WESSEX
Local Medical Committees
Incorporating Wessex LEaD

Guidance Document For Non-Medical Prescribers Employed in Primary Care

Issue: November 2017 / Updated October 2018 ©

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THANK YOU to the following organisations for their support and input into this document. . .

NHS
West Hampshire
Clinical Commissioning Group

NHS
Portsmouth
Clinical Commissioning Group

NHS
Southampton City
Clinical Commissioning Group

NHS
North Hampshire
Clinical Commissioning Group

NHS
Dorset
Clinical Commissioning Group

NHS
Isle of Wight
Clinical Commissioning Group

NHS
Health Education England

In collaboration with. . .

Wessex Community Education Provider Networks (CEPN)
Supporting the Development of Our Future Primary Care Workforce

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Executive Summary

We are in a time of great change in general practice with practices merging, evolution of federations, locality working and the emerging accountable care systems. The list based system of general practice remains a cornerstone of the NHS and is the main reason that the NHS is judged internationally to have one of the most cost-effective healthcare systems in the world. But this is no longer enough, the NHS is facing both a financial and workload crisis. The future will mean that we need an out of hospital model delivered at scale that is supportive of and embedded in general practice.

General Practice has worked closely with clinicians such as practice and community nurses in the past and the ability to allow nurses to prescribe has been a welcomed positive step and has proven to be safe, effective and appreciate use of time, knowledge and skills. Over the last 5-10 years increasingly there are other healthcare professionals joining the primary care team such as Specialist Nurses, Advanced Nurse Practitioners, Pharmacists, Paramedics, MSK Practitioners and Mental Health workers. To add value to the primary care team and provision of care to patients, these individuals have developed their skills and knowledge to have a deeper understanding of disease processes, making a diagnosis and managing a variety of conditions that fall within their scope of practice and competencies. Prescribing is an integral part including prescribing the appropriate medication.

I hope you will find this document useful in supporting Non-Medical Prescribers employed in general practice to provide evidence of their competencies through reflection and continuous professional development.

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Aim of the Guidance

This specific guidance is for non-medical prescribers (NMPs) within the following CCGs and supports the work currently being undertaken within Trusts in the localities across:

- West Hampshire
- North Hampshire
- South East Hampshire
- Dorset
- Fareham & Gosport
- Portsmouth City
- Southampton
- Isle of Wight
- Health Education England

This guidance has been developed to support non-medical prescribers to promote good practice, improve service delivery and ensure patient safety, this is a multi-professional document. It is anticipated that this guidance will be updated on an annual basis and changes made where relevant and could be used by NMPs in other CCG localities.

The Objective

To standardise 'Best Practice' in NMPs employed within the primary care setting across CCGs and links with the portfolio development of NMPs in the local Trusts to:

Promote Quality and patient safety in relation to prescribing by NMPs

Support Professional Development & competency in Prescribing Practice through education and clinical supervision

Assure Good Governance

Ref: Debbie Streeter, NMP Lead & Nurse Consultant Intermediate Care. Dorset Healthcare University Foundation Trust.

The document was developed through support and feedback from:

- Wessex Health Education England
- Wessex Community Education Provider Networks (CEPN)
- Wessex Non-Medical Prescribing Forum
- Local CCGs
- Non-Medical Prescribers and
- Wessex LMC

It is based on some excellent work produced by Dorset Healthcare University Foundation Trust. The steering group would like to thank Debbie Streeter for sharing her documents with us, some of which we have adapted for use in the general practice setting.

The writing of this document involved the support and contribution from many people across a range of organisations to reflect the multi-disciplinary approach.

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1. Introduction

Over the last fifteen years the ability to prescribe has been extended to nurses, pharmacists, paramedics and other allied health professionals. The ageing population and patients presenting with increased complex and co-morbidities has resulted in poly-pharmacy being the norm for many patients. Maintaining competency and keeping up to date can be challenging and often made more difficult working within primary care where NMPs maybe working in isolation, often under time constraints and with an increasing workload.

2. Background

Health Education England (HEE Wessex) non-medical prescribing forum was developed to share good practice and address the strategic needs of the workforce. It is composed of representatives from provider Trusts across Wessex, Health Education Institutes, HEE and representatives from primary care.

A sub-group was established to look at how support could be provided to NMPs specifically working within general practice and as a result this guidance document has been developed.

3. Purpose of the Guidance

In July 2016 the Royal Pharmaceutical Society in conjunction with a variety of national bodies provided a Competency Framework for All Prescribers, developed to "establish a common set of competencies' to underpin prescribing regardless of professional background" (RPS – A Competency Framework for all Prescribers, July 2016)

Click on the following link to access the guide:
A Competency Framework for all Prescribers

The purpose of this document is to provide information for NMPs working within primary care and enable them to provide evidence of their competency as part of their ongoing professional development.

