

NON MEDICAL PRESCRIBING POLICY

Document Summary

This Policy provides the framework and standards for Non-Medical Prescribing. The application of this policy will ensure that all non-medical prescribers are supported to prescribe safely and effectively within an agreed framework that is consistent across Cumbria

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments

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1 SCOPE

This policy applies to all suitably qualified non-medical healthcare professionals employed by the CPFT and within North Cumbria CCG who have been authorised to practice in a non-medical prescribing role by the organisations Non-Medical Prescribing Lead.

The policy also applies to suitably qualified non-medical healthcare professionals employed by other organisations who are required to work within the organisations in the capacity of a non-medical prescriber, and who have been authorised to do so by the Non-Medical Prescribing Lead, and to suitably qualified non-medical health care professionals employed by other organisations and working within the community in Cumbria. The policy recognises that some health care professionals have prescribing roles within more than one organisation in Cumbria. Therefore procedures for non-medical prescribing have been integrated as far as possible, particularly in relation to Primary Care

This policy has been written taking cognisance of the Department of Health (DH), NICE guidance and the Standards of Proficiency and Practice of the professional bodies for the relevant registered health care professionals.

The non-medical prescribing policy has been developed in collaboration with the following organisations:-

- Cumbria Partnership NHS Foundation Trust
- NHS Cumbria CCG

2 INTRODUCTION

There are a number of options for prescribing or supplying medicines to patients by non-medical health professionals as described below:

Non-Medical Prescribing

Non-Medical prescribing has its basis in the recommendations of the “Review of Prescribing, Supply and Administration of Medicines”, (Crown Report 1998), which recommended that two types of prescribers should be recognised:

The independent prescriber, who would be responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

The supplementary prescriber, who would be responsible for the continuing care of patients who have been clinically assessed by an independent (medical or dental) prescriber. They prescribe in partnership with a doctor or dentist. They are able to prescribe all medicines (including Controlled Drugs and unlicensed drugs) within their sphere of competence. They may prescribe for the full range of medical conditions, provided that they do so under the terms of a patient specific Clinical

Management Plan (CMP) and within their sphere of competence. The appropriate format is contained in Appendix One.

Non-Medical Prescribers

Non Medical Prescribing has been implemented nationally in a step wise manner following the introduction of nurse prescribing for district nurses and health visitors in 1998. The scope of prescribing practice will be determined by the accreditation achieved by the health professional and the annotation on the professional register. Examples are given below

- Nurse prescribing is applicable to any 1st level registered nurse, registered specialist community public health nurses and registered midwives with the Nursing and Midwifery Council who have achieved the V100, V150, V200 or V300 accreditation.
- The V100 Community Practitioner Nurse Prescribers, (known as District Nurse and Health Visitor Prescribers prior to 2006) can prescribe from a limited formulary, known as the 'Nurse Prescribers Formulary for Community Practitioners' which is presented as a section within the British National Formulary (BNF). The community nurse prescriber V150 can also prescribe from this limited formulary known as the 'Nurse Prescribers Formulary for Community Practitioners.
- Nurse Independent Prescribers with V300 accreditation (known as Extended Formulary/Supplementary Nurse Prescribers, prior to 2006) can prescribe medicines for any medical condition, including controlled drugs (see April 2012 DH guidelines), within their competency.
- Supplementary Prescribers such as V200 Nurse Prescribers, Pharmacists with a practice certificate in supplementary prescribing, and Allied Health Professionals (AHPs), can prescribe in partnership with an independent prescriber using a CMP.
- The department of Health recently reviewed AHP prescribing and agreed to independent prescribing for physiotherapists, podiatrists and therapeutic radiographers and to prepare dietitians and diagnostic radiographers as supplementary prescribers.
- Pharmacist Independent Prescribers can prescribe medicines for any medical condition, including controlled drugs (see April 2012 DH guidelines), within their competency.

Patient Group Directions

These are defined as specific written instructions for the supply and/or administration of named medicines and specific doses within the specified criteria to groups of patients who may not be individually identified before presentation for treatment. PGDs are not a form of prescribing.

The Department of Health has always stated that the majority of clinical care should be provided on an individual, patient specific basis. Consequently the supply and administration of medicines under Patient Group Directions (PGDs) should be reserved for those situations where this offers an advantage for patient care, without compromising patient safety, and where it is consistent with appropriate professional relationships and accountability. PGDs are not a form of prescribing. For further details please refer to the local Trust Policies on Patient

Group Directions and Medicines Policy.

3 STATEMENT OF INTENT

This policy sets out the procedural steps needed for suitably qualified non-medical Healthcare Professionals to act as supplementary and independent prescribers throughout Cumbria. It also provides standards of prescribing practice and a framework to support continuing professional development. The policy will ensure that all Non-medical Prescribers are supported to prescribe safely and effectively within an agreed framework that is consistent across the NHS Trusts in Cumbria. Please note the term Healthcare Professional relates within this policy to Registered Nurses, Pharmacists, Allied Health Professionals, Podiatrists and Physiotherapists

This Policy should be read in conjunction with the Medicines Management Policy and the Policy for Managing Controlled Drugs within their own organisation.

4 DEFINITIONS

Licensed medicines

A licensed medicine is one which has a marketing authorisation granted by the Medicines and Healthcare Products Regulatory Agency (MHRA). The 1968 Medicines Act regulates the use of medicines in the UK and requires that a medicine must have a marketing authorisation (previously a product licence) before it can be used by the public. The marketing authorisation will specify the indications for which a medicine can be used and these are included in the Summary of Product Characteristics for the product.

Unlicensed medicines

An unlicensed medicine is one which has not had a marketing authorisation granted by MHRA

Off-label prescribing

Off-label prescribing is where a licensed medicine is prescribed for an indication outside of the indications covered by the marketing authorisation (previously a product licence) granted by MHRA. Off-label indications will not be included in the Summary of Product Characteristics for the product.

5 DUTIES AND RESPONSIBILITIES

5.1 Organisational Responsibilities

The CCG is responsible for:

- Maintaining a database of all non-medical prescribers. The Non-medical Prescribing Lead should ensure that a system is in place for authorised access to the database and for making timely amendments.
- Ensuring the security and safe handling of FP10 prescription forms. (Including ordering, recording and issuing).
- Ensuring that the parameters of an individual's prescribing practice are agreed between the prescriber, their manager and their employer prior to commencement of

prescribing through the 'NMP Update form (appendix 5).

