South East Coast Ambulance Service NHS
NHS Foundation Trust

Non-Medical Prescribing Governance Framework Policy

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1 Scope

1.1. The purpose of this procedure is to outline the governance framework for the trust non-medical prescribing process and outline the continued support for Non-Medical Prescribers (NMPs).

1.2. This procedure applies to all healthcare professionals employed by South East Coast Ambulance Service NHS Foundation Trust (SECAmb) who are NMPs (i.e., supplementary prescribers or independent prescribers) or who plan to become a NMP, and all clinical and non-clinical managers who manage or supervise NMPs.

1.3. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.

1.4. This procedure is applicable to all clinicians in the Trust and sets out the scope of clinical practice to which clinicians must adhere.

2 Procedure

2.1. Education and training

2.1.1. All Independent and/or Supplementary Prescribers must have attended the appropriate course at a Higher Education Institute (HEI). There is an element of self-directed studying required.

2.1.2. The Health Education England working across Kent Surrey and Sussex (HEE KSS) has commissioned Non-Medical Prescribing (NMP) training courses for Kent, Surrey and Sussex. All application forms are to be signed by the Trust's NMP Lead before being submitted.

2.1.3. See Appendix A for the HEI application approval process.

2.2. Registration of NMPs in the trust

2.2.1. Once the practitioner has completed the HEI course and clinical supervision, the HEI will send a certified copy of the pass list to the regulatory body confirming the successful candidates are eligible for registration. A registration fee is payable by the practitioner.

2.2.2. Each service is responsible for keeping a register of NMPs in their service. The NMP Lead will keep a central register in the form of an up-to-date list of NMPs employed by the Trust, their class (i.e. IP, SP or both), and their area of work.

2.2.3. It is the responsibility of the individual NMP to inform the Trust's NMP lead on successful completion of the course so that the central register can be updated. (If relevant -This will also ensure that the prescriber will be added to the e-mail list for receiving various (clinical) updates and CPD opportunities.)

2.2.4. The trust central register of NMPs will include information from ESR held by the NMPs professional body e.g., NMP status and other restrictions or annotations.

2.2.5. NMPs who are registered with their professional body are only authorised to prescribe within the trust once they have undergone the governance processes laid out in this procedure and appear on the trust central NMP register. NMPs who have prescribed in other trusts must be authorised to prescribe in SECAmb and cannot assume their skills from other employment are transferrable.

2.2.6. In order to prescribe on EPS the NMP must first appear on the trust central NMP register. Requests to be added as a prescriber to EPS need to be made through Marval; the NMP lead (or in their absence a member of the Medicines Management team) will review this request before authorising.

2.2.7. Healthcare professionals with more than one registration (i.e. nurse and paramedic) and are a NMP under one of these professions cannot prescribe if working for the trust in the non-prescribing professional role. For example, a nurse prescriber working in primary care who is also employed by the Trust as a paramedic cannot prescribe as a nurse while on duty in a paramedic role.

2.2.8. If a NMP with a prescribing qualification does not use this qualification for a year or more, the line manager must ensure that there is an opportunity to refresh these skills under supervision of either a medical practitioner or another independent prescriber.

2.3. "**Intent to Prescribe" form**

2.3.1. All NMPs should complete and maintain an 'Intent to Prescribe' (ItP) form. This should be revised and re-submitted annually, though on occasion the NMP lead or the NMP group may request earlier submission.

2.3.2. A new ItP form should be submitted if there is any predicted change or expansion of the medicines or patient groups/conditions that the NMP intends to prescribe for.

2.3.3. The ItP form is completed online following the NMP Registration and Authorisation SOP. After submitting the first ItP form, the NMP

will be informed by a series of emails thereafter starting three months prior to when their ItP form is next due for re-submission.

2.3.4. NMPs without an in-date ItP form after being sent reminder emails will be automatically removed from the central register and not authorised to prescribe in the trust. Their line manager and/or clinical supervisor will be informed.

