prescribing role and the prescribing role is in the practitioner's job description and the relevant budgetary arrangements are in place

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- Have the capacity in the practice / service to allow the qualified practitioner to prescribe within their role, both safely and effectively.

7. Legal and Clinical Liability

7.1 Authority to Prescribe

Each qualified non-medical prescriber is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. They should prescribe within the relevant national and locally agreed medicines formulary, guidance and policies.

When a non-medical prescriber is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for the actions of the non-medical prescriber.

Only qualified non-medical prescribers who are authorised by their employing organisation and following relevant notification from the NHSBSA, are registered to prescribe.

All non-medical prescribers will be required to provide the Pharmacy and Medicines Optimisation Team evidence of their:

- eligibility to prescribe (submit 'Assurance to Practice' form, Appendix 1)
- registration (that they are on their professional regulatory body's current register with annotation of their prescriber qualification)
- competence to prescribe and scope of practice (submit 'Scope of Practice Agreement' form Appendix 2)
- NHSBSA 'joining a GP practice' form

for the Pharmacy and Medicines Optimisation Team to register the non-medical prescriber with the NHSBSA (see Appendix 3).

This is the responsibility of both the employer and the non-medical prescriber.

Each non-medical prescriber must be aware of, and is expected to work within, their professional regulatory body standards for prescribing as well as the policies and guidelines ratified by their employer.

- Nurses/ Midwives must act within the Nursing & Midwifery Council's Code of Professional Conduct, Standards and Ethics

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- Pharmacists must act within the General Pharmaceutical Council’s Standards of Conduct, Ethics and Performance
- Other Allied Health Professionals must act within the standards laid down by the Health and Care Professions Council

It is the responsibility of all non-medical prescribers to ensure that appropriate indemnity arrangements are in place that covers them for the scope of their prescribing practice.

If a non-medical prescriber works across multiple providers, under the same Lead Clinician, providing the same role, the non-medical prescriber can record their main practice of work on the first page of the **Scope of Practice Agreement** form, and record the remaining providers, complete with Lead Clinician details and signature, on the ‘Supplementary Form for Completion by NMPs working Across Multiple Providers’ section of the form.

For locum/agency/contractor non-medical prescribers it is the responsibility of the provider organisation (which engages with the locum/agency/contractor non-medical prescribers) to have the necessary clinical governance processes in place to ensure safe prescribing practice is carried out by any locum/agency/contractor non-medical prescribers.

It is the responsibility of the provider organisation (which engages with the locum/ agency /contractor non-medical prescribers) to hold their own internal register of their locum / agency /contractor non-medical prescribers. The provider organisation must comply with the governance processes detailed within this policy.

Locum non-medical prescribers, for their duration of service, must be registered with the NHSBSA following the same process as a permanently employed NMP.

The locum non-medical prescriber should complete the **Scope of Practice Agreement** form for each practice in which they work to be registered with NHSBSA. It can take up to five working days for them to be registered with NHSBSA..

7.2 Patient Assessment

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

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Transcribing is the term used when writing medication from one ‘direction to supply or administer’ to another form of ‘direction to supply or administer’. Non-medical prescribers cannot sign off transcribed medication unless they are confident that they have assessed the patient, understand the condition being treated and the prescriptions are within their own areas of competency/ approval.

Non-medical prescribers must only prescribe for patients directly under their care in their normal working practice.

7.3 Writing / Authorising Prescriptions

7.3.1 Prescribing for Self, Family and Friends

Non-medical prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship (including friends and family), other than in exceptional circumstances; for further details refer to the relevant professional bodies’ standards and codes of ethics.

7.3.2 Repeat Prescriptions

If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription: The non-medical prescriber should be familiar with the patient, their condition and the medication required and remain within their scope of prescribing practice/competency. Where issuing ongoing repeats, the non-medical prescriber is responsible for the ongoing assessment of the patient to ensure prescribing and any required monitoring remains in line with clinical need.

7.3.3 Private Prescriptions

Non-medical prescribers may issue private prescriptions for any licensed medicines that they are competent to prescribe in line with their scope of practice and current regulations. This falls outside the scope of their NHS role and individuals must have professional indemnity to prescribe outside of the NHS.