It is anticipated that every NMP in general practice will identify a clinical colleague to provide ongoing supervision and who will jointly complete and sign the competency framework in Appendix 1 on an annual basis. The process will ensure:

- The NMP is competent to prescribe safely
- Identifies any gaps in their knowledge
- Will clarify any further training required
- For nurses provide evidence for Nursing and Midwifery Council (NMC) revalidation

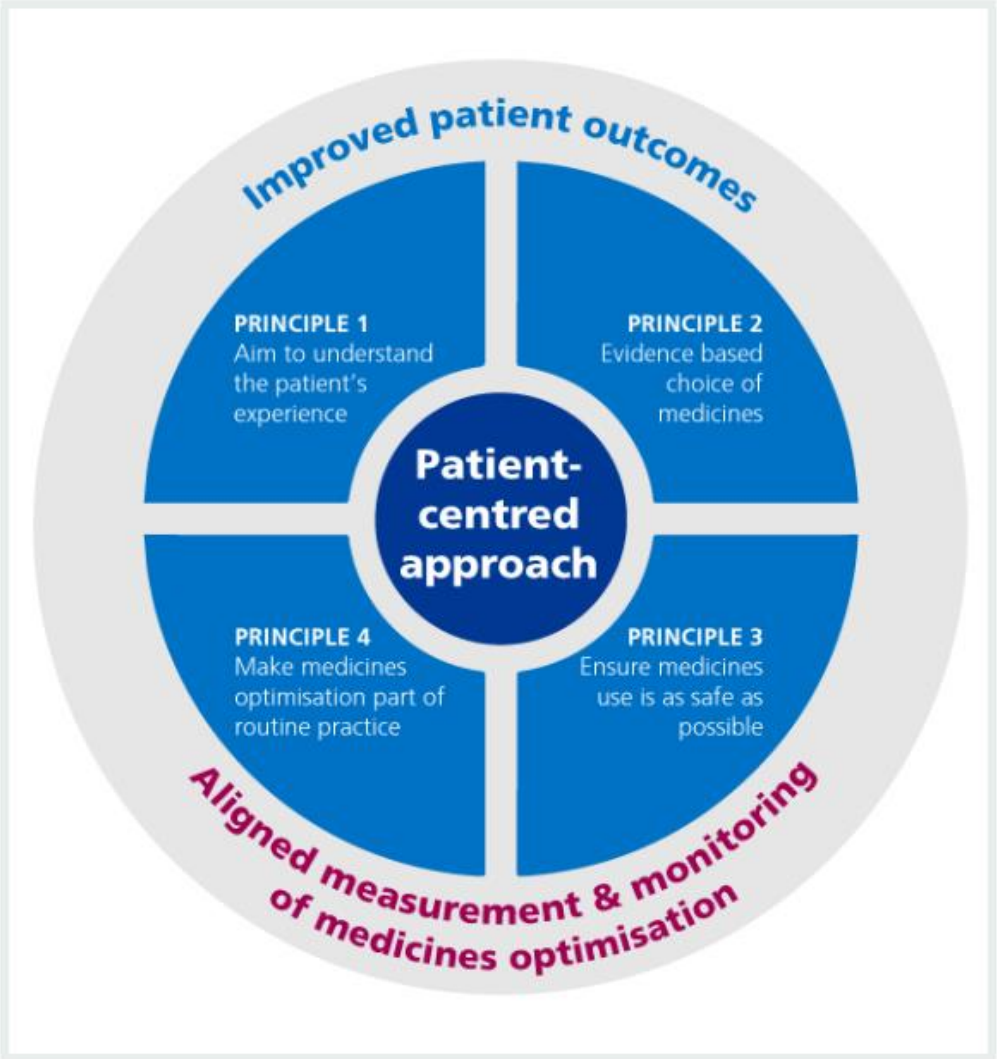
Click on the following link to access the guide:
Standards of Proficiency for Nurse and Midwife Prescribers

It is recommended that every NMP is familiar with the local policy and guidance on prescribing within their CCGs.

It is recommended that NMPs refer to the NHSE Medicines Optimisation Framework:
"Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team".

The four key principles are:-

1. To understand the patient experience;
2. Evidence based choice of medicines;
3. Ensure medicine use is as safe as possible;
4. Make medicines optimisation part of routine practice.



The aim is to:

- Improve patients' outcomes
- Adopt a patient centred approach and an
- Aligned measurement and monitoring of medicine optimisation

4. Providing Evidence: The list is not exhaustive!

4.1 Evidence

Provides confirmation that you have undertaken an activity. Examples…

Feedback from patients, carers and colleagues

Appraisal

Examples of audit undertaken to reflect on your prescribing behaviour

Examples of a change in prescribing and why you have made this change?

Attendance at medicine management and or prescribing meetings

Clinical supervision

Case discussion with colleagues

Courses attended

Presentations

Literature read and reviewed

Continous personal and professional development

Reflection

Ongoing documentation

Competency framework

Your prescribing role included in your job description

Evidence of indemnity to cover the role of prescriber within your place of practice

4.2 Reflection – Example

(Adapted from Gibbs (1988) Model of Structured Reflection)

4.3 Keeping Up to Date. . .

The following advice has been summarised from that provided by the General Medical Council but it is relevant to all prescribers:
http://www.gmc-uk.org/Prescribing_guidance.pdf_59055247.pdf

- Work within your level of competency, maintain and develop the knowledge and skills in pharmacology, therapeutics, prescribing and medicines management relevant to your specific role.

- Use electronic systems to improve the safety of your prescribing which highlights interactions and allergies.

- Register for email updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) and the NHS Central Alert System. Register and use the NICE Evidence Search (formerly National Electronic Library for Medicines), the NICE - Medicines and Prescribing Centre (formerly National Prescribing Centre) and the electronic Medicines Compendium for Summaries of Product Characteristics and Patient Information leaflets.