- Ensuring that non-medical prescribers maintain their competency to prescribe through a regular and frequent requirement within their role to assess patients and make treatment decisions.
- Developing and facilitating ongoing mentorship and supporting professional development in relation to this specific area of expansion of role.
- Monitoring and evaluating the impact of any changes / influences to the use of PGD's, independent and supplementary prescribing through analysis of prescribing data and facilitation of audit as appropriate.
- Working in collaborations with the Higher Education Institute and the Cumbria and Lancaster Non- Medical Prescribing Network Forum or equivalent.

The CCG responsibility for the Non-Medical Prescribing sits with the Nursing and Quality team. Though responsibility has not been delegated Cumbria Partnership Foundation Trust carry out the following functions on behalf of the CCG.

- Maintain a database of Non-Medical Prescribers which includes practitioners who are employed in General Practice in North Cumbria CCG. This database provides details of the scope of individuals prescribing practice and also their areas of work.
- Organise updates and supervision sessions to which Primary Care NMPs have access.
- Send out alerts and updates to NMPS.

A Senior Nurse from the Nursing and Quality Team is responsible for maintaining oversight of these functions through attendance at the Cumbria NMP Strategy Group and carrying out a yearly audit of the database.

The employer is responsible for:

- Ensure that appropriate governance systems are in place for non-medical prescribing.
- Hold specimen signatures of its Non-Medical Prescribers which will be held in their personal files.
- Ensuring the distribution of and/ or access to appropriate formularies.
- If an NMP has been suspended from prescribing, the NMP lead/ line manager has a duty to inform other areas / organisations the prescriber is working in.

5.2 The Non-Medical Independent Prescriber Responsibilities

An Independent Non-Medical Prescriber is responsible for:

- Working at all times within their clinical competence and their Professional Code of

Conduct, and consulting the medical prescriber as necessary.

- Accepting professional accountability and clinical responsibility for their prescribing practice.
- Prescribing medicines from the BNF and local formulary within their area of competence.
- Altering the medicines prescribed, within the limits as set in the BNF and local formulary, if the patient's progress indicates that this is clinically appropriate.
- Monitoring and assessing the patient's progress as appropriate to the patient's condition and the medicines prescribed, passing prescribing responsibility back to the Medical prescriber where this is beyond the non-medical prescribers' clinical competence.
- Recording details of prescribing and monitoring activity contemporaneously in the shared patient record wherever possible. If the shared record is not accessible, details should be entered within 48 hours.
- Updating the Non-Medical Prescribing Lead annually and with any changes to practice/ prescribing through the 'NMP update form'.

5.3 Supplementary Prescriber Responsibilities

- Working at all times within their clinical competence and their Professional Code of Conduct, and consulting the independent medical prescriber as necessary.
- Accepting professional accountability and clinical responsibility for their prescribing practice.
- The medical prescriber must have made the initial diagnosis of the patient/ client.
- Using Clinical Management plans (CMPs) written in conjunction with the medical prescriber, and patients whenever possible, to identify the medicines prescribed, for what indications, the dose schedule and when to refer back to the independent (medical) prescriber.
- Altering the medicines prescribed, within the limits set out in the Clinical Management Plans if the patient's progress indicates that this is clinically appropriate.
- Monitoring and assessing the patient's progress as appropriate to the patient's condition and the medicines prescribed, passing prescribing responsibility back to the medical prescriber where necessary.
- Recording details of prescribing and monitoring activity contemporaneously in the shared patient record wherever possible. If the shared record is not accessible, details should be entered within 48 hours.
- A supplementary prescriber should only prescribe a Prescription Only Medicine (POM) when specified within a clinical management plan (CMP) for the patient.
- Update the Non-Medical Prescribing Lead annually and with any changes to practice/

prescribing through the 'NMP update form'.

5.4 Community Practitioner Nurse Prescriber (V100) and community nurse prescriber (V150) Responsibilities

- Working at all times within their clinical competence and their Professional Code of Conduct, and consulting the independent prescriber as necessary.
- Accepting professional accountability and clinical responsibility for their prescribing practice.
- Prescribing items only from the Nurse Prescribing Formulary for Community Practitioners.
- Monitoring and assessing the patient's progress as appropriate to the patient's condition and the medicines prescribed, passing prescribing responsibility back to the medical prescriber where this is beyond the nurse prescriber's clinical competence.
- Recording details of prescribing and monitoring activity contemporaneously in the shared patient record. If the shared record is not accessible, details should be entered within 48 hours.
- Update the Non-Medical Prescribing Lead annually and with any changes to practice/ prescribing through the 'NMP update form'

6 IMPLEMENTATION OF NON- MEDICAL PRESCRIBING

6.1 Strategic Planning and preparation for Non-Medical Prescribing

Locality services and GP practices should develop their strategic plans for the use of non-medical prescribing to include Supplementary and Independent prescribing by nurses, pharmacists and allied health professionals. This will involve senior managers and clinicians and the relevant Medicines Management Committee or other similar group. The plans would identify a range of clinical areas where patients could benefit, and include succession planning and contingency plans to ensure the continuity of services.

The interested health professional must:

- Be registered with their professional body and have evidence of working at level six (degree level).
- Nurses applying to do the V150 course should have at least three years post registration clinical experience, including one year preceding application in the clinical field in which they intend to prescribe.
- Nurses applying to do the Independent Prescribing Course V300 must be band 6 or above, have three years post registration experience, have the competency to assess, diagnose and advise on medication, and have at least one year in the clinical field in which they intend to prescribe
- Pharmacists should have two years appropriate patient orientated experience practising

in a hospital, community or primary care setting following their pre-registration year after graduation.

- Allied Health Professionals should have three years relevant post qualification experience.
- All interested health Professionals should register their interest and obtain approval from their Line Manager to apply for and commence an approved course of training.
- All interested health professionals should notify the Organisations Non-Medical Prescribing Lead/ Deputy who will take them through the application process.
- Successfully complete a Numeracy test with results forwarded to the Non-Medical Prescribing Lead/ Deputy prior to commencement of course.
- Ensure University paper based application form and CPD Apply electronic application form is completed and send to the NMP Lead for signing
- Have a CRB check which will be in date at commencement of course
- Identify a Mentor in line with the University criteria. (E.g. Medical mentor for V300 course and practising community practitioner nurse prescriber for V100 and V150 course).
- Identify a 'sign off mentor' who will work with the V100 and V150 student and their supervisor and sign off their final competencies
- Successfully complete the current approved specified training including all assessments and periods of learning in practice.
- Ensure current registration as a prescriber with their respective professional bodies.
- Obtain formal approval by completing the 'NMP update form (appendix 5) from the Trusts' Non-medical Prescribing Lead/ Deputy to commence non-medical prescribing and be entered on the Trust's database of non-medical prescribers following completion of course and registration as a prescriber.
- Non Medical Prescribers cannot prescribe until all checks have been completed and they are registered with their professional bodies and on the Trust database
- Ensure that their expansion of role forms part of their professional responsibilities and is included within their job description.
- Make arrangements for access to prescription pads or other mechanisms for prescribing which are appropriate to the setting, i.e. patient's drug chart for in-patients, FP10 for outpatients and Primary Care.
- Arrange for access to an identified budget to meet the costs of their prescriptions and have an awareness of the impact of the prescription and their prescribing on the budget.