7.3.4 Prescribing medicines for use outside the terms of the product licence - Off Label

Independent prescribers may prescribe licensed medicines for uses outside their licensed indications/UK marketing authorisation (off label).

In doing so they:

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- Accept professional, clinical, and legal responsibility for that prescription, and should only prescribe off label where it is accepted clinical practice and in accordance with the local formulary and the prescriber is satisfied that it would better serve the patient's clinical needs than a licensed alternative.
- Must be satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy.
- Must explain to the patient in broad terms that the medicine being prescribed is not licensed for that use and their reason for prescribing off label for them. Clear, accurate and legible records for all medicines prescribed and the reason for prescribing off label should be documented in the patients record.

7.3.5 Unlicensed Medicines

Non-medical prescribers who are pharmacists or nurses/ midwives may independently prescribe [unlicensed medicinal products](#) within their competence. Non-medical independent prescribers, in other professional groups, cannot currently prescribe unlicensed medicines.

Supplementary prescribers can prescribe unlicensed medicines, but only in accordance with the patient's CMP.

<https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/medicines-and-prescribing-rights/prescribing/>

The non-medical prescriber 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 when there is no licensed alternative.

The following condition must also be met:

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

Explain to patients in broad terms that the medicine they are being prescribed is not licensed and the reason for prescribing unlicensed medicine(s) for them. In the case of a supplementary prescriber any use of a medicines outside its product licence 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 with best practice for the given situation and in line with local policy/formulary

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- The non-medical prescriber must make clear, accurate, and legible record of all medicines prescribed and the reason for prescribing of any unlicensed medicines.

<https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities>

[Using unlicensed medicines – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

7.3.6 Controlled Drugs

A non-medical prescriber must only prescribe controlled drugs (CDs) if they are legally authorised to do so. They must not prescribe beyond their limits of competence and experience.

Nurse/s midwives and pharmacist independent prescribers may legally prescribe any drug from the British National Formulary (BNF) including CDs in Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction) for any medical condition within their competence.

Chiropodist/podiatrist, physiotherapist, paramedic and therapeutic radiographer independent prescriber may prescribe any drug from the BNF for any medical condition within their competence. They can only prescribe from a limited list of controlled drugs as listed by the HCPC, <https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/medicines-and-prescribing-rights/controlled-drugs/> .

Supplementary prescribers may prescribe controlled drugs in Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction), as part of a CMP and within their competence.

Legally the prescription for any schedule 2 or 3 controlled drug must include the dosage to avoid uncertainty on administration. “When required” and “as directed” does not legally constitute a dose. There is 28-day validity on CD prescriptions (except Schedule 5 drugs) and medicines which are not controlled drugs should not be prescribed on the same prescription as schedule 2 or 3 controlled drugs.

Non-medical prescribers who are prescribing controlled drugs should be familiar with the

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Misuse of Drugs Regulations 2001 for controlled drug prescription writing which can be found in the current BNF.

8. Issuing Prescriptions

Prescriptions may only be issued to patients registered with the organisation that employs the non-medical prescriber and where they are registered as a prescriber.

If the prescription is handwritten the non-medical prescriber should complete the FP10 prescription form in line with the 'Prescription Writing' requirements as per the Human Medicines Regulations 2012 which can be found in the current BNF.

FP10 prescription forms are available from Primary Care Support England (PCSE) via the online supplies ordering portal at: <https://pcse.england.nhs.uk/services/supplies/>.

All computer-generated prescriptions must be in accordance with NHSBSA requirements, available from <http://www.nhsbsa.nhs.uk/> . All prescriptions must have the non-medical prescriber's name, professional registration number/ NMC PIN number, the practice code and must be signed and dated by the named non-medical prescriber only.

Repeat prescriptions can only be issued to enable an ongoing plan of care, which must be re-assessed and recorded in the patient record and/or medical notes as appropriate.

9. Administration of Medicines

The non-medical prescriber should, where possible, separate prescribing and supply or administration in relation to medicines. In exceptional circumstances where the non-medical prescriber is involved in both the prescribing and administration of medicines, a second suitably competent practitioner should be involved in checking the accuracy of the medication provided.