- Be familiar with guidance in the British National Formulary (BNF) and BNF for children. The electronic BNFs are updated more regularly than the printed copies.

- If unsure about interactions or other aspects of medicines, seek advice from experienced colleagues, including community, hospital and CCG pharmacists, prescribing advisers and clinical pharmacologists.

- Take account of clinical guidelines and technology appraisals published by for example NICE and other authoritative sources of speciality specific clinical guidelines.

Always refer to your local CCG for advice on prescribing which is updated on a regular basis.

5. Basic Guidance when Prescribing

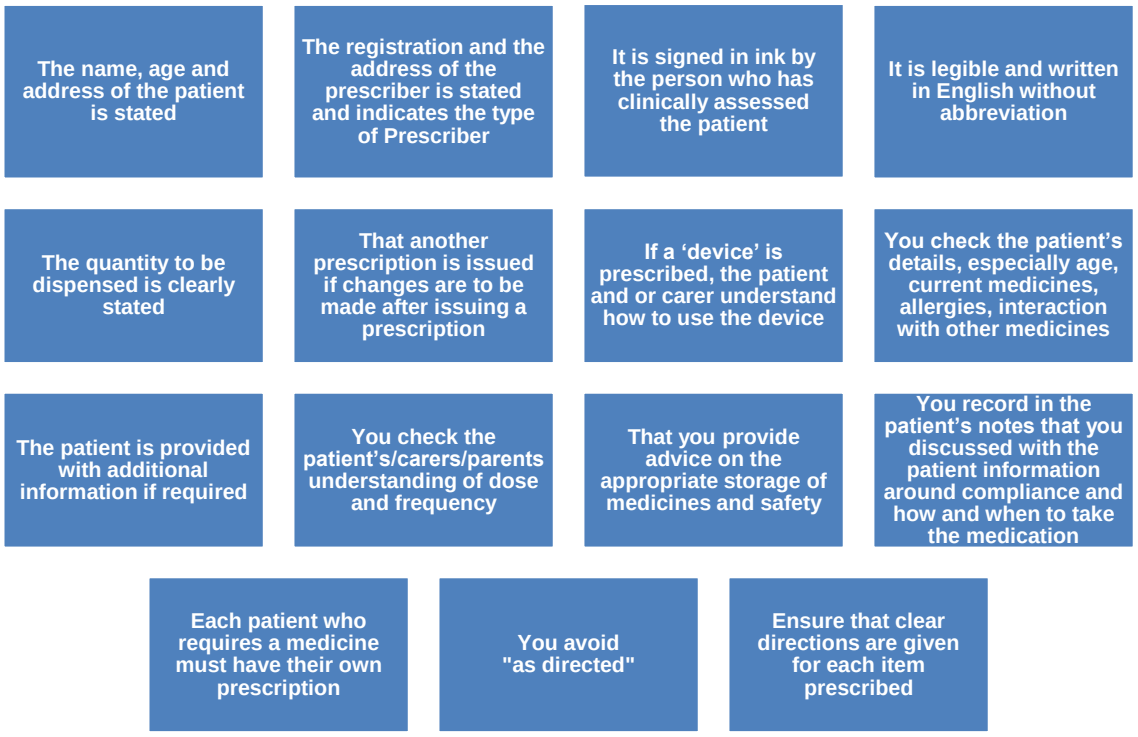
5.1 Prescriptions

The following recommendations/guidance links are acceptable for prescription only medicines: -

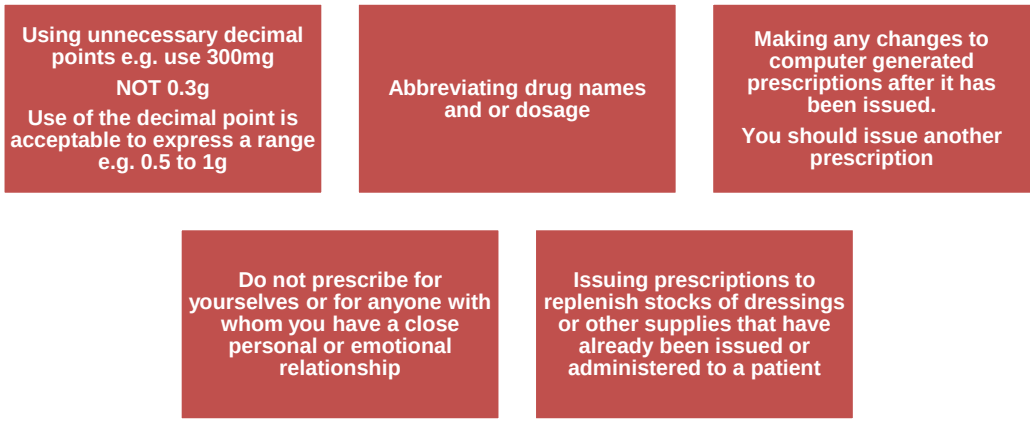
- NICE Prescription Writing Guidance
- NICE Controlled Drugs and Drugs Dependence Guidance

5.2 Prescribing – Points to Consider

Ensure the following. . .