2.3.5. The NMP's line manager and/or clinical supervisor should use the ItP form as part of the supervision process.

2.3.6. NMPs can join the central trust NMP register once the ItP form is approved by their line manager, clinical supervisor and the NMP lead. Review and sign-off is automated as part of the ItP e-submission process. See NMP registration and authorisation SOP.

2.3.7. The Chief Pharmacist/Deputy Chief Pharmacist will register the NMP with the NHS Business Service Authority (NHSBSA), and also deregister leavers.

2.3.8. The NMP lead will set the date for resubmission of the ItP form and the annual self-audit (see 2.4)

2.3.9. ItPs that are not approved and require further discussion will be escalated to the NMP group for a multidisciplinary discussion and decision regarding authorisation.

2.3.10. See Appendix B the process for submitting an ItP, including usual submission cohort dates.

2.3.11. See Appendix C for the ItP form headings and fields

2.4. **Annual NMP self-audit**

2.4.1. An annual self-audit of prescribing should be submitted by the NMP.

2.4.2. The annual NMP self-audit is submitted online by accessing (still in development update when in final stages) The NMP will be informed by a series of emails leading up to when their annual self-audit is due.

2.4.3. NMPs who do not submit their annual self-audit after being sent reminder emails will be automatically removed from the central register and not authorised to prescribe in the trust. Their line manager and/or clinical supervisor will be informed.

2.4.4. This self-audit is to promote reflective practice and should be used as part of the supervision process by the NMP, their line manager and/or clinical supervisor.

2.4.5. Annual NMP self-audits may be reviewed by the NMP lead also. The NMP lead may escalate annual NMP self-audits to the NMP group for further discussion.

2.4.6. The date for the first annual NMP self-audit will be set when the first ItP is submitted and may not be exactly 12 months. Dates set will be at the discretion of the NMP lead.

2.4.7. See Appendix D for Annual NMP Self-Audit headings and fields. (still in development update when in final stages)

2.5. **Continued Professional Development (CPD)**

2.5.1. It is the NMPs responsibility to keep up-to-date with best practice in the management of the conditions for which they can prescribe. Supplementary prescribers are expected to contribute to the annual update and maintenance of Clinical Management Plans (CMPs) based on clinical and published evidence.

2.5.2. The NMP's line manager will ensure that the NMP has access to education and training, as appropriate, to maintain their competence in the role of a prescriber. This should be documented via clinical supervision. Clinical supervision and CPD are essential elements of clinical governance for NMPs, as with all professional staff. (The Trust's system for supervision should be followed. Refer to Supervision Policy.)

2.5.3. Registered professionals are personally accountable for their practice and answerable for their actions and omissions. They must maintain their professional knowledge and competence and only accept responsibility for activities in which they are competent, as per registration and revalidation requirements.

2.6. **"Buddying" for new NMPs**

2.6.1. Upon completion of the prescribing course, some NMPs may feel they need more support to start prescribing. It is possible to contact other NMPs in the Trust who have more experience, for additional support over a defined period.

2.6.2. The NMP's line manager should recognise this requirement and allow for this 'buddying' system to take place as part of the NMP's CPD.

2.6.3. If a 'Buddy' is required, the NMP can contact the Trust NMP Lead, who will contact NMPs to identify if there is a suitable 'Buddy' available.

2.7. **Prescribing**

2.7.1. It should be noted that an independent prescriber is not expected to ever prescribe from the whole range of prescription-only-medicines that they are legally entitled to, but only to prescribe within areas that are within their core skills and scope of practice.

2.7.2. See the Medicines Policy and the Prescribing Policy for further information.

2.7.3. NMPs can access the electronic BNF and BNF for children via the BNF App.

2.7.4. An electronic version of the Drug Tariff can be accessed via the following link: http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx.

2.8. **Clinical Governance**

2.8.1. Clinical supervision and CPD are essential elements of the Clinical Governance Framework for NMPs, as with all professional staff.

