

Livewell Southwest

Non-Medical Prescribing Policy

Version No 3.7

Review: March 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: Non Medical Prescribing Lead

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Document review history

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0.8	Updated	30.08.06	Communications and Intranet Officer	Formatted to bring in line with corporate standard.
2.0	Updated	10.09.06	Clinical Practice Facilitator	Revised
2:1	Updated	01.03.09	Clinical Practice Facilitator	Review date extended, no changes made.
2:2	Reviewed	8.10.2010	Non Medical Prescribing Lead	Reviewed and amended
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3.1	2 yearly review	26.11.12	NMP Lead	Minor amendments
3.2	Ratified	6/3/13	NMP Lead	Following comments from PMGG
3.3	2 Yearly Review	30.12.15	NMP Lead	2 yearly review and to incorporate new Substance Misuse Guidance.
3.4	Review 1 st Comments	7.1.15	NMP Lead	Comments from HR – to send for further consultation.
3.5	SHWD Changes	Sept 15	NMP Lead	SHWD Staff and chief pharmacist
3.6	Final comments	Nov 15	NMP Lead	To be ratified for LSW & SHWD
3.7	Updated	Feb 17	NMP Lead	Change of competency and registration process

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Non-Medical Prescribing Policy

1.0 Introduction and Scope

- 1.1 This Policy supports the practice of all Non-Medical Prescribers including independent and supplementary nurse and pharmacist prescribers. It also supports any Allied Health Professional prescribers employed within Livewell Southwest (LSW) or those who provide services which are commissioned by LSW.
- 1.2 This policy applies to all healthcare professionals who are employed by LSW, who are registered as a Non-Medical Prescriber with their registering body and practice in accordance with their job description. This policy applies to healthcare professionals who are employed through the bank or agency, however their competency must be verified by the employing manager and they must be employed to undertake non-medical prescribing duties. They must have this incorporated in a job description that they are working towards.
- 1.3 This policy is recommended as good practice for all non-medical prescribers employed by independent contractors within LSW. Where services are delivered by a service level agreement, independent contractors are expected to adhere to this policy.

2.0 Purpose

- 2.1 This policy has been developed to ensure that prescribing by all non-medical prescribers is introduced appropriately into LSW.
- 2.2 This is to ensure that:
 - The changes benefit patient care and improve access to medicines.
 - The prescribing practice is compatible with the service development plans of LSW and is an appropriate extension of a practitioner's role.
 - All Non-Medical Prescribers are appropriately qualified for their role and work within the agreed national and local policies and within their scope of practice.
 - All Non-Medical Prescribers are supported in their role and have access to continuing professional development.

3.0 Duties

- 3.2 **The Non-medical Prescribing Lead (strategic element of role)** will advise on non-medical prescribing practice and will approve those areas of practice where independent non-medical prescribing is recognised.
- 3.2 He /she has overall responsibility for ensuring that the appropriate processes are in place for:
 - The selection of candidates for the non- medical prescribing course.
 - Ensuring prescribers have access to a budget when they complete the course.
 - Ensuring that a current database of prescribers is in place within the LSW.

- Supporting identification of services where non-medical prescribing will enhance patient care.
- Ensuring sufficient number of places for NMP programmes in line with Service developments and needs is commissioned.
- Ensuring liaison with Higher Educational Institutions to ensure that there are a suitable number of courses available for all professionals who are eligible to prescribe.
- Regular review and implementation of an NMP Policy and Strategy.
- Coordinating and disseminating LSW courses or other courses suitable for Continuous Professional Development for all non-medical prescribers in order to maintain their competencies in prescribing.
- Monitoring prescribing by non- medical prescribers.
- Representation of the organisation at Local and National Levels to share and learn of good practice, policy and guidance.

3.3 The Non-Medical Prescribing Lead (Operationally) is responsible for:

- Ensuring that all relevant information about prescribing is cascaded to all non-medical prescribers in the LSW. This includes SABS and NPSA alerts.
- Promoting NMP across the organisation to all relevant Health Care Professionals.
- Maintenance of an up to date NMP database and annual declarations of competence.
- Ensuring that only appropriate healthcare professionals who meet the application criteria are attending the course and meeting the required academic and professional standards.
- Creating and providing suitable opportunities for Continuous Professional Development for all non-medical prescribers.
- Registration of all new non-medical prescribers in the LSW on the LSW database, with the Prescription Pricing Authority (PPA).
- Ensuring appropriate systems are in place for ordering of prescription pads.
- Auditing NMP practice as required.

3.4 The Clinical Director Pharmacy will advise on non-medical prescribing practice and will ensure that non-medical prescribers have:

- Access to a prescribing budget.
- Access to Pharmaceutical support and advice to interpret electronic Prescribing Analysis and Cost (ePACT) Data.
- Access to current versions of the BNF, and/or NPF.
- As Controlled Drugs Accountable Officer (CDAO), the Chief Pharmacist will ensure the prescribing of CDs is closely monitored and this includes NMPs.
- CD prescribing by NMPs will be queried to ensure compliance with legal frameworks and to ensure safe prescribing as set out in the AO legislation.

3.5 The Line Manager will be responsible for ensuring that Prescribers:

- Have access to Patient Safety Notices, Drug Alerts and Hazard Warnings.
- Have access to individual locked facilities for storing prescription pads.
- Are prescribing within their area of competency and that this is documented

within the appraisal and development needs recorded in their Personal Development Plan. Have a copy of a prescriber's annual declaration of competence.

- Are attending Practice Supervision for prescribing practice.
- Ensure that ePACT Data is monitored by the individual prescriber – this could be through professional forums, NMP lead and line management.
- Report ePACT trends through their own management structure.
- Adhere to the relevant regulatory body's Standards of practice.
- Are assessed to meet the National Prescribing Centre competencies and LSW self declaration competencies.
- Provide opportunities for staff to attend CPD.
- Ensure clear accountability for NMP within Teams and that appropriate NMP developments are defined within workforce plans.
- Newly qualified NMP's may need some time building confidence, working with some constraints, such as restricted caseload and complexity of patients, close working relationships with a clinical expert and working within agreed prescribing protocols.

3.6 The Non- Medical Prescriber's responsibility is to:

- Ensure that they provide appropriate, evidence based, safe and cost effective prescribing to their patients/ clients at all times.
- Adhere to their professional code of conduct and to their employing / contracting LSWs policy on non-medical prescribing.
- Act only within and not beyond the boundaries of their knowledge and competence.
- Being able to recognise the needs of all those who come into their care, babies, children, and young people, pregnant and post natal women, those with mental and physical illnesses, learning difficulties, chronic conditions and older people. Prescribers must be able to recognise when the complexity of clinical decisions requires specialist knowledge and consult / refer on accordingly.
- Improve patients' access to medicines.
- Ensure that their patients are made aware of the scope and limits of non-medical prescribing and ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment / prescribing). (DOH April 2006).
- Ensure all clinical decisions and prescribing activity is accurately recorded within the patient's health care record. (Ref: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (gateway ref: 6429) (April 2006) www.dh.gov.uk).
- Prescribe wherever possible within the local formulary, considering first line items first but where this is not possible to give a rationale for prescribing choice.
- Participate in training sessions and ensure competencies are undertaken.
- Have completed the annual NMP competencies / and annual self-declaration of competence and forwarded to their line manager and NMP lead.
- Ensure that all requirements including line management and appraisal in relation to Non-Medical Prescribing are completed. To include a reflective account in revalidation requirements relating to their prescribing practice.
- To ensure they are receiving Practice supervision for prescribing practices.