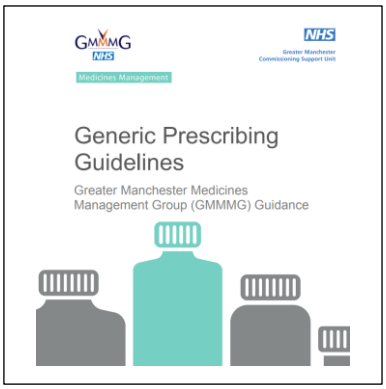


Avoid the following. . .



5.3 Good Practice in Prescribing and Repeat Prescribing for all NMPs

It is good practice to prescribe drugs generically using their approved, International Non-proprietary Name (INN) (i.e. as described in the BNF) and not specify the manufacturer or supplier, except where a change to a different manufacturer's product may compromise efficacy or safety.



Generic medicines are, overall, much less expensive to the NHS. Their appropriate use instead of branded medicines delivers considerable cost savings.

Generic Prescribing Guidelines Link

It is essential that each prescriber is familiar with their practice policy on repeat prescribing to ensure patient safety, compliance and appropriateness of prescribing. Each practice and CCG should have a repeat prescribing policy.

This link https://www.wessexlmcs.com/search?q=prescribing is taken from the Wessex LMC website and based on guidance published by the GMC which came into effect on 25th February 2013. NMPs are advised to refer to their own organisation and CCG policy on prescribing.

5.4 Medicines & Healthcare Products Regulatory Agency (MHRA)

The MHRA is responsible for regulating medicines in the UK and there are 3 main classes:

- Prescription Only Medicines (POMs) can only be sold and/or supplied to patients with a prescription from an appropriate practitioner (a doctor, dentist, or other independent or supplementary prescriber). See below for further information on prescribing.
- Pharmacy Medicines (P) can only be sold or supplied at registered pharmacy premises or under the supervision of a pharmacist.
- Medicines on the general sale list (GSL) can be sold at a wider range of outlets (such as supermarkets), provided those premises are lockable and the medicines are pre-packed.

Ref: HCPC website

5.5 Types of Prescribing

There are two difference types of prescribing: Independent and Supplementary.

Independent Prescribers are required to complete a recognised non-medical prescribing course. This will enable them to prescribe from the British National Formulary (BNF) within their scope of practice and level of competency. Independent prescribers include: Doctors, Dentists, Nurses, as well as some Allied Health Professionals.

Supplementary Prescribing is a partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement.

5.6 Supply & Administration of Medicines without a Prescription

The Human Medicines Regulations 2012 does not permit professionals who are not qualified prescribers to administer or supply prescription only medicines (POMs) unless one of three types of instruction are in place:-

- signed prescription
- signed Patient Specific Direction (PSD)
- Patient Group Direction (PGD)

If non-prescribing health care professionals are to administer a medicine on the instruction of a qualified prescriber, they must ensure there are appropriate mechanisms in place that meet statutory requirements.

Patient Group Directions (PGDs)

A Patient Group Direction is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. PGDs allow a range of specified registered health care professionals to supply and/or administer a medicine directly to a patient with an identified clinical condition without them necessarily seeing a qualified prescriber. The health care professional working within the PGD is responsible for assessing that the patient fits the criteria set out in the PGD.

PGDs are intended to improve patient care by enabling registered health professionals to supply and/or administer medicines to patients. Examples of where PGDs may be appropriate are services where assessment and treatment follows a clearly predictable pattern e.g. immunisation, family planning.

The GPC's guidance on PGDs and PSDs in General Practice has been updated to clarify the rules surrounding private PGDs.

Guidance is also available via the following links:

https://www.nice.org.uk/Guidance/MPG2

https://www.cppe.ac.uk/e-learning/pgd/story_content/external_files/cppepgdtemplate.pdf

Patient Group Directions and Patient Specific Directions in General Practice January 2016

A Patient Specific Directions (PSDs)

A Patient Specific Direction is a written instruction from a doctor or dentist or other independent prescriber for a medicine to be supplied or administered to a named patient.

For example, in primary care a prescription or electronic instruction in the patient's notes can act as a PSD. This can also include a letter from a consultant to the GP.

PSDs can be used by a suitable trained healthcare assistant. They are often used in relation to the administration of vaccinations for named patients. This is a Template PSD you may find useful.

A Group PSD can be used for example for the administration of Flu vaccinations. The prescriber must have adequate knowledge of the individual patient's health and that they are suitable to receive a vaccine. The Group PSD must be signed and dated by the prescriber.

In addition, we would recommend that the following needs to be put in place:

- The PSD must clearly identify which flu vaccine is to be administered under this specific PSD i.e. Quadrivalent or Trivalent as there should be a separate PSD for each vaccine. This may require practices organising separate clinics for administration of each vaccine.
- The person signing the PSD must be satisfied that they are not aware of any contraindications to the patients on the list receiving the stated vaccine, as they are taking responsibility for making the clinical decision.
- The person signing the PSD must be confident that they are signing that the person administering the vaccine is competent, has received training in administering the flu vaccines, is aware of the cold chain policy, clinically supervised and has attended annual up to date training around basic life support, management of anaphylaxis and use of the defibrillator.
- There should be a record in the patients notes that the vaccine has been administered via a PSD. You would benefit from speaking to your IT person to add in a short cut key or read code.
- The printed list of patients under the PSD should be retained for at least 2 years and preferably stored electronically.
- As with all vaccines the patients name, DOB, type of vaccine, expiry date, vaccine code, method of immunisation and site of injection should be recorded in the patients notes together with patients consent to administration.