2.8.2. Independent prescribers are expected to audit their own practice in relation to their scope and quality of prescribing practice. It is expected that they will share some of these audits with the NMP Group so that there is some shared learning.

3 Definitions

Clinical Management Plan (CMP)	A written or electronic plan for the clinical management of a named patient, relating to that patient's specific condition(s) to be managed by the supplementary prescriber. A CMP forms the basis of supplementary prescribing and must be in place before supplementary prescribing can take place.
Designated Prescribing Practitioner (DPP)	A practitioner who directs and supervises an independent or supplementary NMP's period of learning in practice – a required element of independent and supplementary NMP qualifications. The DPP will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies.

EPS	Electronic Prescription Service.
ESR	Electronic Staff Record.
Independent prescriber	A healthcare professional who has qualified as an Independent Prescriber takes responsibility for the clinical assessment of the patient, establishes a diagnosis, and the clinical management required as well as the responsibility for prescribing and the appropriateness of any prescribing. They may prescribe any medicine from the BNF / BNFC for any medical condition within their level of competence.
Non-Medical prescribers (NMPs)	Healthcare professionals who are not medical doctors or dentists and who have received additional training to allow them to prescribe either as a Community Practitioner Nurse Prescriber, Independent Prescriber or as a Supplementary Prescriber.

4 Responsibilities

4.1. The **Executive Medical Director** has responsibility for overseeing non-medical prescribers in terms of workforce developments, the governance structure around NMPs and continuing professional development.

4.2. The **Chief Pharmacist** is responsible for providing feedback on prescribing data (FP10) to NMP prescribers and supporting the NMP agenda from a medicine's management perspective.

4.3. The **Deputy Chief Pharmacist** is responsible for providing feedback from the prescribing dashboard and other prescribing reports (for all prescribers) in order to support the **NMP Lead** in the delivery of the service.

4.4. **The Non-Medical Prescribers have a responsibility to:**

4.4.1. Ensure provision of appropriate evidence-based, safe and cost-effective prescribing to patients/clients at all times.

4.4.2. Adhere to their professional code of conduct.

4.4.3. Adhere to this SOP and other relevant Trust policies and procedures.

4.4.4. Follow local SECAmb policy and guidance.

4.4.5. Continue to keep knowledge and skills up to date by continuous professional development (CPD) in line with the requirements of their regulatory and professional body.

4.4.6. Only prescribe if s/he has expertise in the area and has completed specific training in prescribing in the specialised subject.

4.4.7. Be professionally obliged to act only within and not beyond the boundaries of their knowledge, core skills and scope of practice.

4.4.8. Understand that s/he is individually and professionally accountable for their practice.

4.4.9. Annually complete the electronic 'Intent to Prescribe' form (Appendix C) in conjunction with line manager/clinical supervisor.

4.4.10. Ensure that patients/clients are made aware of the scope and limits of non-medical prescribing.

4.4.11. Ensure that they hold appropriate and adequate indemnity insurance for their prescribing role

4.4.12. Undertake audits of own prescribing practice.

4.4.13. Adhere to professional registration requirements.

4.5. **The Line manager/clinical supervisor of a non-medical prescriber is responsible for:**

4.5.1. Ensuring that the NMP prescribes within their core skills and scope of practice and that the "Intent to prescribe" form has been completed for independent and supplementary prescribers.

4.5.2. The employee's job description includes prescribing responsibilities.

4.5.3. Ensuring that the NMP has regular clinical supervision in relation to their prescribing duties and this documented in their supervision records.

4.5.4. Ensuring that the NMP has an annual appraisal that includes the prescribing.

4.5.5. Ensuring that the NMP's personal development plan (PDP) also includes activities related to prescribing. This can be based on the level of input required to demonstrate core skills, to meet educational and practice needs.

4.5.6. Ensuring that the NMP adheres to the relevant professional regulatory body's standards or code of practice.

4.5.7. Ensuring that the NMP has access to appropriate CPD opportunities in relation to their prescribing practice - this will vary from prescriber to prescriber.

