Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Non-Medical Prescribing Policy

This policy must be read in conjunction with:

- **PAT/MM 1 A - Safe and Secure Handling of MEDICINES POLICY Part A**
- **PAT/MM 1 B - Safe and Secure Handling of MEDICINES POLICY - Part B - Controlled Drugs**

This procedural document supersedes: PAT/MM 11 v.1 – Non-Medical Prescribing Policy

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2	20 August 2019	• Change on terminology reflecting new Trust structure and roles. • Amendments to completion of annual self-declaration and compliance with demonstrating competence	Stacey Nutt Carol Orr Joanne Sayles
Version 1 (amended – November 2017)	4 January 2018	• Amendment to Appendix 3 - Standards for Non-Medical Prescribing (NMP) Practice (annual self declaration of competency)	Cindy Storer
Version 1	11 October 2016	• This is a new procedural document, please read in full	Cindy Storer Carol Orr Stacey Nutt

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1. INTRODUCTION

The development of non-medical prescribing is part of a national drive to improve patient care without compromising patient safety, make it easier and quicker for patients to get the medicines they need, increase patient choice in accessing medicines, make better use of the skills of health professionals and contribute to the introduction of more flexible team working across the health service.

The development of non-medical prescribing within the health service enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings involving:

- management of long term conditions
- medicines management/medication review
- emergency/urgent care/unscheduled care
- mental health services
- services for non-registered patients e.g. homeless
- palliative care.

Currently Nurses, Pharmacists, Optometrists, Physiotherapists, Chiropodists or Podiatrists, Radiographers and Community Practitioners may undertake further professional training to qualify as Non-Medical Prescribers.

This policy is designed to provide guidance for the practice of Non-Medical Prescribing in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). It will detail which practitioners may prescribe and what conditions must be in place before those practitioners may prescribe.

It will detail which Medical Practitioners may supervise Non-Medical Prescribers (NMPs) and what criteria must exist before those Medical Practitioners may supervise NMPs.

This policy will outline governance arrangements to promote safe and effective practice and to provide assurance and will also detail actions that may be taken to suspend or terminate Trust authorisation for a NMP to prescribe.

2. PURPOSE

The purpose of this policy is to set out the standards, academic, experiential and procedural requirements to facilitate a safe, effective and a clinically valid framework for Non-Medical Prescribing practice to take place within the Trust.

This policy has been drawn up for use by DBTH. It is in line with the legislative changes following the implementation of the recommendations within the Crown Report (Review of prescribing, supply and administration of medicines 1999). It is in line with Department of Health (DH) guidance and the standards of proficiency and practice of the regulatory bodies for the relevant registered healthcare professionals.

3. DUTIES AND RESPONSIBILITIES

This policy provides a clear governance framework for non-medical prescribing at DBTH. Aims are:

- To ensure a robust process is in place for managing NMP within the Trust, from decision to train to implementation, monitoring competency.
- To ensure NMP is delivered in a safe and effective manner.
- To improve access to medicines without compromising patient safety.
- To maximise on the skills of a range of practitioners for the benefit of patients and services.

3.1 Drugs and Therapeutics Committee (D&TC)

To oversee and support the content of this policy, and facilitate prescribing developments through collective multi-disciplinary discussion that then might necessitate ratification of changes to policy. **Note:** All proposed operational changes to prescribing practice, be they of a piloting or substantive nature, must be submitted to the D&TC for scrutiny and be granted subsequent D&TC agreement prior to commencement.

3.2 Chief Pharmacist

The role of the Chief Pharmacist is to:

- Give appropriate support to the NMP Lead.
- Ensure NMPs have access to expert pharmaceutical advice when required.
- To oversee the governance of NMP to ensure this is appropriate and robust.

3.3 Non-Medical Prescribing Trust Lead

The role of the NMP lead is to:

- Approve applications, ensuring that appropriate registration and annual declarations of competence are accurately recorded.
- Maintain an up to date register of all NMPs (a statutory requirement).
- Support the development and maintenance of continued professional development.
- Monitor and ensure prescribing practice is audited by the Divisional NMP Leads.
- Ensure each NMP completes the electronic annual Statement of Probity
- Support recruitment and selection of NMPs.
- Work with the Associate Directors of Nursing (ADON), and other appropriate professional leads, in developing the NMP.
- Provide advice and support to NMPs.
- Link with the Chief Pharmacist and disseminate information.
- Ensure all NMPs receive individual prescribing data at least annually.
- Be responsible for setting the Trust-wide strategic direction for NMP.

3.4 Non-Medical Prescribing Divisional Leads

There are 2 NMP leads in each division who help to form the DBTH NMP Committee. They have delegated responsibility from their ADON or other appropriate professional leads to:

- Provide support to NMP's within their division.
- Ensure each NMP completes the electronic annual Statement of Probity.
- Monitor and ensure prescribing practice is audited.
- Support workforce development with regards to NMP within their division.
- Act as liaison between their division NMPs and the NMP Committee.
- Investigate NMP errors and oversee remedial plans within their division.
- Work with the Formulary Pharmacist to agree local formularies.
- Monitor prescribing trends of NMPs within their division.

3.5 Mentor/Designated Supervising Practitioner (SP)

The SP can be a registered medical practitioner or appropriate peer NMP (i.e. an individual who has undertaken NMP training, is an active prescriber and who is able to meet the supervision needs of the practitioner within their area of practice), and can be a locum or substantive medical professional working within the NMPs speciality, practitioner within a GP practice or appropriate peer NMP.