Emergency Situations:

The following list of medicines for use by parenteral administration, are exempt from PGDs, prescriptions or PSDs when administered for the purpose of saving life in an emergency:

5.7 MHRA Advice on Prescribing Unlicensed Medication

Routinely, only medicinal products licensed in the UK should be used for the treatment of patients. Circumstances may arise where treatment with unlicensed products is deemed appropriate. In these circumstances, liability rests with the prescriber.

All cases involving the use of unlicensed medicines require documented, informed consent of the patient.

Aim to prescribe a licensed medicine first, then a licensed medicine in an unlicensed way e.g. crushed tablets.

NHS Choices Guidance: Medicines Information – Brand Names and Generics. Only then a special and preferably a Drug Tariff special.
Gov.UK Guidance: Off-label or unlicensed use of medicines: prescribers' responsibilities

Always consider prescribing an alternative licensed medicine within its licensed dose and indications instead of an unlicensed or off-label medicine.

Be satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy.

Take responsibility for prescribing the medicine and overseeing the patient's care, including monitoring and follow-up.

Record the medicine, reason for prescribing and that you discussed the relevant safety and efficacy issues with the patient and received their consent unless it is current practice to use the medicine out with its licence.

Gov.UK Guidance

Full details of the treatment must be documented on the patient's medical records including the following information:

Prescriber's Name	Reason for the prescribed treatment
Quantity of prescribed on a single prescription form	That you have discussed compliance with the patient General Medical Council Guidance.

The symbol ▱ in the BNF denotes those preparations that are considered by the Joint Formulary Committee as less suitable for prescribing. Although such preparations may not be considered as drugs of first choice, their use may be justifiable in certain circumstances.

The black triangle symbol: ▼ in the BNF indicates newly licensed medicines that are monitored intensively by the MHRA. There is only limited information available from clinical trials on their safety and therefore special consideration should be taken when prescribing them.

Prescribers must report all adverse reactions for black triangle drugs. Please refer to the 'Suspected Adverse Drug Reactions' section below.
NICE Guidance: Adverse Reactions to Drugs

Details of any suspected adverse drug reactions should be reported using the Yellow Card Scheme - MHRA

5.8 Security and Safe Handling of Prescriptions

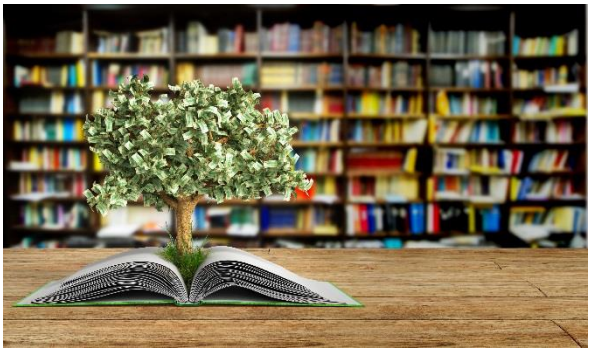
Security of prescriptions is the responsibility of both the employing organisation and the non-medical prescriber.

The prescriptions should not be left unattended and when not in use placed in a locked drawer/secure stationery cupboard or having a lockable printer. It is advisable to only hold a minimal stock of prescriptions. The employer must keep records of the serial numbers of pre-printed prescriptions and under no circumstances should blank prescription forms be pre-signed before use. Prescriptions forms should never be left in a car. Care Quality Commission

6. Training, Ongoing Education & Supervision

6.1 Pre-Requisites

Anybody applying to undertake the independent prescribing course must have the support of their employer and be in a role that allows them to use their prescribing qualification on a regular basis. This should be written into the job description.



The potential prescriber must have a qualification that reflects their ability to safely and accurately assess and ideally diagnose a patient's condition prior to undertaking an Independent Prescribing course. This should ideally be in the form of a History Taking and Physical Assessment module at Level 6 or above.

The potential student must have access to an appropriate supervisor throughout the course who meets the requirements for the module/s. This currently should be a medical supervisor, but new standards are out for consultation and this could in the future be another NMP.

6.2 Competencies and Supervision

All independent prescribers should have clinical supervision from a fellow prescriber who they feel able to discuss their prescribing practice with.

All independent prescribers must practice using professional guidance and legislation appropriate to their role.

It is the responsibility of all independent prescribers to ensure they have the correct professional liability insurance for their role and should be agreed and discussed in conjunction with their employer.

6.3 Clinical Supervision

This relates to both personal and professional development and is linked to:

Lifelong Learning → **Reflecting on your Practice** → **Making changes where necessary to improve performance**

Clinical supervision can take place between a group of professionals and on a one-to-one basis. Some take the form of discussion around real case studies and reflect on the scenario and outcome with the emphasis on facilitated learning. One to one supervision may also be referred to as mentoring usually provide by a more experienced colleague, this can also take place as 'action learning sets'. A key element of any supervision is reflective practice which for nurses is a requirement of the NMC revalidation process. Nursing & Midwifery Council: Revalidation

As a 'trainer/teacher' your role may be to supervise others ensuring competencies, safety, assessment and providing regular feedback. This could also be described as educational supervision. Please refer to the reference section at the back of this booklet for useful resources.