6.2 Continuing Professional Development (CPD)

All healthcare professionals have a professional responsibility to keep themselves updated with clinical and professional developments in line with their relevant professional body.

A Competency Framework for all prescribers' (2016) has been produced by the Royal Pharmaceutical Society who were approached by NICE and Health Education England to manage the update of the 2012 framework. This document supports personal and professional development and will be used by each non-medical prescriber. A portfolio of recent evidence should be developed to demonstrate achievement and maintenance of the required competencies linking in with their appraisal process.

Every year an annual 'Self Declaration' will be completed using the NMP update form by the prescriber, signed and sent to the relevant Non-Medical Prescribing lead. This will be asked for in January of every year to ensure compliance (Appendix 6).

In supporting CPD, the Medicines Management website provides resources and access to local formulary and guidelines and links to further sites.

Non-Medical Prescribers are encouraged to spend time with their mentor/ supervisor on an ongoing basis (i.e. medical mentorship for independent and supplementary prescribers). The Competency Framework can be used to support mentorship

Staff joining the Trust / CCG who are already qualified as Independent/ Supplementary prescribers and are planning to extend their prescribing to a new clinical specialty or an extended range of medicines, should undertake some supervised practice (timescale agreed by manager/ supervisor) under the direction of the independent medical prescriber with whom they will be working. It is considered good practice to complete a reflective practice diary during this time to ensure training needs are identified and met. The Independent Medical Prescriber needs to confirm to the Trusts' Non-Medical Prescribing Lead that the Non-Medical Prescriber is competent to carry out their role before prescribing commences, via the 'NMP Update form' (appendix 5).

Prescribers who are intending to extend their role to include prescribing of opiates should complete the e-learning provided through the MHRA (Details within the reference section)

6.3 Legal and Clinical Liability

Where a trained and qualified healthcare professional prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable and corporately responsible for their actions. All healthcare practitioners are accountable to their own professional bodies for their actions and must act at all times in accordance with their Codes of Conduct, Ethics and Standards.

The non-medical prescriber must ensure that their job description includes a clear statement that prescribing is required as part of the duties of that post or service and that agreement has been reached with their line manager about the areas of prescribing practice. If a prescriber is working within another Trust or across Trusts in Cumbria as part of their job description e.g. specialist nurses, this role will be agreed by the 'receiving' Trust and the prescribers' employer is held vicariously liable and corporately responsible for the prescribers' actions.

The Professional Bodies recommends that every prescriber should ensure he/she has professional indemnity insurance, by means of a professional organisation or trade union body.

6.4 Accountability

Non-medical Prescriber

Non-medical prescribers are professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.

Non-medical prescribers must only ever prescribe within their level of experience and competence, acting in accordance with their professional standards.

If a non-medical prescriber moves to another area of practice they must consider the requirements of their new role and only ever prescribe within their level of experience and competence.

Non-Medical Prescribers - Patient Assessment

In order to prescribe for a patient the non-medical prescriber must satisfy themselves that they have undertaken a full assessment of the patient/ client, including taking a thorough history and, where possible accessing a full clinical record. (It is recognised that a full clinical record is unavailable to some services such as 'out of hours' services).

The non-medical prescriber is accountable for their decision to prescribe and must prescribe only where they have relevant knowledge of the patient/ client's health and medical history.

The non-medical prescriber must ensure a risk assessment has been undertaken in respect of the patient/ client's current medication and any potential for confusion with other medicines (e.g. medicines prescribed by other prescribers).

Non-Medical Prescribers - Effective Communication and Record Keeping

The non-medical prescriber has responsibility to communicate effectively with other practitioners involved in the care of the patient/ client using locally agreed mechanisms. They must refer the patient/ client to another prescriber when it is necessary to do so.

Records should include the prescription details, together with relevant details of the consultation with the patient/ client. The maximum time allowed between writing the prescription and entering the details into the general record should not exceed 48 hours except in exceptional circumstances.

The content and style of records should be in line with the NHS Confidentiality Code of Practice and with guidance from professional bodies and, wherever possible, should involve the patient/ client or their carer.

6.5 Security and Safe Handling of FP10 Prescription Pads/forms requesting and receiving

Non-Medical Prescribers will obtain their FP10 prescription pads/ forms, according to local procedures (refer to Appendix 2).

Prescription pads/ forms will be issued to non-medical prescribers who will sign on receipt.

The Trust/ CCG will record the serial numbers of prescriptions received and subsequently issued.

Storage and Safe Handling

It is the responsibility of the non-medical prescriber to ensure the security of their own prescription pads/ forms at all times.

Prescription pads/ forms when not in use must be stored securely. When out visiting, non-medical prescribers should keep prescription pads in their bags – they should not be visible when travelling.

Prescription pads must not be separated

It is good practice to record the number of the first remaining prescription form of an in-use pad at the end of the working day.

Under no circumstances should a non-medical prescriber sign blank prescriptions.

Non-medical prescribers must only issue prescriptions bearing their own name and designated prescriber number or in the case of hospital employed prescribers, prescriptions bearing the department and / or hospital address.

Stolen/ lost Prescription Pads

The Non-medical prescriber must immediately inform their Line Manager and follow local procedure in the event of suspected theft or loss of a prescription pad (Appendix 3).

Non-Medical Prescribers leaving the Trust/ CCG or ceasing their prescribing role

When a non-medical prescriber ceases to prescribe or leaves the Trust/ CCG they must ensure that they hand in their prescription pads to their line manager/ head pharmacist who will treat it as confidential waste and destroy accordingly.

A list of the serial numbers of prescriptions being destroyed should be given to the Medicines Management administrator

The line manager should ensure that the NHS BSA Prescription Pricing Division and the Trusts' non-medical prescribing database are updated by informing the NMP lead. In the case of computer generated prescriptions the line manager should ensure that the named prescriber is no longer authorised to issue prescriptions.

6.6 Prescribing Practice Standards Responsibility for prescribing decisions

Prescriptions must only be issued by a registered non-medical prescriber.