The non-medical prescriber should ensure that the person administering the medicine has sufficient information to enable the patient to derive the maximum benefit from the medicine. They will need to use their judgment regarding the competence of the patient/carer to administer the medicine safely and according to instructions, this will include for example:

- That storage is safe and secure and affords environmental protection for the medicine (heat, light, moisture)

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- That the patient/carer understands the reason for taking/using the medicine and the consequences of not doing so.

10. Pharmaceutical Industry

Non-medical prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. Pharmaceutical companies that are members of the Association of British Pharmaceutical Industry (ABPI) are required to comply with the ABPI Code of Practice for the Pharmaceutical Industry 2021, which regulates the promotion of prescription medicines and certain other non-promotional activities. These may include ‘Free of Charge’ medicines schemes (where a UK licensed or unlicensed medicine is provided free of charge by the pharmaceutical company to an individual patient or an identified cohort of patients), which are not supported by the ICB.

It is important that non-medical prescribers make choices of a medicinal product for their patients based on evidence, clinical suitability and cost effectiveness, and in line with the local formulary.

Non-medical prescribers need to be familiar with and comply with their professional standards on interacting with the pharmaceutical industry. Marketing activity may consist of advertising and promotion alone or in association with training and educational offers. The document [Standards for Business Conduct in the NHS](#) applies to all NHS employees.

As part of the promotion of a medicine, suppliers may provide inexpensive gifts and benefits, for example, pens, diaries, or mouse mats. Companies may also offer hospitality at a professional or scientific meeting. Such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Non-medical prescribers should refer to their employers Standards of Business Conduct and Conflicts of Interest policies. They may also find the principles contained within the equivalent policies including NEL ICB [Standards of Business Conduct and Conflicts of Interest Policy](#). and the Working with the Pharmaceutical Industry policy of relevance.

11. Adverse Drug Reactions

If a non-medical prescriber suspects that a patient has experienced an adverse drug reaction (ADR) to a medicine or any other healthcare product, they should inform the healthcare professional (usually GP) responsible for the patient’s continuing care.

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The non-medical prescriber should evaluate the suspected adverse drug reaction(s) in accordance with the guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and decide if he/she needs to complete a “Yellow Card” to notify the MHRA of a suspected adverse drug reaction.

[Reporttypes | Making medicines and medical devices safer \(mhra.gov.uk\)](https://www.mhra.gov.uk/reporttypes)

Reporting can be done via:

- Hard copies -the form can be found at the back of the BNF
- Electronic copies - found at <https://yellowcard.mhra.gov.uk/>
- The ‘Yellow Card’ App

All adverse reactions and subsequent actions should be documented in the patient record.

12. Incident Reporting

All non-medical prescribers should report any episode whereby a patient has been caused harm or could have been caused harm (near miss) due to an adverse incident involving medicines.

This should be reported to the national patient safety incident database Learning from Patients Safety Events (LFPSE) service ([primary care LFPSE webpage.](#))

13. Record Keeping

Non-medical prescribers need to be familiar with and comply with their professional standards on record keeping (outlined in the RPS’ ‘A Competency Framework for all Prescribers’)

Following a full assessment of the patient, details of this assessment, together with details of the prescription, must be recorded in the patient’s record. If the patient’s record is not accessible, details should be entered within 48 hours. All prescribers are required to keep accurate, comprehensive, contemporaneous and accessible records.

In supplementary prescribing an agreed CMP either written or electronic, must be in place. The plan must relate to a named patient and to that patient’s specific condition(s) to be managed by the supplementary prescriber. This CMP should be included in the patient’s record.

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14. Security and Safe Handling of Prescription Forms

Controlled stationery is any stationery, which in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription forms are considered controlled stationery.

Primary Care Support England (PCSE) are responsible for ordering prescription forms for GPs and practice based non-medical prescribers, and for the onward secure delivery of the forms to the respective GP practices.

Organisations must have appropriate procedures and systems in place to ensure that all prescription forms are properly protected, secured and managed, in line with NHS Counter Fraud Authority (NHSCFA) policy on [‘Management and Control of Prescription forms’](#)

The security of prescription forms is the responsibility of both the organisation and the individual prescriber. It is advisable to hold only minimal stocks of prescription forms. All non-medical prescribers should be aware of the organisation’s procedures and systems relating to prescription forms.