- Newly qualified NMP's may need some time building confidence, working with some constraints, such as restricted caseload and complexity of patients, close working relationships with a clinical expert and working within agreed prescribing protocols.

3.7 The Non-Medical Prescriber's (working within Substance Misuse) responsibilities are as above plus:

- Ensure they are working in line with this policy and also Public Health England Document (2014) (Non-medical prescribing in the management of substance misuse).
- Ensure they are working within the Standard Operating Procedure for Controlled Drugs.
- Ensure they are working within LSW Prescribing Policy for the substance misuse service.

4.0 Definitions of Non-Medical prescribers

4.1 Non-Medical prescribing relates to prescribing by professional groups other than doctors or dentists who have been granted prescribing rights.

Non Medical Prescribing includes:

- Nurse / AHP independent/ supplementary prescribers who have completed the Independent prescribing programme.
- Pharmacist and Optometrist independent/supplementary prescribers who have completed the independent prescribing programme.
- Allied Health Professional supplementary prescribers who have completed the independent prescribing programme.
- Specialist Practice Qualification Community Practitioner nurse prescribers who have completed the V100 prescribing programme.
- Community nurse prescribers who have completed the supplementary prescribing programme.

5.0 Independent prescribing

5.1 Medical Practitioners must be agreeable to and available to supervise the trainee Non-Medical Prescribers – they are called Designated Medical Practitioner (DMP). The Medical Practitioner must meet the requirements in Section 15.3 requirements for the Medical Prescriber undertaking a supervisory role. It is not unreasonable for this supervisory role to continue post qualification. See appendix 8 for information regarding this role and responsibilities.

5.2 Independent prescribers are doctors, dentists and those nurses, allied health professionals including physiotherapists, podiatrists, pharmacists and optometrists who have completed the V300 non-medical prescribing programme and have **IP** annotated against their name on their professional register, to indicate that they have completed the relevant training as an independent prescriber. According to the department of Health definition, an independent prescriber:

'takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of any prescription.'

5.3 Nurse / AHP independent prescribers are able to prescribe any medicine for any condition where it is clinically appropriate and within their area of competence. This includes controlled drugs in schedules 2-5 except for diamorphine, cocaine or dipipanone for the treatment of addiction (nurse independent prescribers may prescribe other controlled drugs for the treatment of addiction). Those prescribing for Substance Misuse should refer to the 2014 Public Health England; LSW's prescribing policy and standard operating procedures for controlled drugs.

5.4 Pharmacist independent prescribers are able to prescribe any medicine or any condition where it is clinically appropriate and within their area of competence. This includes controlled drugs in schedules 2-5 except for diamorphine, cocaine or dipipanone for the treatment of addiction (pharmacist independent prescribers may prescribe other controlled drugs for the treatment of addiction).

5.5 Nurse / AHP and Pharmacist Independent Prescribers are also authorised to:

- Requisition controlled drugs.
- Possess, supply, offer to supply and administer the drugs they are able to prescribe (pharmacist non prescribers are also authorised to possess, supply or offer to supply).
- Persons acting in accordance with the directions of a pharmacist independent prescriber are authorised to administer any schedule 2-5 drugs that the pharmacist can prescribe.
- Mix any drugs listed in schedules 2-5 prior to administration.

Persons acting in accordance with the written directions of a nurse or pharmacist independent prescriber, are authorised to mix drugs listed in schedules 2-5.

5.6 Optometrist independent prescribers are able to prescribe any licensed medicine for conditions affecting the eye and the tissue surrounding the eye, within their recognised area of expertise and competence, except for controlled drugs or medicines for parenteral administration.

5.7 Podiatrist independent prescribers can prescribe same as nurses, except botox for cosmetic purposes.

6.0 Supplementary prescribing

6.1 Supplementary prescribing is designed to enable a supplementary prescriber to take on the medium to long term management of an individual patient, acting in accordance with the terms of a clinical management plan for an individual patient, Persons acting in accordance with the written directions of a supplementary prescriber when acting in accordance with the terms of a clinical management plan, are authorised to mix drugs listed in schedules 2-5.

- 6.2 A medical/dental prescriber must have made the initial diagnosis of the patient. Currently, only nurses, pharmacists, physiotherapists, podiatrists and radiographers who have completed the V300 non-medical prescribing programme can be supplementary prescribers.

7.0 Community Practitioner Nurse Prescribing

- 7.1 Community nurse prescribers can prescribe from a limited formulary which includes dressings, appliances, emollients and medicines relevant to community nursing. Only nurses who have completed the V150 or V100 prescribing programmes can be community nurse prescribers.

8.0 Consent

- 8.1 It is a general legal and ethical principal that valid consent must be obtained before starting treatment for a patient.
- 8.2 For consent to be valid, it must be given voluntarily by an appropriately informed person (the patient or, where relevant, someone with parental responsibility for a patient if under the age of 16 years), who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not “consent” (DOH Reference Guide to Consent for Examination or Treatment 2001).
- 8.3 When a patient formally gives the consent to a particular intervention, this is only a part of the consent process. It is helpful to see the whole process of information provision, discussion and decision making as components of seeking consent.

Details of the process of seeking and obtaining consent should be recorded in the care record.

- 8.4 The patient must give specific consent to Supplementary Prescribing. This must be obtained prior to the commencement of the supplementary prescribing. Discussion must take place in advance with the patient and be recorded in the care record. Without such agreement, Supplementary Prescribing may not proceed.
- 8.5 If the patient, or in the case of a child, their parents do not have sufficient understanding of English or appear to have limitations around communication, an interpreter or someone to assist communication should be available when giving the patient information regarding their treatment.
- 8.6 A patient is assumed to have capacity unless Healthcare professionals assess that they do not. For further guidance staff should refer to the LSW Consent to Treatment Policy.

9.0 Record Keeping

- 9.1 Non- Medical Prescribers are required to keep up to date and accurate patient, client or user records. The patient records must allow shared access and wherever possible use the same patient record. All records must be kept on the current electronic health records system.

- 9.2 Additionally, Non-Medical Prescribers must comply, depending on their professional domain, with the NMC and LSW guidelines for record keeping; the HPC Standards of Conduct, Performance and Ethics, or the “General Pharmaceutical Council” (GPHC) Guidelines, Medicines, Ethics and Practice: A Guide for Pharmacists.
- 9.3 The record of the prescription must be entered into the patients hand held personal records/personal child health records/medical records (if seen in General Practice) as close as possible to the time of writing. If the date of entry does not coincide with the date of contact then the record must include the date of contact.
- 9.4 As soon as reasonably practical the prescribed items should be entered into the General Practitioners (GP's) record, and annotated to indicate that the items were prescribed by a Non-Medical Prescriber. The annotation should indicate the name of the Non-Medical Prescriber. The maximum time to be allowed between writing the prescription and entering the details into the GP record is for local negotiation between the Non-Medical Prescriber, the GP and the Team Leader/Manager, but for good practice it should not be more than 24 hours, (72 hours over a Bank Holiday).