4.5.8. Ensuring that the NMP's professional registration has been annotated to allow him/her to prescribe.

4.5.9. Ensuring the NMP has access to a BNF / BNFC (electronic or hard copy).

4.5.10. Ensuring that the relevant level of Disclosure and Barring Service (DBS) checks are carried out/have been carried out for the NMP.

4.5.11. ***NOTE:*** If the line manager is not clinical then a clinical supervisor should be identified who can undertake regular supervision with the NMP. This clinical supervisor does not need to be a prescriber.

4.6. **The Trust's NMP Lead is responsible for:**

4.6.1. Attending the regional NMP Leads meeting and cascade relevant information from the regional lead to the NMP Group and/or NMPs.

4.6.2. Act as a link between the regional NMP leads committee and trust in relation to NMPs. This involves providing the regional NMP lead with data relating to NMPs management/issues.

4.6.3. Chair the Trust's NMP Group and ensure there are regular meetings.

4.6.4. Approving all healthcare professionals who wish to undertake the prescribing course as appropriate to their job role.

4.6.5. Input into workforce planning and promotion of developing NMP where possible.

4.6.6. Ensuring that a database is maintained of NMPs.

4.6.7. Registering and deregistering NMPs with the NHSBSA.

5 Audit and Review (evaluating effectiveness)

5.1. This procedure will be audited for its effectiveness by the Medicines Governance Group at regular intervals, and initially six months after a new policy is approved and disseminated.

5.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

5.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

5.4. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

6 Associated Trust Documentation

6.1. The Prescribing Policy (in development)

6.2. The Medicines Policy Medicines Policy (sharepoint.com)

6.3. Data Protection Policy Data Protection Policy (sharepoint.com)

6.4. Clinical Supervision for Pharmacists Policy (in development)

7 References

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2.	Department of Health. *Prescribing by Non-Medical Healthcare Professionals*. Available at: https://www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing [Accessed 1st June 2021]
3.	Joint Formulary Committee. *British National Formulary*. London: BMJ Group and Pharmaceutical Press. Published date: 2019 https://bnf.nice.org.uk/guidance/non-medical-prescribing.html [Accessed 1st June 2021]
4.	General Pharmaceutical Council. *In Practice: Guidance for Pharmacist Prescribers*: November 2019. Available from: https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf [Accessed 24th July 2020]
5.	Chartered Society of Physiotherapy. *Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers 4th Ed.* November 2018. Available from: https://www.csp.org.uk/system/files/publication_files/PD026_PracticeGuidancePrescribing_4thEd_2018.pdf [Accessed 1st June 2021]
6.	Pharmaceutical Services Negotiating Committee. *Who Can Prescribe What?* Available from: https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/ [Accessed 1st June 2021]
7.	College of Paramedics. *Practice Guidance for Paramedic Independent and Supplementary Prescribers.* March 2021. Available from: Practice Guidance for Paramedic Independent & Supplementary Prescribers - March 2021.pdf [Accessed 1st June 2021]
8.	Nursing and Midwifery Council. *The Code*. Publication date: October 2018. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf [Accessed 1st June 2021]

9.	College of Paramedics. A Guide to Implementing Paramedic Prescribing within the NHS in the UK. Publication date: August 2018. Available from: https://www.collegeofparamedics.co.uk/COP/Professional_development/Medicines_and_Independent_Prescribing/COP/ProfessionalDevelopment/Medicines_and_Independent_Prescribing.aspx?hkey=04486919-f7b8-47bd-8d84-47bfc11d821a [Accessed 1st June 2021]
10.	Nursing and Midwifery Council. *Realising professionalism: Standards for education and training Part 3: Standards for prescribing programmes.* Publication date: May 2018. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf [Accessed 1st June 2021]
11.	General Pharmaceutical Council. *Standards for the education and training of pharmacist independent prescribers.* Publication date: January 2019. Available from: https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf [Accessed 1st June 2021]
13.	Health and Care Professions Council. Standards for prescribing. Publication date: September 2019. Available from: https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/ [Accessed 4th August 2020]
14.	Health Education England. Multi-professional framework for advanced clinical practice in England. Publication date: 2017. Available from: https://www.hee.nhs.uk/our-work/advanced-clinical-practice [Accessed 1st June 2021]