A non-medical prescriber can only prescribe a drug for a patient whom he/she has assessed for care through direct contact with the patient.

A non-medical prescriber may write a prescription for a patient whom they have not directly assessed themselves as long as they accept the associated responsibility following a professional discussion with the clinician.

In the absence of the patient's original non-medical prescriber, another prescriber may issue a repeat prescription or order repeat doses following an assessment of need, and taking into consideration continuity of care. Accountability for the prescription rests with the prescriber who has issued the prescription or ordered the drugs.

Prescriptions must only be issued for products listed in the appropriate Formulary (E.g. BNF and Nurse Prescriber Formulary for Community Practitioners), and in line with Wound Management Guidelines (Lothian Formulary).

Choice of antibiotics should reflect local sensitivities and follow the local Trust / CCG guidelines.

Prescribing practice should be evidence based and respond to relevant national guidance such as NICE Guidelines and National Frameworks. The choice of medicinal product must be based on clinical suitability and cost effectiveness.

Prescribing Practice should respond to relevant guidance on medicines safety such as NPSA safety alerts and MHRA drug alerts.

Prescribing for self, family, friends and colleagues

The non-medical prescriber must not prescribe for themselves.

A non-medical prescriber will not prescribe for anyone with whom they have a close personal or emotional relationship, unless it is in exceptional circumstances. Alternative arrangements should be made. The prescriber must be able to justify what is considered an exceptional circumstance and maintain an objective view of the patient's interests.

Completing Prescription forms and Records

All patient interventions must be documented in the appropriate section of the patient's clinical records. Records must be accurate, comprehensive and accessible by all members of the prescribing team. Written records must be made in chronological order, in indelible black ink, or on computer. All records must be signed and dated at the time of prescription.

The Non-medical prescriber should complete all the details on the front of the FP10 prescription form clearly and legibly in ink or otherwise so as to be indelible (preferably black). Details required are specified in the BNF and appendix 4 of this policy.

The Non-medical prescriber within in-patient settings, should complete all the details on the front of the prescription card. Details required are specified again in appendix 4 of this policy.

It is not best practice for the non-medical prescriber to countersign the back of the FP10

prescription in respect of a patient's prescription charge exemption.

Non-medical prescribers should only write prescriptions on a prescription pad (FP10) bearing their own name and designated prescriber number or in the case of hospital employed prescribers, prescriptions bearing the department and/ or hospital number and address.

Non-medical prescribers will not prescribe on behalf of another prescriber/practitioner who is not qualified to retain the title and qualifications of non- medical prescriber.

Computer Generated Prescribing

The non-medical prescriber may prescribe via computer-generated prescriptions providing the necessary software is available.

A visible trail of the non-medical prescribers prescribing actions must be maintained. Non-medical prescribers must never tamper with existing prescribers details on a prescription.

Prescriptions must always be signed immediately after printing.

Prescriptions must never be written or printed off and signed in advance of assessing a patient.

When prescriptions are sent electronically to the pharmacy via EMIS the prescriber should follow the principles of this policy and ensure they are logged into the system using their own unique code to ensure that a clear audit trail is available.

Reporting of Drug Reactions, Significant Events and Incidents

If a patient suffers an adverse drug reaction to a prescribed medicine, the adverse reaction should be reported via the Yellow card scheme. The Yellow card scheme is a voluntary scheme through which all healthcare professionals (including nurses, midwives and pharmacists) notify the Medicines and Health Healthcare products Regulatory Agency (MHRA), Commission on Human Medicines (CHM) of suspected adverse drug reactions. www.yellowcard.gov.uk.

The MHRA/CHM encourages the reporting of all suspected adverse drug reactions to newly licensed medicines that are under intensive surveillance (identified by a black triangle, both on the product information for the drug and in the BNF). For all other medicines, serious adverse reactions should be reported. Serious adverse reactions are those which are fatal, life threatening, disabling, incapacitating or result in, or prolong hospitalisation.

The adverse drug reactions must be clearly documented in the patient's notes and reported as per Medicines Policy procedures. Discussion should take place with the patient and if appropriate their next of kin/ other family member, and the Trusts 'Being Open and Duty of Candour' Policy should be followed where appropriate.

If a patient suffers harm due to a medication incident, or if harm could have been caused to the patient (a near miss), the incident or near miss should be reported by the prescriber using both local incident form and medication error form, and national reporting systems such as the National Patient Safety Agency (NPSA) via the National Reporting and Learning system. (Please refer to local Risk Management Policy Safe and Medicines Policy).

Prescribing Controlled Drugs

- 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

Legally a non-medical prescriber must include clear dosage instructions on a prescription to avoid uncertainty on administration. Extra care must be given when syringe drivers are being used.

A non-medical prescriber must ensure they do not prescribe beyond their limits of competence and experience.

A non-medical prescriber must inform anyone who needs to know about any restrictions placed on their prescribing practice, particularly pharmacists with dispensing responsibilities. The Non-Medical Prescribing Lead must be informed in order for any appropriate action to take place.

The non-medical prescriber may use computer generated prescriptions for controlled drugs, providing the necessary software is in place and that there is an audit trail of their prescribing practice.

The quantity of controlled drug prescribed (excluding those in schedule 5) should not exceed 30 days' supply per prescription. A new prescription is required where a patient/ client has continuing clinical need.

A non-medical prescriber must *not* prescribe a controlled drug for themselves.

A non-medical prescriber may only prescribe a controlled drug for someone close to them if:

- No other person with the legal right to prescribe is available
- And only then, if the treatment is immediately necessary to save life/ avoid deterioration in the patient/ clients health or alleviate otherwise uncontrollable pain.
- They must be able to justify their actions and document the relationship and the emergency circumstances that necessitated the prescribing

All non-medical prescribers should comply with the Trust's / GP Practice's Policy for the Management of Controlled Drugs.

6.7 Prescribing Unlicensed Medicines

Non-medical prescribers can prescribe an unlicensed medication as an independent prescriber within their competencies and subject to the criteria below:

- The non-medical prescriber is satisfied an alternative, licensed medication would not meet the clients/ patient's needs,
- The Non-Medical Prescriber is satisfied that there is sufficient evidence base and/ or experience to demonstrate the medications safety and efficacy for that particular patient/ client,
- The patient/ client agrees to a prescription in the knowledge that the drug is unlicensed and understands the implications of this, and there is clear and accurate record of this in the clinical notes,
- The medication chosen and the reason for choosing it are documented in the clinical notes.