In the case of hospital based staff, prescribing for inpatients details of the prescribed medications should be entered in the multi professional notes for the patient and the GP must be notified on discharge (via a singular discharge prescription chart); to ensure that the Primary Care notes accurately reflect current treatments/changes in treatment.

- 9.5 Patients records should be made available for any Non-Medical Prescriber who is preparing to visit the patient.
- 9.6 The health records must be accurate, unambiguous, clear and legible. Records must comply with LSW Clinical Record and Note Keeping Policy.
- 9.7 The health record should clearly indicate:
- The name of the item prescribed
 - The date
 - The strength
 - Quantity
 - The dose, frequency and route of administration where appropriate
 - The name of the prescriber
 - Details of the assessment, prescriptions and rationale for prescribing including any changes must be entered into the patient record together with details of any written or verbal advice given to the patient or carer. This should include discussions around side effects

- 9.8 For dressings and appliances, details of how they need to be applied and frequency of change should be included. Non-specific terms such as “as directed” must **not** be used. Specific instructions on use/dose must be given.
- 9.9 Records must be stored in a secure manner at all times.
- 9.10 In some circumstances it may be the Non-Medical Prescribers clinical judgement to inform the GP/Doctor immediately of the prescription. Such action should also be noted in the care record by the Non-Medical Prescriber.
- 9.11 If an error is made on a prescription, the error must be crossed through with a single line, signed and dated. If the error is substantial the prescription must be shredded and a new one scribed. There should be an entry in the patient record stating the prescription has been shredded and wherever possible with a witness signature.

10 Requirements for Prescribing by Non-Medical Personnel

- 10.1 Prior to the commencement of Non -Medical Prescribing within a clinical area line managers and prospective Non-Medical Prescribers will need to ensure that the following conditions can or will be met to ensure best value: -
- Prescribing practice by Non -Medical Personnel provides optimum benefit to patients.
 - It has been agreed by Locality Manager, the Clinical Lead and the Non-Medical Prescribing Lead as being a requirement of the individual service on the basis of the workforce requirements, service need and potential benefit to patients and is included within the workforce plan.
 - All individual Non-Medical Prescribers have the opportunity to prescribe in the post they occupy (or will occupy on completion of training).
 - Where this is to be Supplementary Prescribing, arrangements are in place with a Medical Prescriber within the team, who is prepared to undertake the role of Independent Medical Prescriber and fulfils the requirements of the role.
 - Arrangements are in place to provide the mandatory practice supervision for Non- Medical Prescribers as stated in the LSW practice supervision policy (this is practice supervision that relates specifically to the role of prescriber in addition to any other supervision that the practitioners may receive).
 - The member of staff obtains and maintains the required competencies and completes an annual declaration of competence followed by practical application of these competencies.
 - Arrangements for the supply of prescription forms are agreed.
 - Non- Medical Prescribers who are newly employed by LSW must provide evidence of their training and continued competence to prescribe.

- 10.2 If a Non- Medical Prescriber is suspended from prescribing because of concerns about their practice, discussion must take place between managers and the appropriate clinical leads with regard to further action e.g. retraining or enhanced clinical supervision.
- 10.3 A prescribing budget must be identified.
- 10.4 Prescribing after a gap in practice / or gap in prescribing;
- The annual declaration of competence must be reviewed.
 - Where a non-medical prescriber has not prescribed for a 12 month period or longer it is good practice for them to be supervised and supported when recommencing prescribing;
 - A prescriber of the same grade should be identified as a buddy;
 - NMP Competencies should be reviewed and completed;
 - The competencies should be reviewed by line manager prior to commencing prescribing again.
 - The annual declaration of competence should be redone and sent to line Manager and NMP Lead.

11 Key responsibilities for Non- Medical Prescribers

- 11.1 Non- Medical Prescribers should have access to on line BNF and SOUTH AND WEST DEVON FORMULARY AND REFERRAL when prescribing as this is the most up to date information. www.southwest.devonformularyguidance.nhs.uk
- 11.2 Prescribers can only prescribe for patients who they have assessed.
- 11.3 Non- Medical Prescribers, using their professional judgement, should satisfy themselves, following patient assessment, that the issuing of a prescription is the most appropriate course of action. Where prescribing is not in the best interest of the patient the prescriber should consider an appropriate alternative form of action, which may include the provision of advice or referral to an appropriate service or another practitioner.
- 11.4 Where a prescription is issued the Non- Medical Prescriber should offer the patient appropriate advice and information regarding the prescribed product/s (See Appendix 1) including safe storage for controlled drugs e.g. Methadone.
- 11.5 Patients must be re-assessed at appropriate time intervals according to clinical need. No more than six repeat prescriptions should be issued without re-assessing the patient's needs. Patients who are in receipt of repeat prescriptions should be re-assessed at least every 6 months and if clinically indicated at an earlier stage.
- 11.6 The amount prescribed should be appropriate to minimise waste and all Non - Medical Prescribers should be aware that they cannot accept any items from the patient for re-use. In the community, patients should be advised to return unwanted medicines to a pharmacy for safe disposal.

- 11.7 On LSW Premises, medicines waste must be dealt with according to instructions detailed in the LSW Safe & Secure Handling of Medicines Policy. This applies to all classes of drugs, including Controlled Drugs. Patient controlled drugs should not be accepted.
- 11.8 An NHS prescription form is a legal document and remains the property of the NHS. Once it has been dispensed, the prescription form must be retained by the dispensing pharmacy for processing as per their NHS contract. The dispensed medication becomes the patient's property.
- 11.9. If a patient suffers a suspected adverse reaction to a prescription only medicine (POM) over the counter item (OTC) or herbal medicine, annotated with a black triangle (▲) should be reported by the Non-Medical Prescriber to the Committee for Safety for Medicines (CSM) using the yellow card reporting system (forms in the back of the BNF). The information should also be recorded in the patient's shared medical/multi-disciplinary care record and an incident form raised.
- 11.10 If a patient suffers a suspected adverse reaction to a prescription only medicine (POM) over the counter item (OTC) or herbal medicine, that is not annotated with a black triangle (▲), in this case only if the reaction is moderate / severe (NPSA Guidelines) it should be reported by the Non-Medical Prescriber to the Committee for Safety for Medicines (CSM) using the yellow card reporting system (forms in the back of the BNF). The information should also be recorded in the patient's shared medical/multi-disciplinary care record and an incident form raised.
- 11.11 During the period of Monday to Friday 9.00am – 5.00pm, the Non -Medical Prescriber may need to be contacted by the dispensing pharmacist if there is any query in relation to the issued prescription. If the Non-Medical Prescriber is not available the pharmacist may wish to contact another appropriate Non-Medical Prescriber or, in the case of a Supplementary Prescriber, the appropriate Independent Medical prescriber. If the query cannot be resolved the prescription will be held until the Non-Medical Prescriber is available, or it will be referred back to the patient's General Practitioner (GP). All NMP's must provide their telephone number on the prescription.
- 11.12 Prescribing by generic name should be routine practice unless brand name prescribing is indicated (see appendix 5). Further information is available from the Medicine Management Team or LSW Pharmacy Team if required.
- 11.13 The Non-Medical Prescriber will not be influenced in terms of their professional and ethical judgement by advertising produced by the pharmaceutical industry when making prescribing decisions. Although this often provides useful product information, Non-Medical Prescribers must apply critical appraisal skills when interpreting clinical trial data and other such information, which is presented to them by the pharmaceutical industry. In all cases further advice and or clarification can be obtained by contacting the LSW Pharmacy Advisors, the Professional Lead for Non-Medical Prescribing, or the GP where appropriate.