It is the responsibility of the organisation to maintain a register of prescription serial numbers that have been given to non-medical prescribers. Under no circumstances should blank prescription forms be pre-signed before use. When not in use, prescription forms must be stored in a suitable locked drawer/cupboard.

When travelling between patients, prescription forms should be kept out of sight and never be left unattended in the car. Best practice dictates that where possible, prescription forms should be returned to lockable storage at the end of the day.

Non-medical prescribers must only write prescriptions on a prescription form bearing their name, professional registration number/PIN number and prescribing qualification. If a prescription is written in error ‘VOID’ should be written across the prescription, a note of the prescription serial number made and reason for destruction recorded. The void prescription should be shredded as soon as possible.

Prescription forms must be returned to the practice manager/line manager before the last day

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of employment, commencement of maternity leave or anticipated long-term leave (e.g. planned sickness, sabbatical). It is the responsibility of the line manager/practice manager to ensure that prescription forms are retrieved from non-medical prescribers.

15. Clinical Supervision and Continuing Professional Development (CPD)

Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing.

Prescribers are responsible for their own on-going professional development and are expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may lead to fitness to practice concerns, which may be raised with the prescriber’s professional regulatory body.

CPD requirements should be identified at least annually, during the non-medical prescriber’s appraisal process.

Like all prescribers, the non-medical prescriber is required to maintain a continuing professional development portfolio, including a review of prescribing related critical incidents and learning from them.

The employer should ensure that the prescriber has access to relevant education, training, and development opportunities. CPD may also be met by reading, clinical supervision, shadowing, and clinical / peer review.

Every non-medical prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.

All prescribers should conduct an appraisal of their own practice using the ‘Competency Framework for all Prescribers’ published by RPS.

It is the responsibility of the non-medical prescriber to ensure that their clinical supervisor and employer/line manger are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The non-medical prescriber should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence is restored.

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16. Returning to Practice / Changing Prescribing Specialty

Non-medical prescribers are legally accountable for their practice and should not prescribe outside of their level of competence / knowledge. If returning to prescribing practice or changing / expanding specialities, it is recommended that the non-medical prescriber:

- Appraise their prescribing practice with their clinical supervisor, prior to recommencing a prescribing role.
- Is assessed by their clinical supervisor as being competent to prescribe, prior to recommencing a prescribing role.
- Identifies and agrees a learning plan with their clinical supervisor.

The Royal Pharmaceutical Society 'Professional Guidance, Expanding Scope of Practice' framework should be used as a self-assessment tool when expanding scope of practice, changing scope of practice or returning to practice.

Non-medical prescribers must confirm with their professional regulatory body of registration, the re-validation process, for return to practice.

17. Audit

This policy supports the governance processes for all non-medical prescribing within the ICB together with specific safeguards such as:

- Only practitioners who have successfully met the criteria for Non-Medical Prescribing will be nominated for the non-medical prescribing course.
- Scope of Practice Agreement form defines and reviews safe prescribing parameters for individual non-medical prescribers and provides assurances around continuing professional development.

Systems must be in place to ensure that prescribing practices of all non-medical prescribers within their teams are audited annually (or as per recommendations made by relevant professional regulatory body).

- Audits should be performed to ensure that prescribers are prescribing safely and appropriately, within their designated scope of practice.
 - Audits should be performed by peers or a manager and not the prescriber themselves, to ensure objectivity.
 - Additional self-audit is also encouraged so that prescribers can reflect on their own prescribing practice and identify any areas for learning or development.

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- Prescribers should also seek regular feedback from patients and peers to help support improvement and further development.
- Clinical supervision and observation of practice is also recommended to ensure that prescribers are demonstrating all the Royal Pharmaceutical Society competencies pertaining to non-medical prescribing.

A clear audit trail for prescriptions is essential and non-medical prescribers must only prescribe on an FP10 prescription form bearing their own name and profession registration/PIN number. It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within the practice, which could result in an item being incorrectly attributed via ePACT2 data to a non-medical prescriber. If the issued medication is not within the non-medical prescriber's scope of practice this could raise concerns. Organisations should ensure that administrative staff who deal with computer generated prescriptions are aware of this issue, and that computer systems are set up to help avoid this problem.