The mentor/Designated Medical Practitioner (DMP) has a crucial role in educating and assessing NMPs. This involves:

- Establishing a learning contract with the trainee.
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing.
- Facilitating learning by encouraging critical thinking and reflection.
- Providing dedicated time and opportunities for the trainee to observe how the SP conducts a consultation/interview with patients and/or carers and the development of a management plan.
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options.
- Helping ensure that the trainees integrate theory with practice.
- Taking opportunities to allow in-depth discussion and analysis of clinical management.
- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role.

3.6 Line Managers/Heads of Nursing/Midwifery/Therapy/Pharmacy

The individual NMPs line manager, ADON's, Midwifery, Therapy or Chief Pharmacist are responsible for ensuring this policy is implemented and monitored within their area of responsibility and remain responsible for the support and supervision of their staff.

The line manager should identify a need for a NMP in their department and discuss this with the proposed candidate at their appraisal. They should support the applicant through the training and registration process (Appendix 1 and 2). The applicant should be referred to the Trust NMP Lead who will authorise their suitability to undertake the programme. The candidate should then apply through the appropriate academic channels submitting all completed paperwork and funding application to the Education Lead for their division for final sign off before submission.

The line manager should ensure that the applicant has time to work with their mentor to develop their clinical and examination skills and compile their portfolio of evidence. Following successful completion of the training the line manager should ensure that the NMP has access to appropriate clinical supervision and that continuing professional development (CPD) is encouraged in order to maintain competence in their clinical area.

They should also:

- Support NMPs in their clinical practice, maintaining adequate provision of clinical supervision. In particular provide support and advice in any errors or clinical incidence including ensuring that NMPs take appropriate action in the case of lost or stolen prescription pads.

- Through annual appraisal ensure that all NMPs are achieving the competency framework, work to current practice guidelines and that registration to practice is renewed and valid.

- Notify the NMP division lead of any NMPs who leave the service or cease prescribing as soon as possible in writing; ensuring prescription pads of such staff are safely destroyed.

3.7 Non-Medical Prescribers

NMPs are active throughout the various divisions within the Trust and have a wide range of roles and responsibilities. The term NMP within this policy refers to Registered Nurses, Pharmacists, Optometrist, Podiatrists, Radiographers and Physiotherapists who have trained as NMPs.

NMPs are responsible and accountable:

- For all aspects of their prescribing decisions, and to their employers and regulatory bodies for their actions or omissions.
- To only prescribe those medicines they know are safe and effective for the patient and condition being treated within their sphere of competence.
- To remain up to date with knowledge and skills to enable competent and safe prescribing.
- To fulfil the Single Competency Framework.
- To complete the electronic annual Self-Certification for Ongoing Competence or if the NMP has had a period of long term leave they should complete the paper declaration on return to work (Appendix 3). Original to be kept in personal file and copy to be sent to Divisional NMP Lead.

4. PROCEDURE

4.1 Selection Criteria for Non-Medical Prescribing Training

To undertake the preparation programme to prescribe as an **independent/supplementary prescriber,** the Department of Health has issued guidance on Prescribing by Non-Medical Healthcare Professionals. The following advice is how to train as a non-medical prescriber.

- Nurse supplementary and independent prescribing(external link opens in a new window / tab)
- Pharmacist supplementary and independent prescribing https://www.nicpld.org/courses/ip
- Optometrist supplementary and independent prescribing(external link opens in a new window / tab)
- Allied Health Professional Supplementary Prescribing

The applicant must have;

- The ability to study at Level 7 (Master's Degree Level).
- Have a first level qualification (RMN. RGN, Mpharm etc.)
- Normally have at least three years post-registration clinical experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe or a significant part of their training rotation. The exception to this is pharmacy who could have integrated the course in post graduate education.

Prescribers must also have sufficient knowledge and competence to:

- Assess a patient/client's clinical condition.
- Undertake a thorough history, including medical history and medication history, and diagnose where necessary, including over-the-counter medicines and complementary therapies.
- Decide on management of presenting condition and whether or not to prescribe.
- Identify appropriate products if medication is required.
- Advise the patient/client on effects and risks.
- Prescribe if the patient/client agrees.
- Monitor response to medication and lifestyle advice.
- DBTH recommends that applicants have completed the Advanced Physical Assessment and Consultation skills (APACS).
- The line manager has responsibility for ensuring that the registrant has the required competencies in line with the professional body's recommendations.

Following qualification, NMPs must have access to:

- Patient records.
- Agreed formulary of drugs they can prescribe which has been agreed with their supervisor/mentor.
- A stamp with their name, PIN/Registration number and 'supplementary/independent Non-Medical Prescriber' embossed/pre-printed prescription pads if required.
- Prescription pad/inpatient drug card/computerised prescribing system.
- Pharmacist advice.
- Protected continuous professional development per year for updating on relevant prescribing issues, e.g. reading of journals, attending supervision.
- Clinical supervision related to prescribing.
- Peer non-medical prescriber support.
- Trust Non-Medical Prescribing Lead.

4.2 Types of Prescribing

Independent prescribing

Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing.

- Nurse and pharmacist independent prescribers are able to prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2, 3, 4 or 5 of the MDR 2002 Regulations, as amended.