- 11.14 The acceptance of sponsorship, free gifts and hospitality by Prescribers must be in line with the NMC standard 18 which states staff must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment. Staff to adhere to the LSW “Sponsorship and Working with Industry” Policy.
- 11.15 It is the responsibility of the individual members of staff who are supplying, administering or prescribing medicines to remain up to date with the knowledge and skills to enable them to prescribe competently and safely.
- 11.16 Non-Medical Prescribers who are prescribing within a hospital/inpatient setting can write their prescriptions on the inpatient drug chart. Their signature must be accompanied by the initials NMP to indicate that they are a Non- Medical Prescriber.
- 11.17 Prescribers who will be using prescription charts that will be dispensed by Derriford Hospital Pharmacy must provide a specimen signature to the pharmacy. Forms are available from Derriford Pharmacy.
- 11.18 NMP are professionally and legally accountable for their actions or failure to act and must be confident that they maintain the competencies necessary to perform their roles safely.

12 Prescribing and dispensing for a patient

- 12.1 Pharmacist Non Medical Prescribers may legally prescribe and dispense prescriptions. However LSW encourages the separation of these duties for the benefit of patient safety. Pharmacists who prescribe a drug must ensure that the prescription is clinically screened or dispensed by another pharmacist and may not dispense it themselves if they have written the prescription.
- 12.2 In some areas such as Family Planning and Minor Injuries Units, Non-Medical Prescribers may prescribe and dispense medication where these are provided in pre-packs.
- 12.2.1 The home office circular 009/2012 “Nurse and pharmacist Independent prescribing, and mixing of medicines” removes restrictions on the prescribing of schedule 2-5 controlled drugs by Non -Medical Prescribers and regulates the compounds of medicines that include controlled drugs prior to administration.

These changes in law include:

- Non Medical Prescribers are able to prescribe controlled drugs where it is clinically appropriate and within their professional competence.
- Non Medical Prescribers are able to requisition controlled drugs under regulation 14 and are authorised to possess, supply, offer to supply and administer the drug that they are able to prescribe.
- Persons acting in accordance with the directions of a Non Medical Prescriber will be authorised to administer any schedule 2-5 drugs that a Non Medical Prescriber prescribes.

- Non- Medical Prescribers working in substance misuse now have the authority to supply articles for administration or preparing controlled drugs.
- Nurse and Pharmacist Independent Prescribers and Supplementary Prescribers are now authorised to “compound” any drugs listed in schedule 2-5 prior to administration as part of a clinical management plan for a patient.
- Compounding relates to the mixing of 2 or more drugs, which include a controlled drug (S) for instance in palliative care.

12.3 Prescribing licensed medications for unlicensed use “off label prescribing”:

Definition- Off License Products: medicines being prescribed outside the terms of their product licence e.g. crushing tablets, or prescribing a licensed medication for an unlicensed indication. See Safe & Secure Handling of Medicines Guidance section 20 for more information.

- Independent non-medical nurse, pharmacist, podiatrist and physiotherapy prescribers may prescribe medicines independently for use outside of their licensed indication/ UK marketing authorisation.
- Off License prescribing should be avoided wherever possible and the independent prescriber should make an informed choice before adopting the practice. Off Licence prescribing wherever clinical appropriate should have a body of evidence behind it – e.g. BNF or BNFc , South and West Devon Formulary.
- The Independent prescriber should be able to demonstrate that to prescribe “off license” is acceptable clinical practice. Advice can be sought from the Chief Pharmacist or NMP Lead.
- The patient must be fully informed of the “off license” status of the medication including the rationale for prescribing, contra indications and review processes. This should be recorded in the clinical record.
- The Independent prescriber should follow the guidelines and information in the South and West Devon Formulary “practical considerations for prescribers” when considering prescribing “off license”.

12.4 Unlicensed Medications (Products without a UK Marketing authorisation)

Definition Unlicensed Products: products not classed for human use for any indication or age group. See Safe & Secure Handling of Medicines Guidance for more information;

- Legislation changed in December 2009 which enabled only Independent nurse and pharmacist non-medical prescribers (in addition to medical and dental prescribers) to prescribe unlicensed medications.
- The independent non-medical prescriber must ensure they are clinically competent to prescribe the unlicensed medication.
- The patient must be fully informed of the “unlicensed” status of the medication including the rationale for prescribing, contra indications and review processes. This should be recorded in the clinical record.

- Additionally it is the prescriber's responsibility to have detailed knowledge of the pharmaceutical preparation to be dispensed against the prescription as unlicensed products may be dispensed without a patient information leaflet or the packaging maybe written in a different language.
- Independent podiatrist and physiotherapist prescribers cannot prescribe unlicensed medications.

13 Key Responsibilities for Livewell Southwest

- 13.1 LSW will ensure that Non-Medical Prescribers have access to relevant support, education and training. This will include monitoring of non-medical prescribing to inform training programmes and to advise where appropriate.
- 13.2 LSW is required to notify the NHS Business Services, Prescription Pricing Authority (PPA) of any changes in circumstances that relate to Non-Medical Prescribers.
- 13.3 LSW will maintain a list of all Non-Medical Prescribers who are employed by them. They will also maintain records of what the individual is prescribing.
- 13.4 LSW will monitor Non-medical Prescribing and be available to provide advice on prescribing related matters.
- 13.5 LSW will ensure via the Prescribing and Medicines Management Team that all relevant persons are notified of instances where Non-Medical Prescribers suspect lost/stolen prescriptions.
- 13.6 LSW will circulate alerts from MHRA and CMO where appropriate.
- 13.7 LSW will ensure all SOP's that are needed are in place and reviewed regularly.

14 Registration of Non-Medical Prescribers within Livewell Southwest

- 14.1 The Non- Medical Prescribing Lead will maintain the register of Non-Medical Prescribers.
- 14.2 Before they can commence practice the health care professional employed by the LSW must notify the Non- Medical Prescribing Lead that they have qualified as a Non-Medical Prescriber. They must provide confirmation of accreditation with their professional body and provide information to enable their prescribing status to be checked on the Register. For example, nurses must inform the Non- Medical Prescribing Lead of their PIN number and date of birth in order for a check to be made on the NMC Register. See appendix 2.
- 14.3 The Non-Medical Prescribing Lead will authorise the Prescription Pricing Authority Application. The application form will be stored onto the database and a copy forwarded to the PPA. The PPA will hold these details on a National Database. The PPA will not notify registration of NMP's locally. LSW will only be informed if there is a query regarding an application of a NMP.

