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 is a new procedural document, please read in full

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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

| Author/reviewer: (this version) | Cindy Storer, Head of Nursing and Quality MSK&F Care Group  
Trust Non-Medical Prescribing Lead  
Stacey Nutt, Lead Cancer Nurse  
Carol Orr, Education Lead. |
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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.

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<td>Cindy Storer Carol Orr Stacey Nutt</td>
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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 & Bassetlaw Hospitals NHS Foundation Trust (DBH NHS FT). 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 DBH NHS FT. 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 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 DBH NHS FT. 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 Care Group NMP Leads.
- Ensure each NMP signs an annual Statement of Probity via Care Group NMP Leads.
- Support recruitment and selection of NMPs.
- Work with the Care Group Heads of Nursing (HON), and other appropriate professional leads, in developing the NMP.
- Provide advice and support to NMPs.
- Links with the Chief Pharmacist and disseminates information.
- Will ensure all NMPs receive individual prescribing data at least annually.
- Responsible for setting the Trust-wide strategic direction for NMP.
### 3.4 Non-Medical Prescribing Care Group Leads

There are 2 NMP leads in each care group who help to form the DBH NHS FT NMP Committee. They have delegated responsibility from their Head of Nursing or other appropriate professional leads to:

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

### 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, Heads of Nursing, 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 the Trust 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 Care Group 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 care groups 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.
- Fulfils the Single Competency Framework.
- Completes the annual Self-Certification for Ongoing Competence (Appendix 3). Original to be kept in personal file and copy to be sent to Care Group 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(external link opens in a new window / tab) https://www.nicpld.org/courses/ip/
- Optometrist supplementary and independent prescribing(external link opens in a new window / tab)
- Allied Health Professionals supplementary prescribing(external link opens in a new window / tab)

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/client on effects and risks.
- Prescribe if the patient/client agrees.
- Monitor response to medication and lifestyle advice.
- DBH NHS FT recommends that applicants have completed the Advanced Physical Assessment and Consultation skills (APACS). http://www4.shu.ac.uk/faculties/hwb/cpd/modules/detail.html?cpd_id=554
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 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 (external link opens in a new window / tab) 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 DBHNHSFT’s 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. midwives 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 a 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. When this takes place the alteration will be made in the following way.

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 reporting policy. 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 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.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 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. 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. They must also show evidence of attendance at 50% of DBH NHS FT NMPs lunchtime lectures or other NMP events.
- 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 guidance and policies concerning this relationship. A ‘Declaration of Gifts, Sponsorships and Fees’ 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 an 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 ‘Self-Certification for Ongoing Competence’ (Appendix 3) on an annual basis.

In relation to an 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 an 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 records a nurse 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.
• 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.

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

<table>
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<th>Who will carry out the Monitoring</th>
<th>How often</th>
<th>How Reviewed/ Where Reported to</th>
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<tr>
<td>Each year all NMPs will be asked to complete a non-medical prescribing self-certification of ongoing competence.</td>
<td>Individual NMP’s</td>
<td>Annual</td>
<td>The NMP committee will evaluate compliance of the annual self-cert audit and feedback findings in the annual report.</td>
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<tr>
<td>An audit of NMP practice will be undertaken every 3 years.</td>
<td>NMP Committee</td>
<td>Every 3 years</td>
<td>NMP committee and Drugs and Therapeutics Committee.</td>
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<tr>
<td>NMP committee will provide an annual report to clinical governance and quality committee.</td>
<td>Trust NMP Lead</td>
<td>Annual</td>
<td>Clinical governance and quality committee.</td>
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</tbody>
</table>
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, excluding all Controlled Drugs at present. 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
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
CORP/RISK 13 – Policy for the Reporting and Management of Incidents and Near Misses
CORP/ICT 9 - Information Governance Policy
CORP/REC 5 - Record Keeping Standards
CORP/FAC 3 - Medical Gas Systems Policy
CORP/FIN 1 D – Fraud, Bribery and Corruption Policy and Response Plan