- Optometrist Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue, but cannot prescribe any controlled drugs.

- Physiotherapists and podiatrists or chiropodists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers, but cannot prescribe any controlled drugs.

Supplementary prescribing:
Supplementary prescribers may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan, which has been agreed with a doctor.

Nurses, pharmacists, physiotherapists, chiropodists or podiatrists, radiographers and optometrists may train and register as a supplementary prescriber.

What can Non-Medical Prescribers Prescribe?
Information about what non-medical prescribers can prescribe is detailed in the British National Formulary (BNF). Refer also to the following advice issued by DoH.

Controlled Drugs

Amendments to the Misuse of Drugs Regulations (Northern Ireland) 2002 introduced on 10 May 2012 allow a nurse independent prescriber and a pharmacist independent prescriber to prescribe controlled drugs.

- DoH advice on controlled drugs Controlled Drugs
- Misuse of Drugs Regulations Amendments

Independent Prescribing by Physiotherapists and Podiatrists

Changes to legislation to enable the introduction of independent prescribing by physiotherapists and podiatrists or chiropodists were announced by the Department of Health on 24 July 2012 and 9 Jan 2015.

- DoH advice on prescribing by physiotherapists and podiatrists independent prescriber.

4.3 Requirements for NMP Independent Prescribers and Authorisation

- The NMP must have successfully completed an approved university based NMP course.
- The NMP must have such qualifications registered with relevant professional body.
- The job description for the role must require them to be a non-medical prescriber.
- The NMP must provide DBTH NMP Lead a specimen signature, which will be available for checking prescription signatures against.
- Each NMP will need a Supervising Practitioner.

4.4 Standards for Prescribing, Prescriptions and the Authorisations to Administer or Supply Medicines

4.4.1 Authorisation for the Administration or Supply of Medicines to Patients

Unless a healthcare professional, e.g. midwife or chiropodist, is exempt from the requirements for a prescription under the Medicines Act 1968, the authorisation of a Prescriber will be obtained before any prescription only medicine is administered or supplied to a patient of the Trust. Where the healthcare professional is exempt from the requirements of a prescription the medicines which may be administered under this exemption shall be listed in a local policy approved by the Drug and Therapeutics Committee.

In all other cases the authorisation of a prescriber will be given in one of five ways.

1) An indelible instruction, signed and dated by a Prescriber written:

a) on a prescription form and/or label approved by Drug and Therapeutics Committee; where the instruction is in the form of a pre-printed label, the label shall be non-peelable.

b) in the medical record.

2) A computerised prescription held on a Trust approved computerised prescribing system, entered by a Prescriber and validated by password controlled electronic signature.

3) A Patient Group Direction approved by the Trust Drug and Therapeutics Committee and Trust Clinical Governance Lead.

4) For non-prescription only medicines, for staff who otherwise cannot use a Patient Group Direction, a group direction approved by the Trust Drug and Therapeutics Committee and Trust Clinical Governance Lead.

5) In exceptional circumstance by a verbal order (see below).

In the case of non-prescription only medicines, the above provisions shall also apply unless authority to supply or administer is granted in a protocol that forms part of the medicines formulary, approved by the Drug and Therapeutics Committee.

4.4.2 Standards for Prescriptions

Where the prescription or direction to supply or administer is not generated electronically it will be written in a clearly legible hand, and will carry sufficient information to make the prescriber's intention clear.

Any prescription or direction that is of questionable legibility, incomplete, or ambiguous to the authorised individual responsible for its administration or pharmacist will result in medication being withheld until the prescription has been checked with the prescriber or a new prescription issued.

4.4.3 In-Patient Prescriptions

A new paper prescription record or new electronic record will be commenced on each admission. Unless the prescribing is clinically urgent, prescribing on admission should take place after the prescriber has assessed the patient and taken a full and accurate medication history. The minimum information set considered sufficient to make the prescriber's intentions clear will be as follows:

- Drug, name expressed as the Recommended International Non-Proprietary Name (rINN), unless;
- It is a combination product for which no rINN exists.
- It is a modified release preparation where brand substitution could potentially lead to symptomatic change.

Route of administration:

- Dose.
- Start date.
- When a medicine has been started prior to admission the letters 'OA' should be written in the start date box.
- When an administration chart has been re-written the original start date should be used.
- Stop date if appropriate.

- Times of administration. In the case of 'as required' medicines the minimum interval between doses and an indication.

Prescriptions will be reviewed at regular intervals.

The dose or route of administration of a prescription may be changed by a Prescriber.

4.4.4 Outpatient and Discharge Prescriptions

The minimum information set considered sufficient to make the prescriber's intentions clear will be as follows:

- Drug, name expressed as the Recommended International Non-Proprietary Name (rINN), unless;
- It is a combination product for which no rINN exists
- It is a modified release preparation where brand substitution could potentially lead to symptomatic change.
- Route of administration.
- Dose.
- Directions for administration.
- Duration or quantity of supply.

4.4.5 Timeliness of Prescribing

Prescribers are responsible for the timeliness of the prescription in relation to the patient's clinical need. Whilst standard prescription times will meet the needs of most patients, prescribers must consider when they may not; for example, medicines for Parkinson's Disease which need to be taken throughout the day.

Prescribers should be aware of the potential for delays in administration on admission or when initiating treatment using standard administration times.