- 14.4 For all new NMP's / or those who have had a gap in prescribing practice a period of supported practice should be considered – suggested 6 months. This could be in the form of working as a supplementary prescriber, or with well supervised community practice.
- 14.5 All NMP's must complete the annual declaration of competence and forward to their line manager and NMP Lead. In addition annual competencies should be completed and recorded on an individual's appraisal. For prescribers registered with the NMC at least one revalidation reflective account must be in relation to prescribing practice.

15. Monitoring, Use, Storage and Security of Non-Medical Prescribers Prescriptions

- 15.1 Non-Medical Prescribers working on in-patient units will use standard internal prescription charts and/or discharge forms as appropriate. Signatures must be annotated with the initials "NMP" to indicate that they are a Non Medical Prescriber.
- 15.2 Non Medical Prescribers working in the community will use personalised FP10 (PN) prescription forms, where electronic prescribing (e-prescribing) is in place prescriptions will be generated as per electronic templates.
- 15.3 Prescription pads for Non-Medical Prescribers working in the community will be ordered and held prior to distribution by the NMP Lead.
- 15.4 Non-Medical Prescribers (apart from those working in clinics where they use the Teams FP10 NC forms) can only write prescriptions on prescription pads bearing their name and professional identification number, and a LSW identifier. As previously mentioned, a contact telephone number should always be included in case of query by the dispensing pharmacist.
- 15.5 On termination of contract Non-Medical Prescribers must return their prescription pad to their relevant manager and they must notify the Non- Medical Prescribing Lead of the appropriate change in circumstances using the PPA form (see appendix).
- 15.6 Stocks of prescription pads should remain minimal.
- 15.7 The security of prescription forms is the responsibility of both the prescriber and the employer.
- 15.8 Non-medical Prescribers should always maintain a record of the first and last serial number of each FP10 (PN) prescription pad. It is also considered good practice to record the serial number of the first remaining form in the "in use" pad at the end of each working day. In-patient settings record all FP10 (NC) prescription forms issued by serial number on the reconciliation form provided by LSW Pharmacy (appendix 9). This system must be followed by the Non-Medical Prescriber. For many areas a duplicate of prescription is taken using a carbonated prescription pad. This is scanned into SystmOne and given to the GP.

- 15.9 Under no circumstances should blank prescriptions forms be pre-signed before use. The prescription pad should only be produced when needed and never left unattended. They should never be left on a desk but placed in a locked drawer and when travelling between patients should not be left on display in the car. Prescription pads should never be left unattended in a vehicle.
- 15.10 During times of long term absence i.e. sickness or maternity leave, the prescriptions must be stored in a designated, locked secure area, until they can be handed to the line manager for safe keeping until return of the NMP.
- 15.11 In the event of suspected loss or theft of any prescription forms, including both pads and computer-generated prescription forms, the following details will be required from the prescriber:
- Name of the prescriber and individual identification number as written on the prescription.
 - Address of unit as written on the prescription.
 - The number of prescription forms that are missing.
 - Serial number(s) of the prescription(s) concerned.
 - When and where the prescriptions were lost or stolen.
 - Details of patient and items prescribed if the prescriptions involved had already been written.
- 15.12 The prescriber should immediately implement the following procedure:
- Inform the Director on Call for LSW via the Switchboard at Mount Gould Hospital and the police on 08452 777444.
 - Inform the NHS England S (SW) Admin team casdevonandcornwall@nhs.net the team will alert the counter fraud team and where appropriate community pharmacists.
 - Consider informing any local pharmacies that are likely to receive any lost / stolen prescriptions before they receive notification from LSW.
 - Inform line manager.
 - Non-medical prescribers using FP10(HNC) prescription pads issued through Mount Gould Pharmacy Service should also inform the Pharmacy Office on 01752 434725.
 - Complete significant event form and send a copy to the LSW Non-Medical Prescribing Lead.
 - The prescriber should sign all prescriptions in a specified colour for two months from the date of the reported loss.

This procedure is summarised in a flow chart at Appendix 4.

- 15.13 All prescriptions must be written to the standards set out in the LSW Safe and Secure Handling of Medicines Guidelines and the British National Formulary (see appendix 1).
- 15.14 All prescribing must conform to the list of medicines approved within the South and West Devon Formulary. If the Non- Medical Prescriber is prescribing outside of the South and West Devon Formulary a rationale should be written within the patients records.

- 15.15 Non-Medical Prescribers must work within the LSW Medicines Policy.
- 15.16 Non-Medical Prescribers must not prescribe for themselves, colleagues, friends or family members in line with standard guidance.
- 15.17 Practice based staff are advised to ensure that they are working within an agreed written policy framework.
- 15.18 The Medicines Management team will monitor non-medical prescribing as part of the overall prescription monitoring arrangements.
- 15.19 Prescriptions that are written, generated and signed electronically by Non-Medical Prescribers must follow the same principles as those that are hand written.

16 Education, Training and Appraisal

- Prior to application for NMP training, line managers and prospective Non Medical Prescribers will need to complete the application form which has been agreed by LSW. The application form must be supported by the manager and the Director of that service.
- The nominee must be willing and able to undertake the course and upon successful completion of the training, be willing to prescribe.
- The development of the non-medical prescribing role must have been included in the prospective Non-Medical Prescribers personal development plan (Job descriptions should be reviewed as appropriate).
- The Non-Medical Prescriber and their manager must ensure that all requirements including line management and appraisal in relation to Non-Medical Prescribing must be completed.
- All the requirements as highlighted in Section 7 must be met by the Non - Medical Prescriber and their manager.

16.1 Training requirements for Non-Medical Prescribers.

- First level registered nurses and registered pharmacists must:
 - Have been sponsored by their employers.
 - Have three years post-registration experience.
 - The course is at Academic level 3 (degree level). Applicants must be capable of studying at level 3.
- Training must take place in Higher Institute of Education and the course must be validated by the NMC for nurses, GPHC for pharmacists.
- Arrangements must be in place for named medical practitioners, recognised by the Organisation and who meet the requirements in section 7.3 for the supervision and assessment of the trainee.

- Name recorded on NMC register for Nurses.
- Name recorded on the GPhC register for Pharmacists.

Further details of curriculum and training are available from the University or The Nursing and Midwifery Council www.nmc.org or The General Pharmaceutical Council <http://www.pharmacyregulation.org/education>

16.2 Requirements for the Medical Prescriber undertaking a supervisory role

The supervision of all nurses or pharmacists in relation to prescribing must be undertaken by a Registered Medical Practitioner who:

- Have normally had at least 3 years medical, treatment and prescribing responsibility for a group of service users in the relevant field of practice.
- Or is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate training in General practice Certificate.
- Is a specialist registrar, clinical assistant or a consultant within the NHS LSW or other NHS employer.
- Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice.
- Has some experience or training in teaching and or supervising in practice.

The supervising medical practitioner will need to complete and 'sign-off' the assessment of practice form, which should be returned to the higher education institution as part of the assessment requirements.

16.3 Requirements for the NMP's Appraisal

- All NMP should have an annual appraisal in line with LSW's Appraisal Policy.
- Within this process there should be a review of the competence of the prescribing role.
- If the appraiser is not a NMP then it is assumed this declaration of competence should be assessed by a NMP or Prescribing supervisor.
- It is suggested the LSW NMP Competencies and annual declaration of competence is used and recorded on the appraisal documentation.