The non-medical prescriber may prescribe an unlicensed medicine as a supplementary prescriber as part of a clinical management plan providing the criteria above and below are met:

- The doctor/ dentist and the non-medical prescriber acting as a supplementary prescriber, have agreed the plan with the patient/ client in a voluntary partnership,
- The doctor/ dentist is prepared to take the responsibility for prescribing the unlicensed medicine and has agreed the patients/ clients clinical management plan to that effect,

Prescribing medicines for use outside their licence

Off-label prescribing is where licensed medications are prescribed outside of their licence. It is possible under current legislation for nurse and pharmacist independent prescribers to prescribe off-label. However in order to do so they must ensure the following conditions are met:

- The non-medical prescriber is satisfied that it would better serve the patients' needs than an appropriately licensed alternative.
- The non-medical prescriber is satisfied that there is a sufficient evidence base and/ or experience of using the medicine to demonstrate its safety and efficacy. Where the manufacturer's information is of limited help, the necessary information must be sought from another source.
- The non-medical prescriber should explain to the patient/ client, or parent/ carer, in broad terms, the reasons why medicines are not licensed for their proposed use.
- The non-medical prescriber makes a clear, accurate, and legible record of all medicines prescribed and the reasons for prescribing an off label medicine.

A supplementary prescriber can prescribe a medicine for use outside the terms of its licence providing:

- There is a clinical management plan in place, written in conjunction with the independent medical prescriber and in voluntary partnership with the patient or carer/ parent.
- The independent medical prescriber takes responsibility for prescribing the medicine and the non-medical prescriber jointly oversees the patients care, monitors and ensures any follow up treatment is given as required.

Prescribing for those under the Mental Health Act

The treatment of detained service users subject to Part IV of the Mental Health Act 1983 is

strictly governed by the Code of Practice and in the context of non-medical prescribing, consent to treatment is paramount.

Where a service user is treated subject to Part IV of the Act, **then only supplementary prescribing may be initiated and not independent prescribing.** The supplementary prescriber will practise as part of a team prescribing approach, involving the Responsible Clinician, pharmacist and the service user.

The key principles to consider are that:

- Medical treatment for a mental disorder must be under the direction of the Responsible Clinician (RC).
- A detained service user is not necessarily incapable of giving consent (i.e. consent versus capacity).
- Consent should not be given under duress and can be withdrawn at any time. (DoH 1999)

It is on this basis that supplementary prescribing can be considered: where clinically appropriate a Clinical Management Plan (See Appendix 1) can be agreed and drawn up by the responsible clinician and supplementary prescriber for a service user subject to Part IV of the Mental Health Act.

Supplementary prescribing may also be considered for service users on section 17 leave or section 17A a 'Community Treatment Order'.

Service users able to consent under Section 58:

If the service user has been deemed to be both able to consent, and has so consented under the terms of section 58, i.e. medication is being given via the use of form T2, and then supplementary prescribing may continue as part of the team prescribing relationship.

Service users unable/unwilling to consent under Section 58:

If the service user has been deemed either, "not capable of understanding the nature, purpose and likely effects of" medications or, "has not consented to" the medications, then medications will be being administered under the jurisdiction of a form T3. In this situation a non-medical prescriber may still act as a supplementary prescriber as part of the team prescribing relationship.

Medications prescribed under Section 62:

The prescription of medication under section 62 of the Mental Health Act will remain the responsibility of the Responsible Clinician

Repeat Prescriptions

The non-medical prescriber may issue a repeat prescription, but only does so in the knowledge that they are responsible as the signatory of the prescription and are accountable for their practice. Before signing a repeat prescription they must be satisfied that it is safe and appropriate to do so, that each prescription is reviewed regularly and is only re-issued to meet clinical need, and that secure procedures are in place such as suitable provision for monitoring the patient condition.

Prescribing remotely by fax, email or phone

The NMC states that instruction by telephone is unacceptable and the preferred method is the use of information technology. Remote prescribing by fax or email must not be undertaken routinely. In exceptional circumstances, or in crisis situations, the prescriber needs to consider the importance of the patient assessment as stated in 7.2 and assess the risks and potential benefit of remote prescribing with the individual situation before making a judgement about the most appropriate route for prescribing and supply.

Prescribing and administration/ supply / dispensing

- The non-medical prescriber must ensure separation of prescribing and administration activities wherever possible.
- In the exceptional circumstance where they are involved in both prescribing and administering a patient/ clients controlled drug, a second suitably competent person should be involved in checking the accuracy of the medication provided.
- The non-medical prescriber must ensure separation of prescribing and dispensing whenever possible, including within dispensing practices.
- In exceptional circumstance, where they are involved in both prescribing and dispensing a patient's medication, a second suitably competent person should be involved in checking the accuracy of the medication provided.

Gifts and Benefits

Gifts and benefits to the organisation may only be received providing they are inexpensive and are in line with local Trust Policy (not higher than a specified value as agreed within your local Trust/ CCG).

A Non-Medical prescriber must not ask for or accept any inducement, gift or hospitality, which may affect or be seen to affect their judgement when making prescribing decisions.

All nursing staff should be aware of clause 7.2 of the *NMC Code of Conduct; standards for conduct, performance and ethics*.

All prescribers should be aware of guidance and code of conduct of their professional body in relation to working with the pharmaceutical industry.

Clinical Governance

All areas of prescribing must take place within a framework of Clinical Governance.

Clinical Supervision should be accessible to all non-medical prescribers. The model of clinical supervision should be in line with the local Trust Policies for clinical supervision. The Competency Framework for all prescribers" will be used as a tool within clinical supervision and for sharing good practice.

Audit and clinical governance arrangements will allow non-medical prescribers, to reflect upon aspects of their prescribing practice. Clinical audit should be undertaken at least annually by

Non-Medical Prescribers to ensure adherence to professional standards, policies and procedures.

Evaluation of prescribing data should be undertaken at least annually to enable non-medical prescribers to reflect on their prescribing practice and to ensure that the appropriate Medicines Management Committee is aware of the medicines being prescribed. Evidence based practice should be supported by ensuring access to up to date information sources such as BNF, eBNF, BNFC, NPF for Community Practitioners, Drug Tariff, internet and pharmaceutical advice as appropriate to the prescribers role.

Risk assessment of non-medical prescribing at practitioner level, within services and at organisational level should be undertaken. Risk management controls and action plans to be developed as appropriate and reviewed at regular interviews in line with Trust policy.

All non-medical prescribers must undertake continuous professional development relevant to their area of practice (See section 6.2).

All non-medical prescribers should demonstrate their competency to prescribe through use of the NPC Single Competency Framework with a portfolio of evidence. Prescribing competency should be maintained through the regular and frequent requirement to assess patients and make treatment decisions and close working with their medical mentors/ supervisors/ colleagues.