When the standard administration times cause a clinically significant delay, prescribers should consider using STAT doses to ensure prompt treatment. Where a STAT dose is prescribed it is the responsibility of the prescriber to ensure nurse is aware of the need to administer this urgent medicine.

Critical medicines may include:

- Analgesics
- Anticonvulsants
- Anticoagulant medicines
- Anti-epileptic medicines
- Anti-infectives
- Antipsychotic medicines
- Insulin
- Medicines for Parkinson's Disease
- Any other medicine as determined by the Drug and Therapeutics Committee.

4.5 Adverse Drug Reaction Reporting

The NMP must report any medication incidents in accordance with the Trust incident management policy (CORP/RISK 33). If a NMP suspects that a patient is experiencing or has experienced an adverse drug reaction (ADR) to a medicine or combination of medicines the NMP should inform the clinician responsible for the patients continuing care. The NMP will evaluate the suspected ADR in accordance with the guidance issued by the Commission on Human Medicines (CHM) and decide if a 'yellow card' needs completing to notify the CHM of the suspected drug reaction. Advice can be sought from medicines information in the Pharmacy Department. Where appropriate the patient specific Clinical Management Plan (CMP) should be updated to list the suspected/observed adverse drug reaction and details documented in the patient's record.

Such reporting can be done by the completion of the yellow form at the back of the BNF; on-line at www.yellowcard.mhra.gov.uk; by writing to MHRA, CSM FREEPOST, London SW8 5BR, or; by telephoning 0800 731 6789.

4.6 Prescription Pads

In the event of loss or suspected theft of prescription pads or forms the NMP will report this immediately to their line manager and to the police so that the loss can be investigated. A DATIX incident form must be completed. The NHS Business Services Authority need to be informed to reduce the risk of fraudulent use.

- A record will be kept of prescription pads and their numbers. The Non-Medical Prescriber for whom the prescription pads are intended must sign this record (Appendix 4).
- Prescription pads/forms are classed as controlled stationary and reference should be made to the NHS Counter Fraud Authority – management of prescription forms https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms_v1.0%20March%202018.pdf)
- Prescription pads will be kept in a locked and secure place (drawer, cupboard or safe) at all times, other than when in transit. When in transit, it is the responsibility of the NMP to ensure suitable security and that pads are never left unattended. Under no circumstances must the NMP provide blank prescriptions pre-signed prior to use.
- The Trust's NMP Lead must be informed if a NMP ceases to prescribe for any reason, or if they leave the Trust's employment.
- The Trust has the responsibility to ensure that all unused prescription material is retrieved and destroyed by shredding, and the serial numbers are recorded, in the event of a Non-Medical Prescriber leaving the Trust's employment. The NMP will cooperate fully with this process.
- Prescriptions must be completed in accordance with BNF requirements

4.7 Legal and Clinical Liability

Where a Non-Medical Prescriber is appropriately trained and qualified, and prescribes with the consent of their employer as part of their professional duties and within the formulary for their

clinical area, the employer is held vicariously liable for their actions. However, failure to complete the electronic annual self-declaration of competency will put vicarious liability cover at risk. In addition, Non-Medical Prescribers are individually professionally accountable to their professional regulatory body for this aspect of their practice, as for any other, and must act at all times in accordance with their Code of Professional Conduct.

4.8 Clinical Governance, Evaluation and Audit

- NMPs must have in place arrangements for regular clinical supervision, which appropriately supports their prescribing practice and meet regularly with their Supervising Practitioner to discuss prescribing practice.
- Any annual appraisal of NMPs must include a review of prescribing activity, review of the standards for NMP practice (appendix 3), a demonstration of learning through a piece of reflective practice.
- NMPs will demonstrate evidence of ongoing CPD via attendance of an NMP event, lunchtime lectures related to prescribing, Audit or E – learning, SCRIPT and the Trust's ESR are all useful resources.
- NMPs will be expected to cooperate fully with the development and implementation of any audit or research into any elements of prescribing and the impact on patients within the service.
- NMPs will, in addition, be expected to supply any such information about their prescribing as will be necessary to create prescribing/prescriber profiles for the organisation.
- All NMPs will adhere to the guidance held in this policy. The Trust NMP Lead will ensure all existing NMPs are aware of and have access to this policy. All newly qualified NMPs and existing NMPs will be made aware of the Policy.

4.9 Probity and Ethical Issues

If a patient withdraws consent to treatment, the NMP will discuss with the patient the full implications of this decision and discuss with colleagues the outcome.

Under no circumstances may Non-Medical prescribers accept 'free samples' of medicines. NMPs are likely to find that they are having increased contact with representatives of the pharmaceutical industry. Care should be taken to ensure that prescribers follow Trust 'Standards of Business Conduct and Employees Declarations of Interest Policy (CORP/FIN 4|)and an 'Interest Declaration Form', must be completed by the NMP on an annual basis and forwarded to the NMP Lead for recording on the Trust's register of Non-Medical prescribers.

4.10 Suspension/Termination of Prescribing Rights

The Trust reserves the right to suspend/terminate authorisation of prescribing rights of Non-Medical Prescribers (NMP) for the following reasons:

- During investigation into alleged errors or otherwise unsatisfactory clinical practice related or otherwise to prescribing.