16.4 Applying for a NMP Course

- All applications must be on an appropriate application form
- Applications are discussed through Education & Learning Panel

17 Accreditation

Once the relevant course has been successfully completed, the course Institute will inform the NMC or GPhC. A nurse or pharmacist cannot legally prescribe until an annotation has been made to the professional register.

18 Continuing Professional Development

18.1 Non-Medical Prescribers must keep up to date with best practice in the management of conditions for which they prescribe.

This can be through a variety of sources, e.g., reflective practice sessions, CPD update must be attended on an annual basis, E Learning, workshops and conferences and information from publications and websites.

18.2 It is good practice for Non-Medical Prescribers to receive supervision from a suitably qualified individual – e.g. fellow prescriber, medical practitioner that relates specifically to their role as Prescribers.

18.3 Non-Medical Prescribers must never prescribe any medicine that falls outside their area of expertise and their level of competence.

18.4 Staff must have completed competencies following training. The National Prescribing Centre have produced a single competency framework for all Non-Medical Prescribers and LSW have a self- declaration competency which forms part of their evidence for their appraisals (appendix 7).

18.5 Non Medical Prescribers are individually responsible for ensuring evidence of ongoing Continuing Professional Development (CPD) and must provide evidence at their annual appraisal. This must be evidenced in the appraisal paperwork and discussed with their line manager. They may also be required to provide evidence by their regulatory body.

18.6 Staff who are unable to provide evidence at their appraisal or who have not prescribed for one year must report this to the Non- Medical Prescribing Operational Lead. This will be reviewed to determine if the staff member can continue to prescribe. Each case will be looked at on individual merits.

19 Abbreviations

- AHP - Allied Health Professional – podiatrist, occupational therapist
- BNF – British National Formulary
- CAS – Central Alerting System
- CMO – Chief medical officer
- CPD – Continuing Professional Development
- CSM – Committee for the Safety of Medicines
- GP – General Practitioner
- GPhC – General Pharmaceutical Council
- HPC - Health Professional Council

- KSF – Knowledge and Skills Framework
- MHRA – Medicines and Healthcare products regulatory agency
- MOT – Medicines Optimisation Team
- NMP Lead - Non Medical Prescribing Lead
- NMC – Nursing Midwifery Council
- OTC – Over the Counter
- PACT – Prescribing Analysis and Cost
- LSW – Livewell Southwest
- POM – Prescription Only Medicine
- PPA – Prescription Pricing Authority
- RPS - Royal Pharmaceutical Society for Great Britain
- SOP - Standard Operating Procedure
- SWDJFR – South and West Devon Formulary and Referral

20 Bibliography:

The Department of Health (1997) The New NHS: modern, dependable.

The Stationery Offices.

Department of Health (2004) The National Health Service Knowledge and Skills Framework and Development Review. London. Department of Health

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice, Safety & Quality.

Date: 26 March 2015

Appendix 1

PRACTICE GUIDELINES: BEST PRACTICE WHEN ISSUING A PRESCRIPTION

1. When issuing a prescription, the Non- Medical Prescriber should ensure that the patient is aware of the purpose of the treatment and that they consent to that treatment. Where treatment is prescribed to a patient assessed as not having the capacity to give informed consent, this should be recorded.
2. When writing a prescription (handwritten / electronic), the Non- Medical Prescriber should use a generic name. Exceptions to this are:
 - Prescriptions written by an independent/supplementary prescriber for a drug which should only be prescribed by brand name (see appendix 5).
 - When prescribing wound management and related products from the Nurse Prescribers' Formulary, when it will be necessary to state the name of the product required.
3. The patient should be told:
 - What to expect
 - How soon they will see an improvement
 - Any precautions they should take
 - What to do if they have any concerns
 - How to take or use items and how frequently
 - How to store it
 - What to do with any unused medication/dressings
 - That they can refer to a pharmacist for further advice

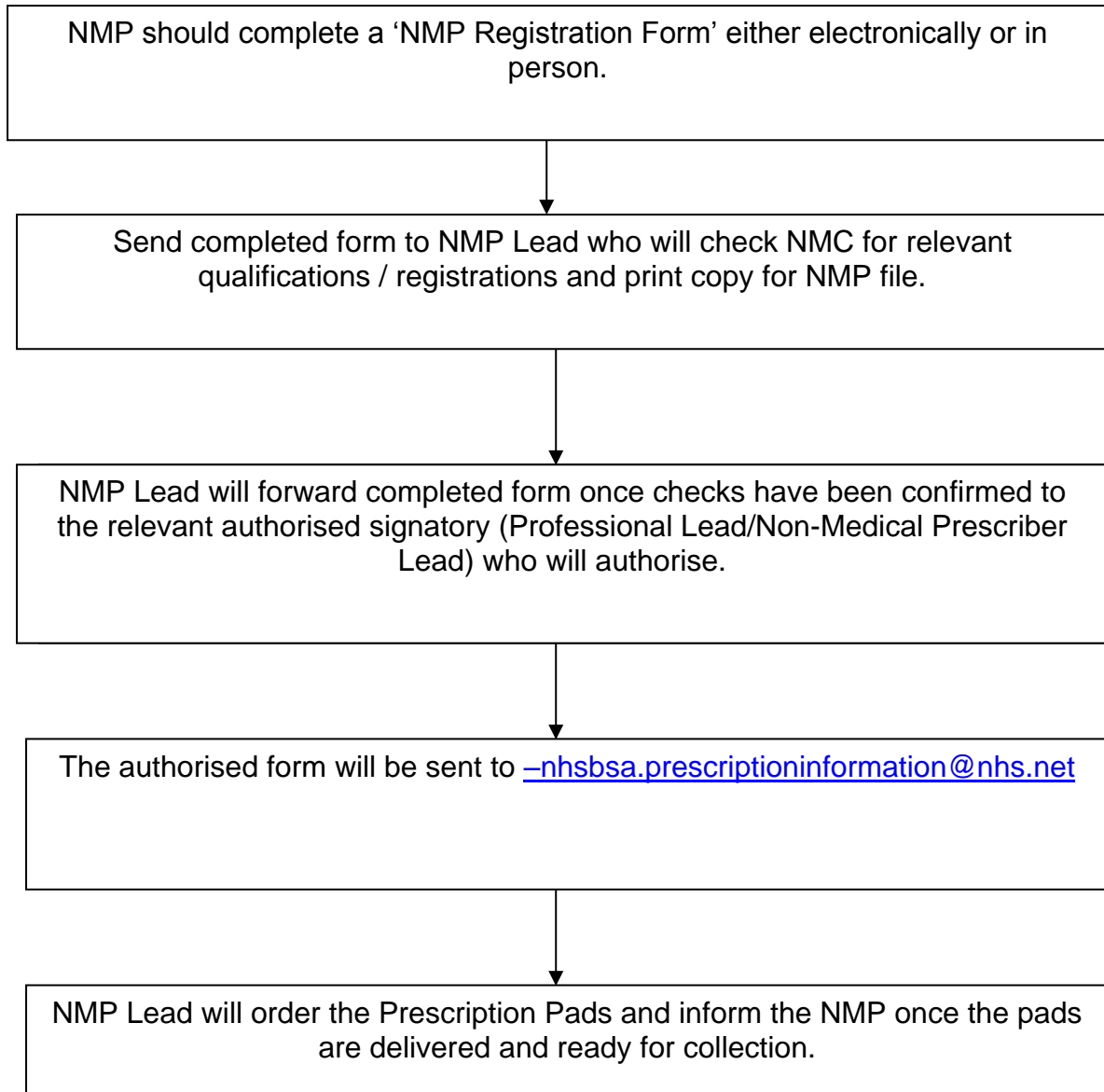
Whenever possible, verbal communication should be supported by written information.