If you are unable to secure clinical supervision within your practice you may want to consider contacting your CCG for support and or link in with your local NMP forum. For example, Portsmouth CCG organise an NMP forum every 2 months to provide support and sharing of good practice and updates.

7. Non-Medical Prescribers

7.1 Newly Registered NMP or Relocation to a New Area

To ensure that your prescribing medication costs are charged to the correct GP Practice and that your prescribing data collated centrally by the NHS Business Services Authority (NHSBSA) is accurately reported, please contact your CCG to notify them that you are a Prescriber. This will enable you to be registered as a prescriber with your practice and make manual prescription pads available to order if required. This must be completed prior to any prescriptions being printed in the practice with your details.

If relocating, always ensure that your previous practice also informs the local CCG that you have left the area and that they securely destroy and manual prescription pads and prevent your code to be used or printed going forwards.

Currently your CCG is responsible and authorised to make any changes to your details that are held on the NHSBSA system. Therefore, any changes to your details must be fed back to your CCG, and this is most likely to happen through your Medicines Management Team. Please contact your CCG Medicines Management Team for access to the latest guidelines, new and updates.

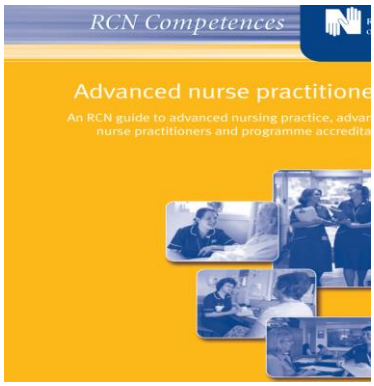
7.2 Governance and Nurse NMP Prescribers

Nurse Prescribers are individually and professionally accountable to the Nursing & Midwifery Council (NMC) for this aspect of their practice and must always act in accordance with the NMC Code. Successful completion of an approved programme of preparation and training for non-medical nurse independent prescribing must be annotated on the NMC professional register.

Useful links:

RCN Fact Sheet
RCN Nurse Prescribing
NMC Standards

7.3 Prescribing for Pregnant Women and Children



All prescribers will be faced with a variety of undifferentiated conditions and will need to be confident that they have the underpinning educational training and competencies to undertake this role, particularly in relation to children and pregnancy. It is advisable that all NMPs and their employer clarify each other's roles, boundaries and expectations and provide suitable supervision.

All nurses should make themselves familiar with;

- The RCN Guide to Advanced Nursing Practice (February 2008, revised May 2012) and the section on page 8, on the role of "The ANP and Pregnant Women".
- CQC: The ANP Role
- The NMC Standards or Proficiency for Nurses and Midwives Prescribers (2015) pg. 6.
- The RCN document 'Prescribing in Pregnancy', particularly the comments on the post-natal period.

7.4 Revalidation for Nurses

Nurses could use evidence of ongoing learning and reflective practice around their prescribing as part of revalidation for the NMC. The Wessex LMC website https://www.wessexlmcs.com/lunchandlearn has a comprehensive section on revalidation and a 'lunch and learn' session available which you could look at as part of a team.

7.5 NMPs - Return to Practice and Reactivation

Returning to Practice	Reactivation
Following a break in prescribing practice of 3 months or more it is advisable that the prescriber should agree with their employer and undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experienced prescriber.	After a period of extended leave, it is the responsibility of the registrant and their employer to ensure that a prescriber is competent to prescribe. See Appendix 1 for a competency framework which could be used to evidence this. Supervision from another prescriber should be accessed throughout this period on a regular basis. The NMP may need to complete a clinical update prior to recommencing a prescribing role and will need to be assessed as competent. It is recommended that the NMP and manager identify a learning plan.

7.6 Governance & Allied Health Professional (AHP) Independent Prescribers

Standards:

In the United Kingdom Allied Health Professionals are regulated by the Health and Care Professions Council (HCPC). The HCPC set the standards for the professions they regulate:

Standards of Conduct,
Performance and ethics;
The standards of proficiency;
The standards for continuing professional development;
The standards of education and training, and
The standards for prescribing

To remain on the HCPC register, registrants must demonstrate that they continue to meet these standards as this is how their fitness to practice is determined. Further information about the Medicines and Prescribing rights for AHPs can be viewed on the HCPC website.

Competency:

Aligned with the Competency Framework for all Prescribers, the Allied Health Professions Federation also publish an Outline Curriculum Framework (OCF) for Education Programmes to prepare Physiotherapists, Podiatrists, Therapeutic Radiographers and Paramedics as Independent/Supplementary Prescribers. The OCF states that to gain access to an independent prescribing programme the AHPs listed within the document title must meet the following entry requirements:

- Be registered with the HCPC in one of the relevant Allied Health Professions

AND

- Be professionally practising in an environment where there is an identified need for the individual to regularly use independent prescribing or supplementary prescribing

AND

- Be able to demonstrate support from their employer/sponsor* including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe

** If self-employed, must be able to demonstrate an identified need for prescribing and that all appropriate governance arrangements are in place*

AND

- Be able to demonstrate medicines and clinical governance arrangements are in place (*in their place of work)* to support safe and effective supplementary and/or independent prescribing

AND

- Have an approved medical practitioner, normally recognised by the employer/ commissioning organisation as having:

  i) Experience in the relevant field of practice
  ii) Training and experience in the supervision, support, and assessment of trainees
  iii) Has agreed to:

  - Provide the student with opportunities to develop competences in prescribing.
  - Supervise, support and assess the student during their clinical placement.