- As a consequence of an investigation into unsatisfactory clinical practice related or otherwise to prescribing.
- In relation to the circumstances of any unsatisfactory practice, the decision to suspend a NMPs prescribing rights may be made by the Service Manager or Assistant Director, who must have sought clinical advice from the NMP Lead or Medical Supervisor, pending investigation. Any decisions to terminate the Trust authorisation of an NMP to prescribe as part of action following an investigation must be made by the Service Director.

Additional matters that might result in a decision to suspend prescribing rights include:

- Failure on the part of the NMP to engage in and report detail of CPD for the Trust Register of NMPs.
- Failure on the part of the NMP to provide a sample signature for the Trust Register of NMPs.
- Failure of the NMP to provide an Annual declaration of Gift, Sponsorship and Fees for the Trust Register of NMPs.
- Failure of the NMP to complete and submit the electronic 'Self-Certification for Ongoing Competence' (Appendix 3) on an annual basis.

In relation to a NMPs failure to provide detail described as required by the Trust Register of NMPs, the following actions will be progressed:

- Trust NMP champion will request detail of outstanding information from the NMP directly, with a copy to the NMPs line manager and/or professional supervisor.
- Should the NMP continue in failing to provide the detail requested, Trust NMP Lead will contact the NMPs lead to inform them of this failure to address this matter.

The NMP lead will suspend the right to NMP should circumstances mean this is necessary.

- Any NMP who has not actively used their prescribing skills for one year will have their prescribing status reviewed at their annual appraisal. If NMP status is no longer deemed to be appropriate to the role the NMP will be informed by the Manager and the NMP removed from the active register.
- If their status is removed the NMP will be informed.

4.11 Prescribing Resumption/Prescribing Gaps

There are a number of circumstances in which a NMP has either never prescribed since qualification or, as a result of operational changes, ceased prescribing. These gaps have been seen to amount to some years and the commencement or resumption of prescribing may at future dates become desirable. It is important to note that whilst the NMC (and other professional registers) records a nurse/AHP as qualified to prescribe, that qualification clearly stands. However, changes in legislation and practice is a continuous process, and whilst the Trust will respect an individual's qualification, the Trust must be satisfied that an individual is both competent and capable to prescribe safely prior to any resumption or commencement where a gap of more than one year has occurred.

In order to address this, the following process must be adhered to:

- The NMP must write to the Trust NMP Lead, informing them of their wish to resume/commence prescribing. This letter must detail dates of being first qualified and or last date of prescribing, the additional training and revision they intend to carry out that has been individually designed to meet their bespoke needs as decided by the line manager and NMP champion.
- The NMP must carry out the planned revision/training as agreed by the NMP lead.
- On completion of the revision/training, the registrant will meet with the Trust NMP lead to agree that the additional training and revision has taken place and the NMP champion is satisfied of this competence.
- Following authorisation by the NMP Lead, the NMP will be recorded on the Trust NMP database.

PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.

- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.

- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

5. TRAINING/ SUPPORT

5.1 Continuing Professional Development (CPD)

Non-Medical Prescribers are accountable for remaining up-to-date and competent and therefore CPD should meet individual need.

Details of study undertaken will be recorded on the self-declaration of ongoing competence and forwarded to the NMP Champion upon completion of the NMPs annual appraisal. A copy should be held by the individual NMP in their professional portfolio.

There should be no difference in respect of CPD requirements, between Non-Medical Independent Prescribers and Community Nurse Prescribers. The principles of prescribing are the same for both groups.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Each year all NMPs will be asked to complete a non-medical prescribing self-certification of ongoing competence.	Individual NMP's	Annual	The NMP committee will evaluate compliance of the annual self-cert audit and feedback findings in the annual report.
An audit of NMP practice will be undertaken every 3 years.	NMP Committee	Every 3 years	NMP committee and Drugs and Therapeutics Committee.
NMP committee will provide an annual report to clinical governance and quality committee.	Trust NMP Lead	Annual	Clinical governance and quality committee.

7. DEFINITIONS

Prescriber:
An individual designated by the Medicines Act 1968 or any relevant secondary legislation as allowed to prescribe medicines. This group include doctors and non-medical prescribers such as nurses and pharmacists.

Independent prescribing
Prescribing by a practitioner (e.g. Doctor, Dentist, Nurse, Pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is 'appropriate practitioner'.

Nurse Independent Prescribers
Previously called Extended Formulary Nurse Prescribers.
Nurses and midwives who are on the relevant parts of the *Nursing and Midwifery Council (NMC)* register may train as Nurse Independent Prescribers to prescribe any licensed medicine for any medical condition, including some Controlled Drugs. Nurse Independent Prescribers must only ever prescribe within their own level of experience and competence.

Pharmacist Independent Prescribers
Registered pharmacists who are named on the membership register of the General Pharmaceutical Council (GPhC) may train as pharmacist independent prescribers to prescribe any licensed medicine for any medical condition, including Controlled Drugs. Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence.

Community Practitioner Nurse Prescribers
Previously known as District Nurse/Health Visitor prescribers.
Following training, eligible nurses can prescribe from the Nurse Prescribers' Formulary for Community Practitioners (formerly known as the Nurse Prescribers' Formulary for District Nurses and Health Visitors). Details of this formulary, which consists of appliances, dressings and some medicines are found in the *BNF* and Part XVIIB(I) of the Drug Tariff.