If the prescription is for a child or an adult who has been assessed as not having capacity to give informed consent, another appropriate person should also be provided with this information.

4. The amount on the prescription should not be excessive. Except for a minority of cases, the length of supply should not be for more than 28 days exceptions might be oral contraceptives and hormone replacement therapy.
5. Patients must have their medication reviewed regularly six monthly.
6. Prescribers must have access to the South and West Devon Formulary and the British National Formulary when prescribing, or the British National Formulary – C if prescribing for children (BNF and BNF-C now available as a download App for smart phones and Androids).

Appendix 2

Non Medical Prescribing Registration, Amendments and Deletion Flowchart

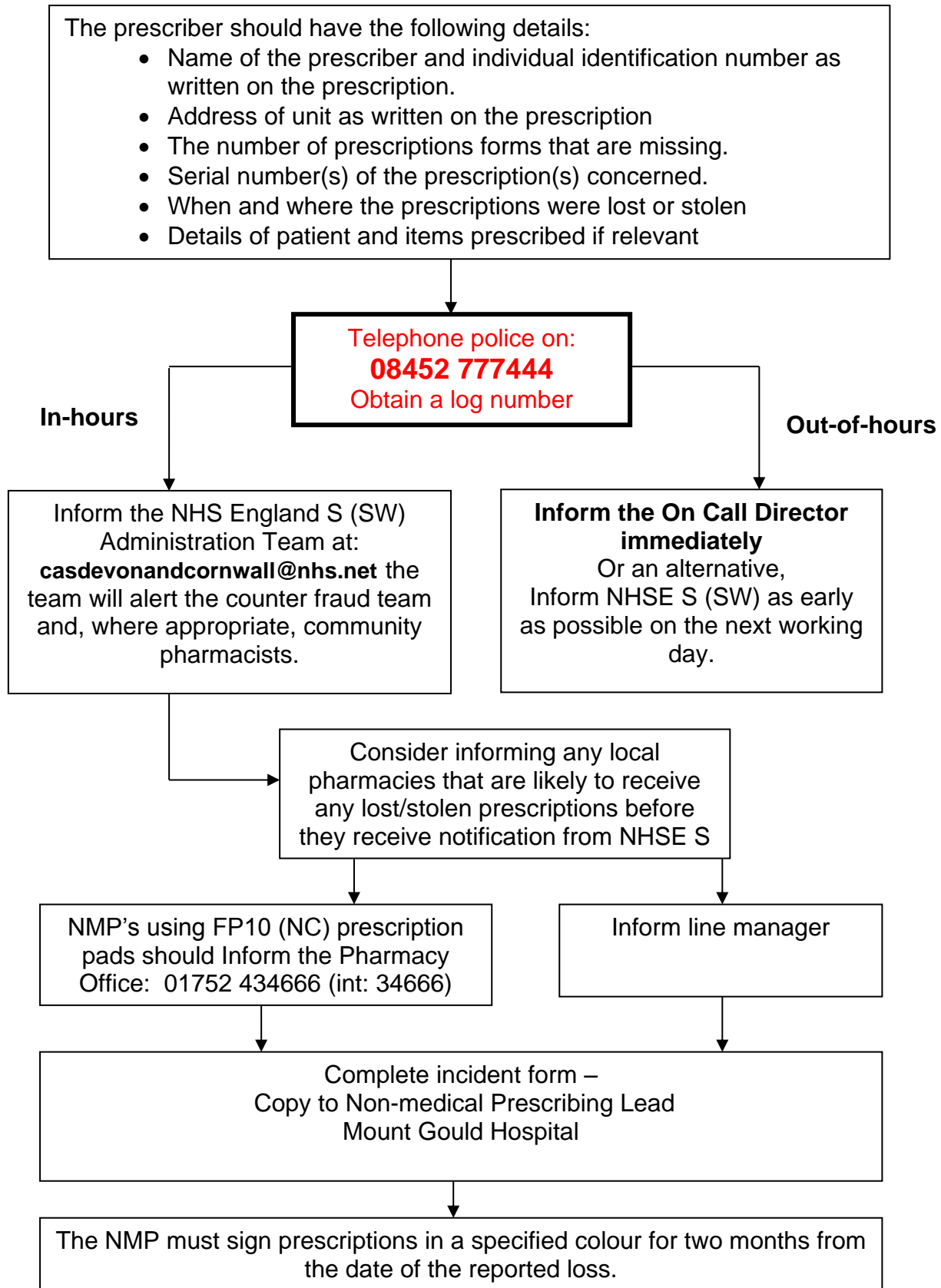


All amendments must be emailed to the NMP Lead who has responsibility for updating the database, NHSBA as appropriate.

When a member of staff leaves the organisation they must notify the NMP Lead who will update and close the NMP file.

Appendix 3

Procedure to follow for suspected lost, stolen or missing prescriptions



NMP who are requested by a pharmacy to replace a lost / stolen prescription that they have not written should complete an incident form detailing the loss. This should then be forwarded to Chief Pharmacist.

Appendix 4

Generic Prescribing

Prescribing by generic name is generally recommended as the most cost-effective method of prescribing. Brand name is only recommended for the reasons listed below. The brand the patient is currently taking should be ascertained and recorded on the medication record. The following list gives examples of when to prescribe **by brand**:

- **Drugs with a narrow therapeutic index** - different formulations release slightly different amounts of drug, or at different rates and in such drugs this difference is clinically significant, for example (this list is not exhaustible): -

Lithium (Priadel®, Camcolit®)

Aminophylline and theophylline (Neulin®, Uniphyllin®, Slo-Phyllin®)

Anticonvulsants – phenytoin (Epanutin®), carbamazepine (Tegretol®), sodium valproate (Epilim®), Ciclosporin (Neoral®), Tacrolimus (Adoport®, Capexion®, Modigraf®, Prograf®, Tacni®, Vivadex®)

- **Modified release preparations** – there may be differences in bioavailability between preparations, for example: -

Nifedipine MR (Adipine®, Adalat®, Cardilate®, Coracten®), Diltiazem MR (Adizem®, Dilzem®, Slozem®, Tildiem®), Verapamil MR (Securon®, Univer®), Mesalazine EC (Asacol MR®, Ipocol®, Pentasa®, Salofalk®), Morphine MR (Morcap SR®, MST Continus®, MXL®, Zomorph®), Quetiapine MR (Seroquel XL® plus others)
Venlafaxine MR (Efexor XL®, plus others), There may be significant price differences between these brands.