The EPS is the now standard route by which NHS prescriptions are electronically signed and issued in primary care. It will be important to bear in mind the following:

- Prescriptions electronically sent to the NHS spine for access by the dispensing pharmacy, must be authorised by the prescriber and this is represented by the electronic signature.
- The signature must not be used by any other person other than the authoriser of the prescription.
- The practice must have a robust protocol for the electronic issue of prescriptions, including repeat dispensing, which meets clinical governance standards and mitigates risk management issues.

The ICB will ensure that any anomalies noted during the monitoring of a non-medical prescriber's ePACT2 data, are highlighted to the non-medical prescriber and their manager of the GP practices or other service provider, via nhsmail.

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Appendices

Appendix 1: Non- Medical Prescribers - Assurance to Practice Form

(This form is to be completed by the non-medical prescriber's Practice Manager / Service Lead)

Name of Non-Medical Prescriber (incl title)		
Contact details	Email:	Mobile No:
Name of Practice/Service		
Contact details	Work Address:	Tel No:
Name of line manager/prescribing Lead /Senior partner*		

*delete as appropriate

Process	Signature	Date Completed
Service lead / Practice manager 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 Pharmacy and Medicines Optimisation Team		
Non-medical prescriber Assurance to Practice form - Appendix I		
Scope of Practice Agreement form - Appendix II		
NHSBSA registration form - Appendix III (link to form embedded)		
Non-medical prescriber to confirm access to and knowledge and / or understanding of		
Non-Medical Prescribing policy		
NHS NEL Prescribing intranet pages, guidelines and policies		

Name of person completing the form	
Signature	
Job Title	
Email	
Date of completion	

Appendix 2: Non-Medical Prescriber - Scope of Practice Agreement Form

This form must be returned before the Non-Medical Prescriber (NMP) can be registered with the NHSBSA to prescribe. It must be updated if any changes to the NMP registration details are made. Email to: nelondonicb.medicinesoptimisationenquiries@nhs.net

DECLARATION: NEW APPLICATION <input type="checkbox"/> CHANGE IN DETAILS <input type="checkbox"/> TERMINATION <input type="checkbox"/>			
Prescriber's name:		Title	
Professional registration no.:			
Profession:		Professional regulatory body	
Service /Practice:		Practice / Cost Centre Code	
Date that the prescriber commenced/terminated prescribing at the practice / provider		Tel No	
Contact email address		Lead Clinician (medical practitioner)	
Will you be prescribing - Manually <input type="checkbox"/> Electronically <input type="checkbox"/> (Please select relevant boxes)			
For Nurse NMP only, please select which formulary you are licensed to prescribe from: Nurse Independent Prescriber Formulary <input type="checkbox"/> Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>			
Do you work as a prescriber in another Provider / Practice?	YES / NO	Name of Provider/ICB/Practice	
Will you prescribe Schedule 2–5 Controlled Drugs? YES / NO	(Please cross relevant boxes) Schedule 2 <input type="checkbox"/> e.g. diamorphine, fentanyl Schedule 3 <input type="checkbox"/> e.g. temazepam, pregabalin, gabapentin Schedule 4 <input type="checkbox"/> e.g. zopiclone, diazepam, testosterone Schedule 5 <input type="checkbox"/> e.g. Codeine based preparations		
Will you prescribe for children under 12 years old? YES / NO			

Table 1: Scope of Prescribing Practice

Area of Practice	Prescribing Y / N	Evidence of competence to prescribe/practice in this area	Main guidelines or protocols used	Exclusions to competency*	Agreed with clinical supervisor

* List areas/patient groups that would not be covered by your competency, e.g. diabetes – exclude pregnant women, under 18s etc.

It is the responsibility of NMP to ensure the scope of prescribing practice is updated regularly and in agreement with the employer. An up-to-date scope of prescribing practice agreement should be kept in record between the NMP and employing practice. The ICB may request NMPs to submit an up-to-date scope of prescribing practice agreement for governance and audit purposes.