Supplementary Prescriber
Supplementary prescribing is defined as a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific clinical management plan (CMP) with the patient's agreement.

Clinical Management Plan (CMP)
The *CMP* is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This can include Controlled Drugs and unlicensed medicines for any medical condition, provided these are prescribed within the terms of the CMP.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 6)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/PA 19 - Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
PAT/PA 28 - Privacy and Dignity Policy
PAT/MM 1A - Safe and Secure Handling of Medicines Policy - Part A
PAT/MM 1B - Safe and Secure Handling of Medicines Policy - Part B – Controlled Drugs
CORP/RISK 33 – Incident Management Policy
CORP/ICT 9 - Information Governance Policy
CORP/REC 5 – Clinical Records Policy

CORP/FAC 3 - Medical Gas Systems Policy
CORP/FIN 1 D – Fraud, Bribery and Corruption Policy and Response Plan
CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy
CORP/FIN 4 – Standards of Business Conduct and Employees Declarations of Interest Policy.

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

11. REFERENCES

External Documentation:

Standards of proficiency for nurse and midwife prescribers. Nursing and Midwifery Council.
Professional standards and guidance for pharmacist prescribers. Royal Pharmaceutical Society.
Guidance for optometrist prescribers. College of Optometrists.
Standards of proficiency – Chiropodists/podiatrists. Health Professions Council
Standards of proficiency – Physiotherapists. Health Professions Council
Standards of proficiency – Radiographers. Health Professions Council
Medicines Act 1968
The Crown Report (Review of prescribing, supply and administration of medicines 1999)
Misuse of Drugs Regulations (Northern Ireland) 2002
Management and control of prescription forms. A guide for prescribers and health organisations march 2018 Version 1
NHS Counter Fraud Authority – Aide-memoire for Prescribers, which is also worthy of referencing
(https://cfa.nhs.uk/resources/downloads/guidance/Aidememoire%20for%20prescribers.pdf)

Legal Framework:

Human Medicines Regulations 2012 (part 12)
http://www.legislation.gov.uk/uksi/2012/1916/part/12/made

Department of Constitutional Affairs
Mental Capacity Act (2005): Code of Practice, 2007
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

APPENDIX 1 - NMP APPLICATION PROCESS

Registered Nurse/Pharmacist/Optometrist/Radiographer/Physiotherapist/Podiatrist

Within Division Group:
Line manager to check applicant has appropriate minimum qualifications (see section 4.1) Does this request fit with service/business development plans?
Will it improve service/benefit patients? Will it fit with Job Description? (NMP role must be added to the JD for Trust to take vicarious liability for prescriber).
Valid DBS (formerly CRB) check within last 3 years (Division to fund). (DBS check must also be in date when the NMP course commences).
Prescribing budget identified? Discuss study leave requirements.
If line manager in agreement proceed with application.

Application:
If the course you require is not available at either of the Sheffield Universities, it may be offered by another provider or one of the Universities within the NHS Yorkshire and Humber region. All funded course provision can be reviewed through the following link:
www.yorksandhumberdeanery.nhs.uk

Complete DBTH study leave form and NMP checklist form (appendix 2 of NMP policy) with Trust NMP Lead.
Select appropriate level of NMP (supplementary/independent/V150 etc.)
Identify an appropriate mentor/ DMP.
Submit all forms (application, checklist and DBTH study leave) to the applicants divisional education lead

Approval/rejection:
DBTH NMP strategy will inform priority areas for approval.

Completion of Course and Registration:
Applicant to update professional registration.
NMP added to Trust NMP register by Trust NMP administrator (following checks – see appendix 2).

Accessing Prescription Pads (Outpatient or community services)
Contact the Deputy Chief Pharmacist to arrange access to FP10 prescriptions. Out-patient prescription can be accessed from the nurse in charge in outpatients.

Routine:
Annual Declaration of Competence by NMP (see Appendix 3)
Three Yearly Audit – by NMP and Trust wide
CPD by NMP

APPENDIX 2 - CHECKLIST FOR NON MEDICAL PRESCRIBING TRAINING

Meeting Service or Patient Need

A service or patient need has been identified which will benefit from non-medical prescribing. The service or patient need requires non-medical prescribing rather than Patient Group Directive (PGD) use for supply and/or administration. The original checklist with all signatures needs to be signed by the applicant's line manager, signed by the Trust NMP lead who will forward to the applicants divisional education lead. All original applications will be kept in Training and Education Department and copy sent back to the line manager for the applicant's personal file.

What benefits to patient care and the organisation are anticipated from utilising non-medical prescribing?

……

……

Is it a new service or an extension of service provision within the current role? Yes / No

Which group(s) of patients will the service be provided for or what speciality?

……

What setting? (E.g. outpatients, GP practice)

……

What disease state(s)?