7 TRAINING

For those interested in becoming a Non-medical Prescriber please see section 6 of this policy.

Training events commissioned by the NMP Strategy Group will be notified to prescribers via the Trusts e mail system through the NMP database and in conjunction with the Learning Network.

1 MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

| Aspect of compliance or effectiveness being monitored | Monitoring method | Individual responsible for the monitoring | Frequency of the monitoring activity | Group / committee which will receive the findings / monitoring report | Group / committee / individual responsible for ensuring that the actions are completed |
|---|--|--|--------------------------------------|---|--|
| NMPs are submitting annual declaration forms on a yearly basis | Random audit of 5 NMPs from each locality using database | Non Medical Prescribing Lead /Admin | Annual (January) | Non medical Prescribing Strategy Group | Director of Operations and Executive Nurse |
| NMPs have access to some form of clinical supervision | Check with 5 NMPs from each locality | Non Medical Prescribing Lead in conjunction with locality managers | Annual | | |
| NMPs are registered with their professional body | Random audit of 5 NMPs from each locality using database | Non Medical Prescribing Lead /Admin | Annual | | |
| NMPs are compliant with the standards of writing a prescription | Five NMPs from each locality will be asked to audit their prescriptions | NMP Lead and NMPs | Annual | | |
| A check of the Trust database with the PPD database will be carried out to ensure it is updated | A list will be asked from the PPD and checked against the Trust database | Non Medical Prescribing Lead /Admin | Annual | | |
| NMP Applications are complete prior to sending to the University | Applications will be audited against a checklist to ensure compliance | NMP Lead/ Deputy | All Applications | | |

| | |
|--|---|
| Staff have completed training associated with this policy in line with TNA | Compliance with training will be monitored in accordance with the Learning and Development Policy |
|--|---|

8 REFERENCES/ BIBLIOGRAPHY

Business Services Authority (2008) Security of prescription forms guidance. Available at <http://www.cfsms.nhs.uk/doc/sms.general/securityprescriptions.pdf>

Department of Health (2006): Improving Patients Access to Medicines: A guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. Available at: www.dh.gov.uk

NHS England : (2016) Confidentiality Policy

Department of Health (1998) Review of Prescribing, Supply and Administration of Medicines. (Crown report) Available at: www.dh.gov.uk

General Pharmaceutical Council (2012): Standards of conduct, ethics and performance <https://www.nice.org.uk/guidance/service-delivery--organisation-and-staffing/medicines-management/medicines-management--general-and-other>

Nursing and Midwifery Council (2006): Standards of Proficiency for Nurse and Midwife Prescribers. London. Available at: www.nmc-uk.org

Nursing and Midwifery Council (2007) Standards of educational preparation for Prescribing from the Community Nurse Prescribers Formulary for nurses without a Specialist Practitioner Qualification – V150. NMC Circular 38/2007. Available at www.nmc-uk.org

The Institute of Chiropractors and Podiatrists Code of Ethics. Southport

The link to an e-learning module on opioids: <http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Opioidslearningmodule/index.htm>

The Royal Pharmaceutical Society (July 2016): A Competency Framework for all Prescribers

CPFT RELATED TRUST POLICY INFORMATION

Being Open and Duty of Candour Policy and Procedure (POL/001/040)

Medicines Policy (POL/001/013)

Controlled Drugs Policy (POL/001/013/001)

Consent Policy (POL/001/010)

Appendix 1- CLINICAL MANAGEMENT PLAN

| | | | |
|---|--------------------|---|---|
| Patients/ Client Name: | | Medical Sensitivities to Medication: | |
| Patient / Client Identification Number: | | Date of Birth/ Age of child | |
| Address: | | | |
| Telephone Number: | | | |
| Carer Details (Name and Address): | | G.P Name and Address: | |
| | | G.P Code: | |
| | | Tel. No. | |
| Independent Prescriber Name and Address: | | Supplementary Prescriber Name and Address: | |
| Telephone No. | | Telephone No. | |
| Condition(s) to be treated: | | Aim of Treatment: | |
| Medicines that may be prescribed by Supplementary Prescriber | | | |
| Preparation: | Indication: | Dose Schedule: | Indications for referral back to Independent Prescriber: |
| | | | |

Guidelines or Protocols Supporting Treatment plan:

Review, Monitoring and Documentation arrangements for Independent Prescriber:

Review, Monitoring and Documentation arrangements for Supplementary Prescriber:

Process for Reporting Adverse Drug Reactions:
Inform Independent Prescriber. Complete Yellow Card and follow the Trusts procedure for adverse incident reporting.

Other Comments:

Additional Information/Comments (e.g. Relevant Medical History):

Signature of Independent Prescriber:

Signature of Supplementary Prescriber

Signature of Patient/ Client or Confirmation of their Involvement Next

review date.....

Date

Date

Date

APPENDIX 2 OBTAINING PRESCRIPTION PADS

There are Regulations covering security measures to prevent users unlawfully obtaining supplies of drugs and syringes, and prescription pads and forms. Prior to ordering FP10 prescription pads or forms, or using computer-generated FP10 forms, a non-medical prescriber must be included in the database of prescribers held by the NHS BSA Prescription Pricing Division (PPD).

Specific details for a new medical prescriber, or any changes in details for an existing prescriber, (such as a change of name or a change in prescribing qualification), must be notified using the PPD nomination form 'Notification of Non- Medical Prescriber Amendments.' This form is available from your NMP Lead

The nomination form must be completed and returned to the Non Medical Prescribing lead who will sign prior to onward submission to NHS BSA PPD.

Prescribers are listed in the PPD database by name and registration number (e.g. PIN) and inclusion may be checked by NMP Leads or Pharmaceutical Advisers on Request

Prescription pads for Partnership Trust non-medical prescribers should be ordered electronically via the link on the medicines management/ NMP web page.

<http://systems.cumbria.nhs.uk/padorders>

CCG employed staff and Practice Nurses should complete the form at <https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs>

And send to the Primary Care Development and Medicines Lead at the CCG for authorisation. for CCG authorisation.

Details should be completed in full, ensuring that the delivery address is clearly specified to enable secure delivery and receipt. Upon delivery the recipient must sign and return the delivery note. The serial numbers of prescription pads received should be documented and records retained for 3 years.

For those working in Mental Health, the Non medical prescribing lead will contact the Trust's Head Pharmacist to order a prescription pad (FP10) if appropriate. Once the pad is received by pharmacy the member of staff will be asked to arrange a date for signing for and collecting.