- **Combination products without an approved generic name**, for example: -

Hormone Replacement Therapy preparations (e.g. Premique®, Prempak Cycle®, Hormonin®), Oral Contraceptives (Microgynon 30®, Cilest®), Mixtures (Peptac®, Algicon®), ear drops (Locorten-Vioform®), topicals (Oilatum emolient®, Diprobase cream®)

- **Non-standard inhaler devices**, for example:

Breath-actuated inhalers with different delivery devices (Autohaler®, Easi-Breathe®)
Inhalers where different devices deliver different doses (Qvar®, Clenil Modulite®).

- **All insulins should be prescribed by brand names.**

- **Wound management and related products**

Including stoma and incontinence appliances, which should be prescribed by brand with pack size and Drug Tariff reference number to avoid confusion.

Appendix 5

Livewell Southwest

Template CMP 1 (blank): for teams that have full co-terminus access to patient records

Name of Service User		Service User medication sensitivities/allergies	
Service User identification e.g. NHS Number and date of birth:			
Independent Prescribers		Supplementary Prescribers	
Conditions to be treated		Aim of Treatment	
Medicines that may be prescribed by SP			
Preparation	Indication	Dose Schedule	Specific Indications for referral back to the IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary Prescriber	Supplementary prescriber and independent prescriber		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			
Agreed by Independent Prescriber	Date	Agreed by Supplementary Prescribers	Date Agreed

Livewell Southwest

Template CMP 2 (blank): for teams where the SP does not co-terminus access to patient records

Name of Service User		Service User medication sensitivities/allergies	
Service User identification e.g. NHS Number and date of birth:			
Current Medication		Medical History	
Independent Prescribers Contact details		Supplementary Prescribers Contact Details	
Conditions to be treated		Aim of Treatment	
Medicines that may be prescribed by SP			
Preparation	Indication	Dose Schedule	Specific Indications for referral back to the IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by;			
Supplementary prescriber	Supplementary prescriber and independent prescriber		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			
Agreed by Independent Prescriber	Date	Agreed by Supplementary Prescribers	Date Agreed

Appendix 6

Eligibility criteria for becoming a DMP (*checklist A*) The DMP must be a registered medical practitioner who:

- has normally had at least three years recent clinical experience with a group of patients/clients in the relevant field of practice.
- is in a GP practice and is either vocationally trained or has a certificate of equivalent experience from the Joint Committee for Postgraduate Training in General Practice Certificate or is a specialist registrar, clinical assistant or a consultant within a NHS LSW or other NHS employer.
- has the support of the employing organisation or GP practice to act as a DMP who will provide supervision and support to the NMP student and opportunities to develop competence in prescribing practice.
- has some experience or training in teaching and/or supervising in practice.
- normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be working.

Key role and responsibilities of the DMP (*checklist C*)

- establishing a learning contract with the trainee.
- planning a learning programme that will provide the opportunity for trainees to meet their learning objectives and gain competency in prescribing.
- facilitating learning by encouraging critical thinking and reflection.
- providing dedicated time and opportunities for trainees to observe how the DMP conducts a consultation/interview with patients and/or carers and the development of a management plan.
- allowing opportunities for trainees to carry out consultations and suggest clinical management and prescribing options that are then discussed with the DMP.
- helping to ensure the trainees integrate theory with practice.
- taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further.
- assessing and verifying that by the end of the course the trainee is competent to assume the prescribing role.

Adapted from: Boendermarker PM, Schuling J, Meybroom-de Jong B, Zwierstra RP, Metz JCM (2000) What are the characteristics of the competent general practitioner trainer? *Family Practice*, 17(6), 547-553

Quoted from
National Treatment Agency for Substance Misuse (2007) *Non medical prescribing, patient group directions and minor ailment schemes in the treatment of drug misusers*. London. NTA

Appendix 7



**FP10 (NC) Order and Receipt Form
Pharmacy Services**

ORDER AND RECEIPT FORM FOR FP10NC

Order Section

Please supply:FP10NC pads (50 per pad). NHSBSA Code:

Name: Signature:.....
(Designated person)

Contact number:Bleep:Date:

Delivery address:
.....
.....

Supply & Receipt Section

	Prescription Serial Numbers e.g. 60016309010 to 60016309506 (*note: number increases by 9 for every prescription)	Supplied By Signature (pharmacy)	Received By (Ward/Dept)	
			Print Name	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date supplied: Date received:


- Check the serial numbers on the FP10NC's correspond with those quoted above.
- Sign against each pad to confirm receipt
- Report any discrepancies ASAP to 01752 434666 (int: 34666)
- Store all prescription pads in a secure cupboard as per prescription security policy
- Scan the completed form, retain the original for your files
- E mail to: Livewell.LivewellPharmacy@nhs.net

FP10NC Prescription Issue Log Record



Unit:	NHSBSA number:							
					Issued to: (Prescriber)		Returned by:	
Date	Serial number	Last Digit	Issued By	Signature	Print and sign	Patient name	Print and sign	Date

Appendix 8 – NMP Annual Declaration of Competence:



Livewell Southwest Non-Medical Prescribers Annual Declaration of Competency v1.0 January 2017		
Name:		
Position:		
Work Address / Base:		
Registration / PIN Number:		
If not Prescribing currently – please complete tick box only on page 2 before signing.		
Over the last twelve months I have undertaken the following activities:		
Area to self certify	Response	If no, your intended action
Read and discussed prescribing based articles / literature with colleagues		
Discussed my ePACT data with my Manager / Supervisor if Manager is not a prescriber.		
Receive Practice Supervision in relation to my prescribing		
I have reviewed any learning and development needs in relation to the Ten competency areas as if the NPC's Single Competency Framework: RPS 2016		
The Consultation	Assess the Patient	No learning needs Learning needs:
	Consider the Options	No learning needs Learning needs:
	Reach a Shared decision	No learning needs Learning needs:
	Provide Information	No learning needs Learning needs:
	Monitor and Review	No learning needs Learning needs:
Prescribing Governance	Prescribe Safely	No learning needs Learning needs:
	Prescribe Professionally	No learning needs Learning needs:
	Improve Prescribing Practice	No learning needs Learning needs:
	Prescribe as part of a Team	No learning needs Learning needs:

Revalidation	Response	If no, your intended action
I have included a reflective statement relating to prescribing in my revalidation submission.		
I have recorded any NMP updates attended		

Declaration

- I confirm I have an up-to-date job description and person specification reflecting my prescribing role and duties.
- I confirm that I have reviewed my competency and accurately reflected my on-going development needs above which I will transfered across to my Personal Development Plan.
- I confirm I have the knowledge and skills to safely prescribe within the my level of experience and competence, and that I will act in accordance with the professional and ethical frameworks described by my professional body
- I confirm I have read the Royal Pharmaceutical Society publication 'A Competency Framework for all Prescribers' – July 2016
- I confirm I have read LSW Non-Medical Prescribing Policy.

Or I am not currently prescribing in my role and should this change I will need to complete a competency assessment before prescribing again.

Prescribers Signature: _____
Date: _____

Acknowledged by Line Manager

Line Managers Printed Name: _____
Line Managers Signature: _____
Date: _____

Copy of Declaration to Manager
Copy of Declaration to NMP Lead

NMP Lead – database updated