AND

- Have normally at least 3 years' relevant post-qualification experience in the clinical area in which they will be prescribing.
- Be working at an advanced level of clinical practice. *(see definition below)*

AND

- Be able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection, and learning.

AND

- In England and Wales, provide evidence of a Disclosure and Barring Service (DBS) or in Northern Ireland, an AccessNI check within the last three years or, in Scotland, be a current member of the Protection of Vulnerable Groups (PVG) scheme.

On completion of an independent prescribing programme AHPs must have their name held on the HCPC register with an annotation signifying they have successfully completed an approved programme of preparation and training for independent and supplementary prescribing.

7.7 HCPC Medicines and Prescribing – Rights of each Profession

http://www.hpc-uk.org/aboutregistration/medicinesandprescribing/

Profession	Sub section (if relevant)	Supply and administration			Prescribing	
		PSD	PGD	Exemptions	SP	IP
Art therapist		X				
Biomedical scientist		X				
Chiropodist / podiatrist		X	X	X	X	X
Clinical scientist		X				
Dietitian		X	X		X	
Hearing aid dispenser		X				
Occupational therapist		X	X			
Orthoptist		X	X	X		
Operating department practitioner		X				
Paramedic		X	X	X	X*	X*
Physiotherapist		X	X		X	X
Practitioner psychologist		X				
Prosthetist / orthotist		X	X			
Radiographer	Diagnostic	X	X		X	
	Therapeutic	X	X		X	X
Social worker in England		X				
Speech and language therapist		X	X			

Key: PSD Patient Specific Direction
PGD Patient Group Direction
SP Supplementary Prescribing
IP Independent Prescribing

7.8 Pharmacists

Regulations to allow pharmacists to prescribe independently came into effect in 2006. A pharmacist independent prescriber may prescribe autonomously for any condition within their clinical competence. This currently excludes three controlled drugs for the treatment of addiction. https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber

The following is taken from the General Pharmaceutical Council requirements for pharmacists applying to undertake an independent prescribing programme. General Pharmaceutical Council. They should:

Have at least two years' appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year.	**Have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their area of practice.**
Be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI)	
Demonstrate how they reflect on their own performance and take responsibility for their own CPD.	**The provider must ensure that the pharmacist, has training and experience appropriate to their role. The DMP must have agreed to provide supervision support and shadowing opportunities for the student, and be familiar with the GPhC requirements and learning outcomes for the programmer.**

Pharmacist prescribers are individually and professionally accountable to the GPhC for their practice and must always act in accordance with the Standards for Pharmacy Professional. Successful completion of an approved programme of preparation and training for Pharmacist non-medical independent prescribing must be annotated on the membership register of the GPhC.

The revalidation framework for pharmacists was published in January 2018 and should be updated by individuals on an annual basis.

7.9 Paramedics

From the 1st April 2018 legislation was changed to allow paramedics working at an advanced level of clinical practice to become independent prescribers.

Detailed guidance can be found in the College of Paramedics Guide to independent-prescribing. It is recommended that all employers and paramedics are familiar with this document.

Undertake approved training which leads to annotation of the HCPC register as a prescriber

Paramedics must be practising at an advanced level of clinical practice, as defined by Health Education England (HEE), NHS England (NHSE), NHS Improvement (NHSI) and the Allied Health Professions (AHPs) professional bodies

Ensure they are approved and insured as a prescriber within their place of practice and this is included in their job description

Maintain their own prescribing competences to adhere to the Competency Framework for all Prescribers (see Appendix 1)

Maintain 'standard for prescribing' as detailed in HCPC standards while maintaining HCPC standards of proficiency, standards of conduct, performance and ethics and continuing professional development

7.10 Physiotherapists

Physiotherapists nominated for training as a non-medical prescriber, The Chartered Society of Physiotherapy 2016 must:

Undertake approved training which leads to annotation of the HCPC register as a prescriber

Ensure they are approved and insured as a prescriber within their place of practice and this is included in their job description

Maintain their own prescribing competences to adhere to the Competency Framework for all Prescribers (see Appendix 1)

Maintain 'standard for prescribing' as detailed in HCPC standards (2013) while maintaining HCPC standards of proficiency, standards of conduct, performance and ethics and continuing professional development

7.11 Advanced Clinical Practice

Between 2016 and 2017 Health Education England, NHS Improvement and NHS England worked with all stakeholders to develop a universal definition of and multi-professional framework for advanced clinical practice. The Multi-professional framework for advanced clinical practice in England was published in 2017.

"The framework defines advanced clinical practice as being delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a Masters level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area clinical competence. It is anticipated that people working at this level will have undertaken a non-medical prescribing qualification.
Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes."

There are various pathways (pages 16-19) that individuals can provide evidence related to the four pillars of clinical practice:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

7.12 Future NMP Prescribers

In June 2018 the NMC launched the new standards for proficiency for registered nurses and midwives, this will potentially lead to these professional groups being able to prescribe much earlier in their careers.

There are many new roles in Advanced Clinical Practice being developed in primary care. Currently, consultation is being undertaken for a range of Medical Associate Professions (MAPs) to be able to supply and administer medicines. We are waiting for more information in this area.