8 Financial Checkpoint

8.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

8.2. This document has been confirmed by Finance to have no unbudgeted financial implications.

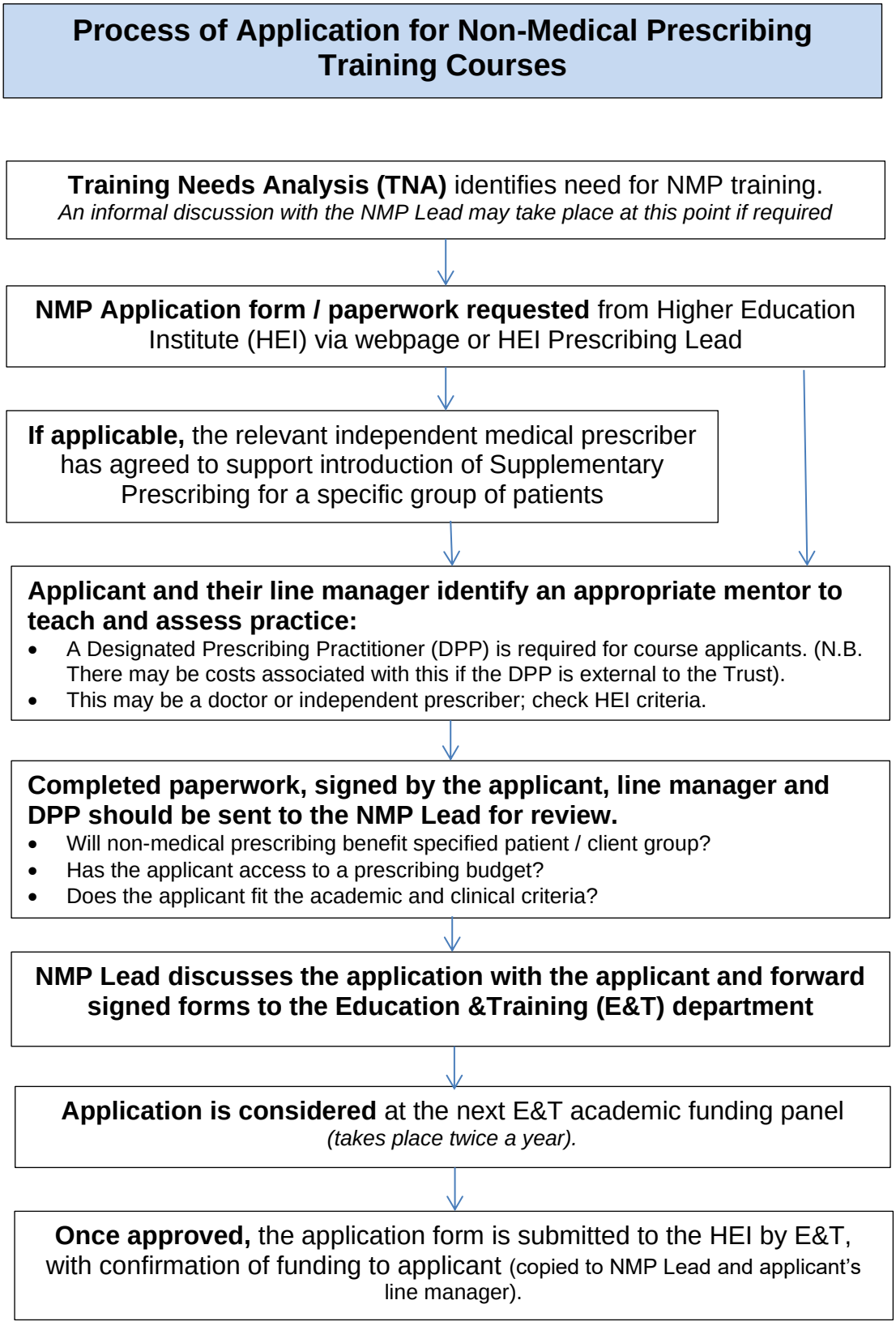