10. **REFERENCES**

**External Documentation:**
Professional standards and guidance for pharmacist prescribers. Royal Pharmaceutical Society.
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)

**Legal Framework:**
Human Medicines Regulations 2012 (part 12)
http://www.legislation.gov.uk/uksi/2012/1916/part/12/made
APPENDIX 1 - NMP APPLICATION PROCESS

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

Within Care 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 (Care Group 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.yhcoursenfinder.co.uk

Complete DBH 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 DBHFT study leave) to DBH Speciality Skills Training (SST).

Approval/rejection:
DBH FT NMP strategy will inform priority areas for approval. Trust NMP Lead to forward to Educational Lead for NMP.

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 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 Trust Education Lead. All original applications will be kept in TED 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 CRB 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 speciality (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 SST 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 and PDP

Job descriptions and contracts can be updated

Mechanisms to assess continued competence are in place *(note NMC stds for c&yp)*

<table>
<thead>
<tr>
<th>Applicants Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants Signature</td>
<td></td>
</tr>
<tr>
<td>Applicants Post</td>
<td></td>
</tr>
<tr>
<td>Department/ Service area</td>
<td></td>
</tr>
<tr>
<td>Name of Line Manager</td>
<td></td>
</tr>
<tr>
<td>Signature of Line Manager</td>
<td></td>
</tr>
<tr>
<td>Name of Trust NMP Lead</td>
<td></td>
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<tr>
<td>Signature of Trust NMP Lead</td>
<td></td>
</tr>
<tr>
<td>Name of Trust Education Lead</td>
<td></td>
</tr>
<tr>
<td>Signature of Trust NMP Lead</td>
<td></td>
</tr>
</tbody>
</table>
Non-medical Prescribing
Self-certification Process for Ongoing Competence (Copy to be sent to Care Group NMP Lead and original kept for annual PDA and revalidation)

Name: _______________________________________________________________

Position: ______________________________________________________________

Work Base Address: _____________________________________________________

Type of prescriber (e.g. Extended Nurse/ Community Nurse Prescriber/ Independent Supplementary or Supplementary): ____________________________

Email Address: __________________________________________________________

PIN /Registration Number: ______________________________________________

If you expect to restrict your prescribing to specific therapeutic areas please list here:

________________________________________________________________________

Date of non-medical prescribing training: ______________________________________

- I can confirm that I have updated my non-medical prescribing skills and am ☐
  competent and safe to practice.

- I confirm that I am no longer a practicing non-medical prescriber. ☐

I have undertaken the following activities:-

<table>
<thead>
<tr>
<th>Area to self-certify</th>
<th>Response</th>
<th>If no, your intended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have read the current Trust Non-Medical Prescribing Policy and agree my current practice is in line with Policy</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Have read and understood relevant NICE guidelines</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Have read and understood relevant evidence based literature</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Have read current Trust Policy on Pharmaceutical Industry involvement</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Have read updates on prescribing including review of MHRA alerts</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Have met my Pharmacist re: special issues (if necessary)</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td><strong>(Nurses only - Clinical supervision)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have met my Consultant re: special issues (if necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Pharmacists &amp; Radiographers only – clinical supervision)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have attended relevant lunchtime lectures to keep practice up to date (at least 4 per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertaken local training packages. (inc date(s))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertaken CPD around Non-Medical Prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has up to date Statutory and Essential to Role Training</td>
<td></td>
<td></td>
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<tr>
<td>Have patient information leaflets to give out as appropriate</td>
<td></td>
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<tr>
<td>Have undertaken an audit on non-medical prescribing within 1 year of qualifying then subsequently every 3 years.</td>
<td></td>
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</tr>
<tr>
<td>Have had job description updated to take account of prescribing responsibilities</td>
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<td></td>
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<tr>
<td>Has professional Indemnity arrangements in place</td>
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<td></td>
</tr>
<tr>
<td><strong>Anticoagulation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you expected to prescribe anticoagulants within your practice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insulin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you expected to prescribe Insulin within your practice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accessed the e-learning training package on safe prescribing?</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>NMPs who regularly prescribe Antibiotics</strong></td>
<td></td>
<td></td>
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<tr>
<td>as part of their normal practice should complete the Infection Prevention &amp;</td>
<td></td>
<td></td>
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</tbody>
</table>