……

Number of prescription items each year estimated

……

Applicant Suitability (checklist)

The individual must have a DBS undertaken within the last 3 years and must be able to provide evidence of this prior to registration for the programme

- ☐ Is this profession eligible for training as a supplementary and/or independent prescriber?
- ☐ Is this individual registered with the professional body?
- ☐ Has a non-medical prescribing course been started previously and not completed?
- ☐ If so when?
- ☐ Check training eligibility with non-medical prescribing lead/NMP policy
- ☐ The individual has the appropriate post-registration experience in the relevant speciality

- ☐ The individual has sufficient therapeutic knowledge and skills in their chosen area to enable them to prescribe safely *(note NMC standards for prescribing in children and young people)*
- ☐ The individual has demonstrated an ability to diagnose in their area of specialty (where appropriate)
- ☐ The individual is able to study at the required level to fulfil course requirements
- ☐ The individual is able to demonstrate the required level of numeracy to fulfil course requirements

Organisation Support-Pre Course

- ☐ The individual is in a role which will enable them to commit to a long-term prescribing role
- ☐ A prescribing budget is agreed and available to initiate a prescribing role on qualification
- ☐ Any cross boundary prescribing and budget issues resolved
- ☐ Service continuity issues utilising non-medical prescribers addressed
- ☐ Support of line manager agreed
- ☐ Relevant clinical lead(s) have agreed to support non-medical prescribing in the defined area(s)
- ☐ Support of a doctor to act as a designated medical practitioner agreed
- ☐ Doctor meets criteria to act as Designated Medical Practitioner *(note NMC stds for c&yp)*
- ☐ Arrangements have been made for release of the individual for training and these are agreed as evidenced by completion of all required documents relating to Trust study release and funding.
- ☐ The individual is able to attend the chosen course
- ☐ Funding for backfill and travel can be identified within the organisation, if necessary
- ☐ The individual has agreed to undertake training and can attend all the university study days
- ☐ University and SSPRD funding application forms (where relevant) have been fully completed
- ☐ Individual can access support from experienced non-medical prescribers as required

Organisation Support-Post Course

- ☐ Individual can access peer support as required
- ☐ The organisation can assist the individual to maintain their CPD

- ☐ Mechanisms to monitor the benefits to patient care that the organisation anticipates from utilising non-medical prescribing are in place
- ☐ Audit and evaluation processes for non-medical prescribing are in place
- ☐ Prescribing practice can be built into the individual's appraisal
- ☐ Job descriptions and contracts can be updated
- ☐ Mechanisms to assess continued competence are in place *(note NMC stds for c&yp)*

		Date
Applicants Name		
Applicants Signature		
Applicants Post		
Department/ Service area		
Name of Line Manager		
Signature of Line Manager		
Name of Trust NMP Lead		
Signature of Trust NMP Lead		
Name of Divisional Education Lead		
Signature of Divisional Education Lead		

APPENDIX 3 - STANDARDS FOR NON-MEDICAL PRESCRIBING PRACTICE – ANNUAL SELF DECLARATION OF COMPETENCY

DBTH Non-Medical Prescribers
Annual Declaration of Competency

Name:	
Position:	
Work Address / Base:	
Contact Number	
Registration / PIN Number:	

Over the last 12 months I have undertaken the following activities

Area to self certify	**Respond Y/N – If No, your intended action**
Registered and received updates from medicines and prescribing at NICE/ RPS	
Read and discuss prescribing based articles with colleagues	
Read and understand evidenced based literature relevant to my prescribing	
Receiver clinical supervision in relation to my prescribing	
Have taken part in a clinical audit relating to my prescribing area	

I have reviewed any learning and development needs in relation to the ten competency areas if the RPC competency framework for all prescribers

The Consultation	**1**	**Assess the patient** 1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances. 1.2 Undertakes an appropriate clinical assessment. 1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date. 1.4 Requests and interprets relevant investigations necessary to inform treatment options. 1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities 1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment. 1.7 Reviews adherence to and effectiveness of current medicines. 1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	No learning needs Learning needs:
The Consultation	**2**	**Consider the options** 2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health. 2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing). 2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment. 2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy). 2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options. 2.6 Takes into account any relevant patient factors (e.g. ability to swallow,	No learning needs Learning needs:

		religion) and the potential impact on route of administration and formulation of medicines. 2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information. 2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness. 2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health. 2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.	
The Consultation	**3**	**Reach a shared decision** 3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment. 3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines. 3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands. 3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers. 3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied. 3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	No learning needs Learning needs:
The Consultation	**4**	**Prescribe** 4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects. 4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them. 4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines). 4.4 Prescribes generic medicines where practical and safe for the patient and	No learning needs Learning needs:

		knows when medicines should be prescribed by branded product. 4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice. 4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. 4.7 Considers the potential for misuse of medicines. 4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs). 4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements. 4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support). 4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. 4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions. 4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	
The Consultation	**5**	**Provide information** 5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up. 5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment). 5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments. 5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame. 5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	No learning needs Learning needs:

The Consultation	**6**	**Monitor and review** 6.1 Establishes and maintains a plan for reviewing the patient's treatment. 6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored. 6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems. 6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	No learning needs Learning needs:
Prescribing Governance	**7**	**Prescribing Safely** 7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill. 7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them. 7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them. 7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines). 7.5 Keeps up to date with emerging safety concerns related to prescribing. 7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.	No learning needs Learning needs:
Prescribing Governance	**8**	**Prescribe Professionally** 8.1 Ensures confidence and competence to prescribe are maintained. 8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications. 8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing). 8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations. 8.5 Recognises and deals with factors that might unduly influence prescribing	No learning needs Learning needs:

		(e.g. pharmaceutical industry, media, patient, colleagues). 8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	
Prescribing Governance	**9**	**Improve Prescribing practice** 9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion. 9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms. 9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	No learning needs Learning needs:
Prescribing Governance	**10**	**Prescribe as part of a team** 10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised. 10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing. 10.3 Negotiates the appropriate level of support and supervision for role as a prescriber. 10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	No learning needs Learning needs:

Declaration

- I can confirm I have an up to date job description and person specification reflecting my prescribing role and duties Y/N
- I can confirm that I have reviewed my competency and accurately reflected my ongoing development needs above which i will be transferred across to my personal development plan Y/N
- I can confirm that I have the knowledge and skills to safely prescribe within my level of competence, and that I will act in accordance with the professional and ethical frameworks described by my professional body Y/N

- I confirm I have read the royal pharmaceutical (RPS) publication ' a competency framework for all prescribers 2016' Y/N
- I confirm I have read the DBTH Non-Medical Prescribing policy and DBTH Medicines Management Policy Y/N
- I confirm I have attended CPD sessions related to prescribing at either a NMP event or lunchtime / in-house lecture; or I have completed an e-learning module related to prescribing safety and can evidence Y/N

Acknowledged by Line Manager
Line Managers name:

Line Managers Signature

Copy of Declaration to P file

☐

Copy of Declaration to NMP lead

☐

APPENDIX 4 - SAFE AND SECURE HANDLING OF PRESCRIPTION PADS

Good Practice Guidance:
The management of controlled stationery within the Trust

The security of individual prescription pads and associated stationary is the joint responsibility of the Trust and the prescriber.

1. Responsibility of the prescriber

Treat the prescription pad much as you would a bank card so:

DO

- Keep the pad with you in your bag whilst out of the office.
- Consider taking only one or two prescriptions out with you.
- Secure the pad in a locked drawer in your centre when not in use, as agreed locally with your manager.
- Record the number of the first and last prescription in each pad, and the date on which they were used. This can be done in your work diary.
- Notify manager if any forms or the pad go astray and follow the procedure set out below.
- Return all unused prescriptions to your manager if you are leaving the employment of the Trust.
- Only use the prescription pad designated to your service.

DON'T

- Pre-sign blank prescription forms.
- Leave the prescription pad in your car – 80% of GP pads that go missing are stolen from cars.
- Leave the pad unattended on your desk or at reception desks.
- Have more than one prescription pad in use at any one time.
- Let <u>any</u> other prescriber use your prescription pad.
- Use any other pad except your own.

- If a non-medical prescriber runs out of prescriptions they will not be able to prescribe until they get another pad.

2. Responsibility of the Trust or Clinic Base

- Provide secure, lockable storage for prescription pads within the base.
- Ensure the provision of new prescription pads as required. See ordering process below.
- Minimise the risk of fraud by recording the serial number of the first prescription in each pad.
- Inform the Trust NMP administrator of details of non-medical prescribers leaving the Trust.
- Retrieve unused prescription pads from prescribers leaving the employment of the Trust or practice.
- Record and securely destroy all unused prescription forms issued to that prescriber relating to that employment.

APPENDIX 5 - PRESCRIBING ABBREVIATIONS

Drug names will not be abbreviated under any circumstances. However, the following abbreviations will be acceptable in the writing of prescriptions:

8.1.9 Dosage

- Gram g
- Milligram mg Litres L
- Microgram in full Millilitres ml
- Nanogram in full Millimoles mmol

N.B. To avoid misinterpretation:

- **Units must be written in full and not abbreviated**
- **Microgram must be written in full and not abbreviated**
- **Nanogram must be written in full and not abbreviated**

8.1.10 Dosage Form

- Tablet Tab
- Suppository Sup
- Capsule Cap
- Eye Drops G
- Syrup Syr
- Eye Ointment Occ
- Suspension Susp
- Injection Inj

8.1.11 Route of Administration

- Oral PO Sublingual SL
- Intravenous IV Rectal PR
- Intramuscular IM Vaginal PV
- Subcutaneous Subcut, SC
- Inhaled Inh
- Nebulised Neb

N.B. To avoid misinterpretation: Intrathecal and Epidural will always be written in full and not abbreviated.

8.1.12 Dosage Frequency

- Once Daily OD As Directed MDU
- Twice Daily BD As Required PRN
- Three Times Daily TDS At Once STAT
- Four Times Daily QDS
- In the Morning OM
- At Night ON

8.1.13 Tablet and Capsule Release Characteristics

- Enteric Coated EC
- Modified Release MR for preparations described as slow release, prolonged release, sustained release, etc.

APPENDIX 6 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Non-Medical Prescribing Policy (PAT/MM 11)	**Corporate**	**Stacey Nutt**	**Existing policy**	**July 2019**

1) Who is responsible for this policy? Trust NMP Lead

2) Describe the purpose of the service / function / policy / project/ strategy? To set the standards, academic, experiential and procedural requirements to facilitate a safe, effective and clinically valid framework for non-medical prescribing practice to take place in the Trust

3) Are there any associated objectives? Crown report (review of prescribing, supply and administration of medicines 1999) NMC Standards of proficiency for nurse and midwife prescribers 2006

4) What factors contribute or detract from achieving intended outcomes? – none

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? no

- **If yes, please describe current or planned activities to address the impact** N/A

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1✓	Outcome 2	Outcome 3	Outcome 4

Date for next review: August 2022

Checked by: Cindy Storer **Date: July 2019**