9 Equality Analysis

9.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with

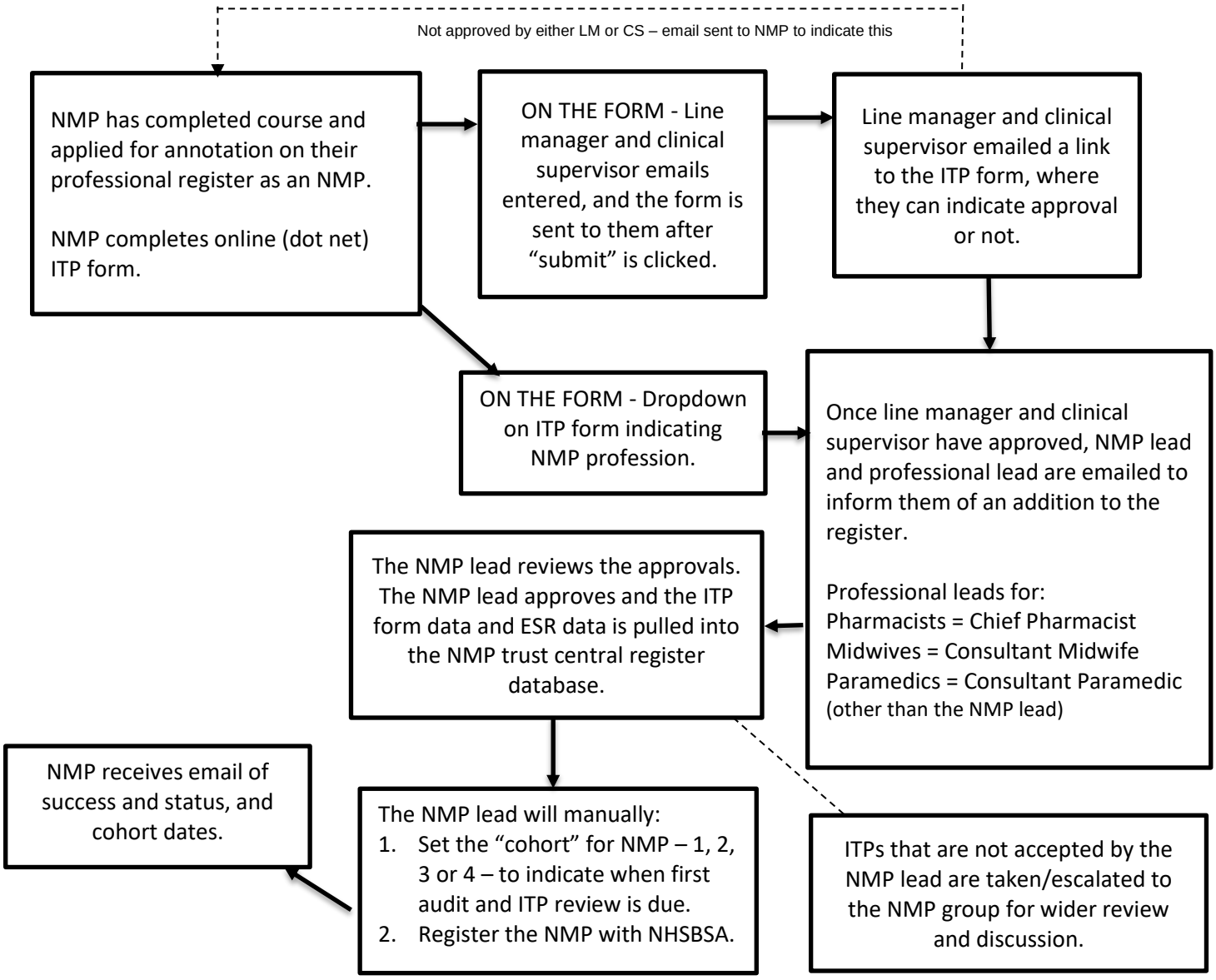
the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