| **Yes / No**                                                                                           |
| If yes have you completed any CPD to keep you up to date?                                              |
| Please date and sign when completed                                                                    |
| Signed                                                                                                 |
| Date                                                                                                   |
| If yes, have you completed the e-learning module on safe use of insulin?                               |
| Please date and sign when module completed                                                              |
| Signed                                                                                                 |
| Date                                                                                                   |
| Please date and sign when completed                                                                    |
| Signed                                                                                                 |
| Date                                                                                                   |
Control course. The course contains a number of chapters covering various topics ranging from the Trust’s Infection Prevention and Control (IPC) strategy, infection prevention and control practice e.g. hand hygiene, taking blood cultures, antibiotic prescribing and information about specific organisms e.g. MRSA and C. difficile.

| NMPs who do not regularly prescribe antibiotics as part of their normal practice, should access the Infection Prevention & Control Clinical Course. The course contains a number of chapters covering various topics ranging from the Trust’s Infection Prevention and Control (IPC) strategy, infection prevention and control practice e.g. hand hygiene, taking blood cultures, antibiotic prescribing and information about specific organisms e.g. MRSA and C. difficile. |
|---|---|
| **Yes / No** |

| Controlled Drugs / Mix Drugs in Syringe Drivers |
|---|---|
| Are you expecting to prescribe Controlled Drugs / mix drugs in syringe drivers **within your practice**? |
| **Yes / No** |

If **yes** please provide a signature from your line manager below to indicate that this has been discussed and agreed.

Signed:

Date:

| Prescribing Blood Products |
|---|---|
| Are you expected to prescribe blood products within your practice? |
| **Yes / No** |

| Prescribing Chemotherapy |
|---|---|
| Are you expected to prescribe chemotherapy within your practice? |
| **Yes / No** |

If **yes** please provide a signature from your line manager below to indicate that this has been discussed and agreed.

Signed:

Date:

If you have identified training needs through the PDP / KSF in relation to non-medical prescribing please state them and how they will be addressed.
<table>
<thead>
<tr>
<th>Training need identified</th>
<th>Training resource identified and booked (e.g. course, shadowing, reading, evb practice etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Non-medical Prescriber**

Signed: _______________________________  Date: __________________

Print Name: ________________________________________________

**Line Manager**

I confirm that I have seen this form and any training needs have been discussed and will be addressed.

Signed: _______________________________  Date: __________________

Print Name: ________________________________________________

**Once completed please return to:**
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 chequebook 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 any 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

<table>
<thead>
<tr>
<th>Service/Function/Policy/Project/Strategy</th>
<th>Care Group/Executive Directorate and Department</th>
<th>Assessor(s)</th>
<th>New or Existing Service or Policy?</th>
<th>Date of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medical Prescribing Policy</td>
<td>MSK&amp;F Care Group</td>
<td>Cindy Storer</td>
<td>New Policy</td>
<td>May 2016</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Affected?</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b) Disability</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c) Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d) Gender Reassignment</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>e) Marriage/Civil Partnership</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>f) Maternity/Pregnancy</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>g) Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>h) Religion/Belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>i) Sexual Orientation</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 1 ✓</th>
<th>Outcome 2</th>
<th>Outcome 3</th>
<th>Outcome 4</th>
</tr>
</thead>
</table>

**Date for next review:** May 2019

**Checked by:** Cindy Storer  
**Date:** May 2016