APPENDICIES

Appendix 1

PRESCRIBING COMPETENCY FRAMEWORK

THE CONSULTATION (COMPETENCIES 1-10)

Adapted from

Royal Pharmaceutical Society: Prescribing Competency Framework

Competency 1: ASSESS THE PATIENT

Indicator	Discussion and/or observation by supervisor	Date
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.		

Competency 2: CONSIDER THE OPTIONS

Indicator	Discussion and/or observation by supervisor	Date
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, 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.		

Competency 3: REACH A SHARED DECISION

Indicator	Discussion and/or observation by supervisor	Date
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.		

Competency 4: PRESCRIBE

Indicator	Discussion and/or observation by supervisor	Date
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 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.		

Competency 5: PROVIDE INFORMATION

Indicator	Discussion and/or observation by supervisor	Date
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.		

Competency 6: MONITOR AND REVIEW

Indicator	Discussion and/or observation by supervisor	Date
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.		

PRESCRIBING GOVERNANCE

Competency 7: PRESCRIBE SAFELY

Indicator	Discussion and/or observation by supervisor	Date
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.		

Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Discussion and/or observation by supervisor	Date
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 (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.		

Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Discussion and/or observation by supervisor	Date
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).		

Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Discussion and/or observation by supervisor	Date
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.		

Appendix 2

ANNUAL NMP CLINICAL GOVERNANCE DECLARATION

Adapted from: Debbie Streeter, NMP Lead & Nurse Consultant Intermediate Care. Dorset Healthcare University Foundation Trust.

Annual NMP Clinical Governance Declaration	
Name	
Date of Registration as Prescriber	
Type of Prescriber	
Areas of Prescribing Practice	
GP Practice	
Other, please specify	
You may wish to include the evidence below to show that you meet your Professional Practice Standards to ensure you are competent to continue to prescribe.	
Number of conferences / CPD learning events attended in past year	
Portfolio of Evidence available including CV	Yes / No
Previous years appraisal date	
Job Description with Prescribing Statement included	
Indemnity insurance in date	Yes / No
Name of insurer	
Evidence of Prescribing Consultations	Yes / No
Evidence of Prescribing in Context	Yes / No
Evidence of Prescribing Effectively	Yes / No
Reflective / Learning Evidence	Yes / No
List any specific circumstances impacting upon prescribing practice over past year i.e. long-term sickness, maternity leave, change in role etc.	
DECLARATION	
Signature	Date:

Scope of Prescribing Practice	
Name	
Role	

Area of prescribing	Evidence of competence	Recent CPD supporting Prescribing	What guidelines if necessary do you use?
e.g. Minor illness	*Educational training/ courses attended & dates*	*Updates attended & dates*	*e.g. NICE*
How do you audit your prescribing?			
Have you received clinical supervision and if so, please give a brief description?			
What CPD needs relating to prescribing have you identified?			
How are you planning to address these needs?			

I have had the opportunity to discuss my prescribing as part of my annual appraisal with my practice manager and clinical lead at the practice

Independent Prescriber Yes ☐ No ☐

Signature: …… **Date:** ……

Appendix 3

REFERENCES & SOURCES OF ADVICE AND SUPPORT

Contact your Medicines Management Team at the CCG for further advice and support on non-medical prescribing.

Useful Websites / Resources

A Competency Framework for all prescribers (2016) Royal Pharmaceutical Society	A Competency Framework for all Prescribers
Standards for Prescribing (2013) HCPC Health and Care Professions Council	http://www.hcpc-uk.org/assets/documents/10004160Standardsforprescribing.pdf
Practice Guidance for Physiotherapy Prescribers (2016) Chartered Society of Physiotherapy	http://www.csp.org.uk/tagged/prescribing-1
BNF	https://www.bnf.org/products/bnf-online/
CQC	http://www.cqc.org.uk/content/gp-mythbuster-47-
NMC	https://www.nmc.org.uk/
NMP	www.dh.gov.uk/nonmedicalprescribing
National Prescribing Centre	www.npc.co.uk
RCN	https://www.rcn.org.uk/get-help/rcn-advice/nurse-prescribing
MHRA	https://www.gov.uk/government/publications/rules-for-the-sale-supply-and administration-of-medicines/rules-for-the-sale-supply-and-administration-of-medicines-for-specific-healthcare-professionals
Brand Prescribing NHS Choices	http://www.nhs.uk/conditions/medicinesinfo/pages/brandnamesandgenerics.aspx
NICE Evidence Search	https://www.evidence.nhs.uk/
Wessex LMCs	https://www.wessexlmcs.com/search?q=prescribing

Suggestions of further sources of information

- Lists of medicines which registered paramedics and appropriately qualified chiropodists / podiatrists may use under exemptions can be found in Schedule 17 to the Human Medicines Regulations 2012.
- An up-to-date list for appropriately qualified chiropodists / podiatrists is also available from the College of Podiatry.
- Information on PGDs is available on the NHS Patient Group Directions website. The MHRA has also produced useful guidance on PGDs.
- The National Institute for Health and Clinical Excellence (NICE) Medicines and Prescribing Centre provides information about prescribing and patient group directions.

Clinical Supervision Guidance Documents

- http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-65-effective-clinical-governance-arrangements-gp-practices

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