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I have discussed and agreed my areas of practice and competence with my GP and/or employer, and they confirm that I meet the competency framework for all prescribers and that I am competent to take a patient history, undertake a clinical assessment and diagnose within the area and field of practice identified. The competency framework for prescribers can be viewed on the Royal Pharmaceutical Society website.

The GP and/or employer is responsible for providing support and mentorship and for monitoring competencies, prescribing and the prescriber's CPD portfolio at agreed intervals (minimum once per year). The non-medical prescriber and the GP and/or employer, needs to ensure the prescriber maintains registration requirements and will inform the ICB of any changes.

Signing this form provides an assurance regarding its review

NAME	SIGNATURE (electronic required)	DATE
Prescriber		
Lead Clinician		

Please email completed forms to: nelondonicb.medicinesoptimisationenquiries@nhs.net

PLEASE ENSURE THAT YOU INFORM US PROMPTLY IF ANY OF THE NMP'S DETAILS CHANGE OR THE NMP LEAVES EMPLOYMENT SO THAT THEIR DETAILS CAN BE UPDATED WITH THE NHSBSA (Please refer to NHS NEL Guidance for GP Practices – Changes in Prescriber Details)

**SUPPLEMENTARY FORM FOR COMPLETION BY NON-MEDICAL PRESCRIBERS
WORKING ACROSS MULTIPLE PRACTICES / PROVIDERS**

Note: The non-medical prescriber should complete this page if they provide the same service across multiple practices/ providers, under the same Lead Clinician. If provision of service is under a different Lead Clinician a separate Approval to Practice form must be submitted

Non-Medical Prescriber Details

Full Name	
Title (e.g. Mr / Mrs / Miss / Ms)	
Contact email address	
Professional Registration No.	

To be completed by the Lead Clinician of hosting practice / employing organisation

I can confirm as Lead Clinician of the applicant's hosting practice / employing organisation that I take responsibility for the oversight of the applicant's prescribing competencies working across all the practices they are registered with.

Lead Clinician's Signature:

Name (**PLEASE PRINT**):

Date:

Lead Clinician contact details:

To be completed by the Lead Clinician of each additional practice / provider where the NMP will prescribe

By signing this form, practices / providers are authorising the Pharmacy and Medicines Optimisation Team to register the NMP with the NHS Business Services Authority as a prescriber. Oversight of prescribing will rest with the Lead Clinician of the hosting employer/employing organisation as above.

Practice / Provider Name	Address	Practice / Cost Centre Code	NMP start date at practice dd/mm/yy)	Lead clinician (PRINTNAME)	Lead clinician (Signature)

Appendix 3: Process for Registering Qualified Non-Medical Prescribers (NMPs) with NHSBSA

Qualified NMP completes with their Practice Manager / Service Lead:

1. Assurance to Practice Form (Appendix 1)
2. Scope of Practice Agreement Form (Appendix 2)
3. NHS Business Service Authority NMP Joining a GP Practice or Cost Centre Form (downloaded from <https://www.nhsbsa.nhs.uk/sicbls-icbs-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations>)

If working in more than one practice with the same role and the same Lead Clinician, then complete the Supplementary form within the Scope of Practice Agreement form. If working in more than one practice under a different Lead Clinician or a commissioned service, then a Scope of Practice Agreement form will need completing for each location.

The completed and signed forms need to be emailed to the North East London ICB Pharmacy and Medicines Optimisation Administration Team at nelondonicb.medicinesoptimisationenquiries@nhs.net



Once the completed forms have been received and checked by the Administration Team, the NHSBSA form will be emailed to the Pharmacy and Medicines Optimisation Team authorised signatory. Once approved the 'NHSBSA **Joining a GP Practice or Cost Centre Form**' is emailed to prescriptioninformation@nhsbsa.nhs.uk to register the NMP with the NHSBSA. The authorised signatory will cc in the practice manager, the NMP applicant and the Administration Team when submitting the joiner form to NHSBSA requesting confirmation of NHSBSA's registration. The NHSBSA registration is completed within 1- 5 working days,



The GP Practice Manager should ensure that the NMP is set up on the electronic prescribing system (EPS), accurately checking that the correct prescriber details are configured.

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