Prescription pads should be stored securely and locked away when not in use 'Nurse Prescribing Update' forms (NPU2) can also be requested locally via: <http://nww.ncumbria.nhs.uk/PadOrders/>

An NPU2 form may be used by community nursing staff to prepare a copy of a handwritten FP10 prescription form for forwarding to the relevant GP practice as a means of communicating prescription details, with a copy retained by the prescriber for audit purposes.

APPENDIX 3- REPORTING STOLEN/ LOST PRESCRIPTION PADS

If an FP10 prescription pad has been lost or stolen, the prescriber must immediately contact their Line/ Practice Manager, and together inform the Accountable Officer for Controlled Drugs, the Police, and Lancashire and South Cumbria Agency (LASCA, Tel: 01772 221349) and CCG (Tel: 01228 603517) for the North as soon as they become aware that the prescription pad or forms have been stolen/lost. The prescriber should give details of the approximate numbers of prescriptions stolen, their identification numbers, and when and where they were stolen/ lost.

LASCA and the CCG registration officer will inform all pharmacies in the area. LASCA and the CCG registration officer will complete a Missing/lost/stolen NHS prescription form(s) notification form and forward it to the Local Security Management Specialist who will submit it to the NHS Counter Fraud Security Management Service.

The Line/Practice Manager must submit a completed Incident Form on Ulysses.

Following the reported loss of a prescription form, the Trust/ CCG will normally tell the prescriber to write and sign all prescriptions in red for a period of 4 weeks. The Trust/ CCG will inform all pharmacists in their area and adjacent CCGs of the name and address of the prescriber concerned: the approximate number of prescription forms stolen and the period within which the prescriber will write in a red. This will normally be put in writing within 24 hours- with the exception of weekends.

For out of hours

The prescriber must inform the out of hours Manager who will then disseminate an alert to the local community pharmacies that are currently open for the remaining out of hours period, and will also inform the police. The above procedure will then commence the following day.

The NMP must inform their Line Manager at the start of in-hours

APPENDIX 4 – The Standard For Completing Prescription Forms (FP10)

- Patients's title, forename, surname, address and postcode
- Age and date of birth. NB It is a legal requirement to write the patient's age on the prescription when prescribing Prescription Only Medicines for a child under 12 years of age.
- The prescription should contain the name of the prescribed item, formulation, strength (if any) dosage and frequency, and quantity to be dispensed.
- The names of medicines should be written clearly and in full, using approved generic titles (where available) except for some dressings, appliances and compound or modified release medicines which have no approved non-proprietary name. Abbreviations should not be used.
- The quantity prescribed should be appropriate to the patient's treatment needs, to a maximum of 4 weeks supply at any one time according to relevant practice protocols. (eg hormonal contraception – up to 6 months supply is usual). Some medicines are only available in patient packs (or multiples thereof) or special containers and quantity contained therein should be prescribed provided this is clinically and economically appropriate.
- The quantities should be specified as follows:
 - For solid preparations as number of dose- unit (no.of tablets, capsules etc)
 - For liquid measures in milliliters (mL or ml)
For topical preparations by mass (grams, g) or volume (millilitres, mL or ml)
 - For topical medicine preparations the quantity to be applied and frequency of application must be included
- In hospitals, prescriptions for in-patients should contain the name of the prescribed item, formulation, strength (if any), dosage and frequency and defined length of treatment (where required).
- FP10 prescriptions should not be written when an item has been administered to a patient using a GP surgery or clinic stock item as the cost of these items is already covered through direct reimbursement of practice/Trust contracts. Exceptions are where the medical practitioner is eligible for direct reimbursement.
- Where there is more than one item on a form a line should be inserted between each item and unused space should be blocked out to prevent subsequent fraudulent addition of extra items.
- Prescribers signature and date.
- For FP10HP prescriptions the prescribers name printed in the box provided. Hospital
- Prescriptions should have the non medical prescribers qualifications printed against their name, using a (N or IP) for independent nurse prescriber and (S) for supplementary prescriber.

- Tippex or similar must never be used to correct mistakes Prescription
- forms must never be pre-signed
- Latin abbreviations as specified in the BNF may be used on outpatient and FP10 prescriptions

As required prescriptions must state maximum frequency and specify the reasons medication is to be taken/ given

Writing a prescription for Controlled Drugs

As above and

- In the case of a preparation, the form and where appropriate the strength of the preparation
- Either the total quantity (in both words and figures) of the preparation or the number (in both words and figures) of dosage units, as appropriate, to be supplied, in any other case, the total quantity (in both words and figures) of the Controlled Drug to be supplied
- The dose
- The words “ for dental treatment only” if issued by a dentist

APPENDIX 5

Non-medical Prescribing Registration with the Trust*, Accountability and Annual Declaration



new form revised
dated 14-06-2017.do

Standard Operating Procedures (SOPs)

SOP 1(a): Initial Registration for CPFT-employed, CCG-employed and GP practice- employed non-medical prescribers

SOP 1(b): Initial Registration for Non-Medical Prescribers employed by organisations other than CPFT or the CCG and providing a service to patients within these Trusts*

SOP2: Maintenance of Registration as a Non-Medical Prescriber with the Trust*

SOP3: De-Registration as a Non-Medical Prescriber with the Trust*

(In Appendix 7: Trust* = Cumbria CCG and CPFT. With effect from October 2011 a shared NMP Register has been maintained for these 2 Trusts)

SOP 1

Registration with the Trust*

a) Registration for CPFT-employed, CCG-employed and GP practice-employed non-medical prescribers

All staff with a non-medical prescribing qualification must have the prior approval of their line manager and relevant NMP Lead before they start prescribing.

This applies to new staff joining the trust as well as existing staff with a new prescribing qualification

The qualification and registration must be checked and confirmed by the line manager The job

description must identify that prescribing is a requirement of the post

The prescribing budget to be utilised for the non-medical prescriber prescriptions must be clarified and agreed

A non-medical prescriber must inform the Trust NMP Lead and their line manager of their qualification and their Intention to Prescribe by completing the 'NMP Update' form, before they start prescribing, and before any change in their prescribing practice.

Similar notification should also be made by a non-medical prescriber with an additional prescribing qualification (e.g. a V100 prescriber qualifying as a V300 prescriber, or pharmacist supplementary

prescriber qualifying as an independent prescriber)

Inclusion on the Trust* Non-medical Prescribing Register (also referred to as NMP database) must precede any request for FP10 prescription pads

A non-medical prescriber requiring a prescription pad for the first time will need to be registered with the NHS-BSA Prescription Pricing Division (PPD).