9.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

Appendix A: Process of application for Non-Medical Prescribing training courses



Appendix B: Flow chart for inclusion on the SECAmb trust NMP central register



Auto emails	**Cohort 1**	**Cohort 2**	**Cohort 3**	**Cohort 4**
Your ITP and Audit are due in 8 weeks. Any probs let the NMP lead know	April	July	October	January
Your ITP and audit are due next month. If not done by…….you will be removed	May	August	November	February

from trust NMP register and not authorised to prescribe				
If ITP and audit not completed by…….you will be removed from trust NMP register and no longer authorised to prescribe from (date)…… (line manager and clinical supervisor copied in)	June	September	December	March

Appendix C - Intent to Prescribe (ITP) form (*mandatory)

Title – dropdown
NMP surname*
NMP first name*
Profession (reg body) – drop-down* **WITH ALLOWANCE FOR >1 REGISTRATION**
Registration number* **WITH ALLOWANCE FOR >1 REGISTRATION**
Job title* **WITH ALLOWANCE FOR >1 REGISTRATION**
Work email*
Work mobile
Is NMP in your job description? (Y/N dropdown; auto rejection if "no"; message on screen)* **WITH ALLOWANCE FOR >1 REGISTRATION**
Service NMP is working in – dropdown* **ALLOWANCE FOR >1 REGISTRATION**
Address of base **WITH ALLOWANCE FOR >1 REGISTRATION**
Line manager's name*
Line manager's mobile number
Line manager's email address*
Clinical supervisor's name*
Clinical supervisor's mobile number
Clinical supervisor's email address*
Disease area NMP intends to prescribe within / medicines the NMP intends to prescribe and for what condition *(This bit could be populated later on with a "standard" ITP depending on service, as agreed by the NMP group)** (Max 3000 characters not including spaces)
Do you prescribe Controlled Drugs? If so what governance arrangements does your manager have in place? Dropdown Yes / No* (Max 1000 characters not including spaces; mandatory if "yes")
Do you prescribe unlicensed medicines? If so what are they/in what area? Dropdown Yes / No* (Max 1000 characters not including spaces; mandatory if "yes")
The parameters of my prescribing have been agreed with my Clinical Manager Dropdown Yes / No*
(Following tick-boxes must all be ticked)

- ✓ I agree the above information is accurate.*
- ✓ I agree to comply with regulatory requirements including CPD, minimum yearly audit of practice and clinical supervision requirements.*
- ✓ I agree to prescribe according to current legislation within my own scope of practice and core skills.*

- ✓ I agree to comply with approved Department of Health Guidance, SECAmb policies, guidelines and formularies relating to medicines.*
- ✓ I have read SECAmb's Prescribing Policy.*

Appendix D – NMP Annual Self-Audit (all mandatory fields)

1. PRESCRIBING VOLUME – Please provide snap-shot of how often you prescribe (e.g. how many times a week or month) including drug names and how often you prescribe each. *[max 1000 characters including spaces]*

2. ADVERSE EVENTS – Please provide a paragraph on any adverse events or difficulties that have occurred with your prescribing and how it was managed. *[max 1000 characters including spaces]*

3. INTENTION TO PRESCRIBE - Are you prescribing to the full extent of your ItP? If not are there any barriers to your prescribing? (please give short explanation) *[max 1000 characters including spaces]*

4. CPD – please give a brief outline of any CPD you have undertaken in the last year relevant to your NMP qualification and ongoing practice. *[max 1000 characters including spaces]*

5. APPRAISAL - Please note whether your NMP status is discussed within your annual appraisal? *[yes/no]*