The prescriber will need to complete a PPD notification form "Notification of Non-Medical Prescriber Amendments" and submit this to the relevant NMP Lead for authorisation. This form can be obtained from the NMP Lead

Once a prescriber has been added to the PPD database they can request prescription pads following the procedure in the NMP Policy, Appendix 2

When a non-medical prescriber changes their prescribing role they must inform the relevant NMP Lead and submit an 'NMP Update' form, to enable the Trust* NMP Register to be updated and to determine whether a further PPD notification form should to be submitted

If a non-medical prescriber has more than one post with a prescribing role, a separate "NMP Update" form and PPD Notification form must be completed for each post

b) Registration for Non-medical prescribers employed by organisations other than CPFT or the CCG and providing a service to patients within these Trusts*

All of the above requirements for CPFT-employed and CCG-employed staff should be followed.

In addition the following information should be provided to the relevant NMP Lead:

- The name and address of the Trust* manager (or GP practice lead) to whom you will be accountable for the service you provide to patients of the Trust*
- Arrangements for ongoing mentorship
- Arrangements for clinical supervision within the Trust*
- Agreement of the prescribing budget to be utilised for prescriptions
- A copy of an honorary contract or service level agreement (as applicable)

When a non-medical prescriber changes the service they provide or their prescribing role they must inform the relevant NMP Lead to enable the Trust* NMP Register to be updated and to determine whether a further PPD notification form should to be submitted

SOP2: Maintenance of Registration as a Non-Medical Prescriber with the Trust*

Accountability is a key element in relation to non-medical prescribing. All registered non- medical prescribers are personally accountable for their practice.

Non-medical prescribers must only prescribe within their own level of experience and competence, in agreement with their line manager, acting in accordance with the standards of proficiency and practice set by the Regulatory body for their profession.

Non-medical prescribers are personally responsible for keeping up to date in their area of practice and with any changes in national and local policy

Non medical prescribers must be able to provide evidence of competence to prescribe and of their continuing professional development that supports this.

A non-medical prescriber must submit an annual self-declaration through the ‘NMP Update form’ to the relevant Trust NMP Lead to confirm their prescribing role, competence, parameters of prescribing and consent to remain on the Trust* NMP Register (database) every January.

SOP3: De-registration as a Non-medical prescriber with the Trust*

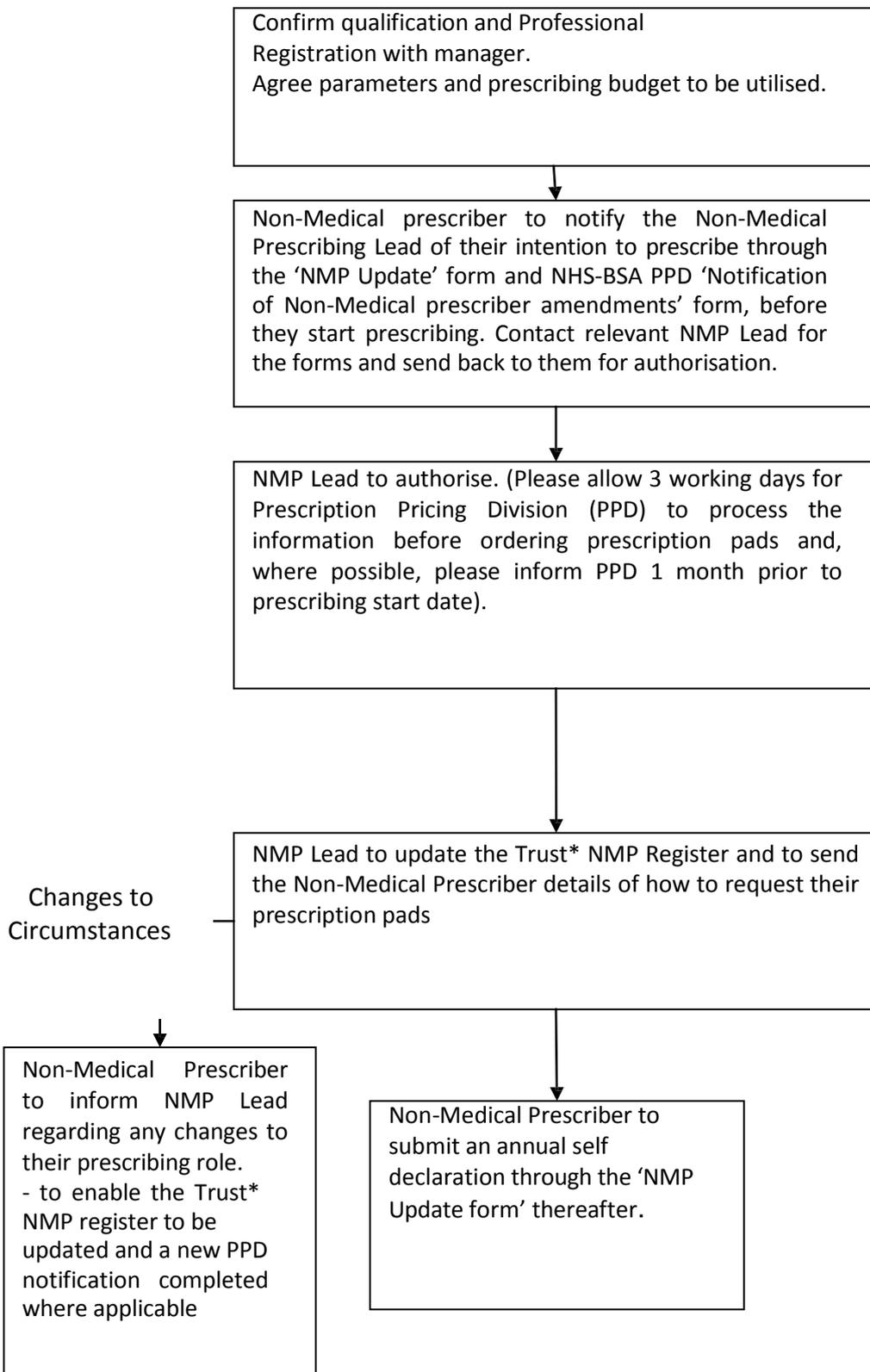
When a non-medical prescriber leaves the Trust* or GP practice-employment, or ceases to provide a service to the Trust*, they and their line manager must:

- Inform the relevant NMP Lead to enable the Trust* NMP Register to be updated Submit a PPD
- “Notification of Non-Medical Prescriber Amendments” to the relevant NMP Lead
- Destroy unused FP10 prescription forms following the procedure in the NMP policy
- Remove their name as a prescriber on systems enabling computer-generated prescriptions, where applicable

Non-Medical Prescribing

Registration with the Trust*, Accountability and Annual Declaration

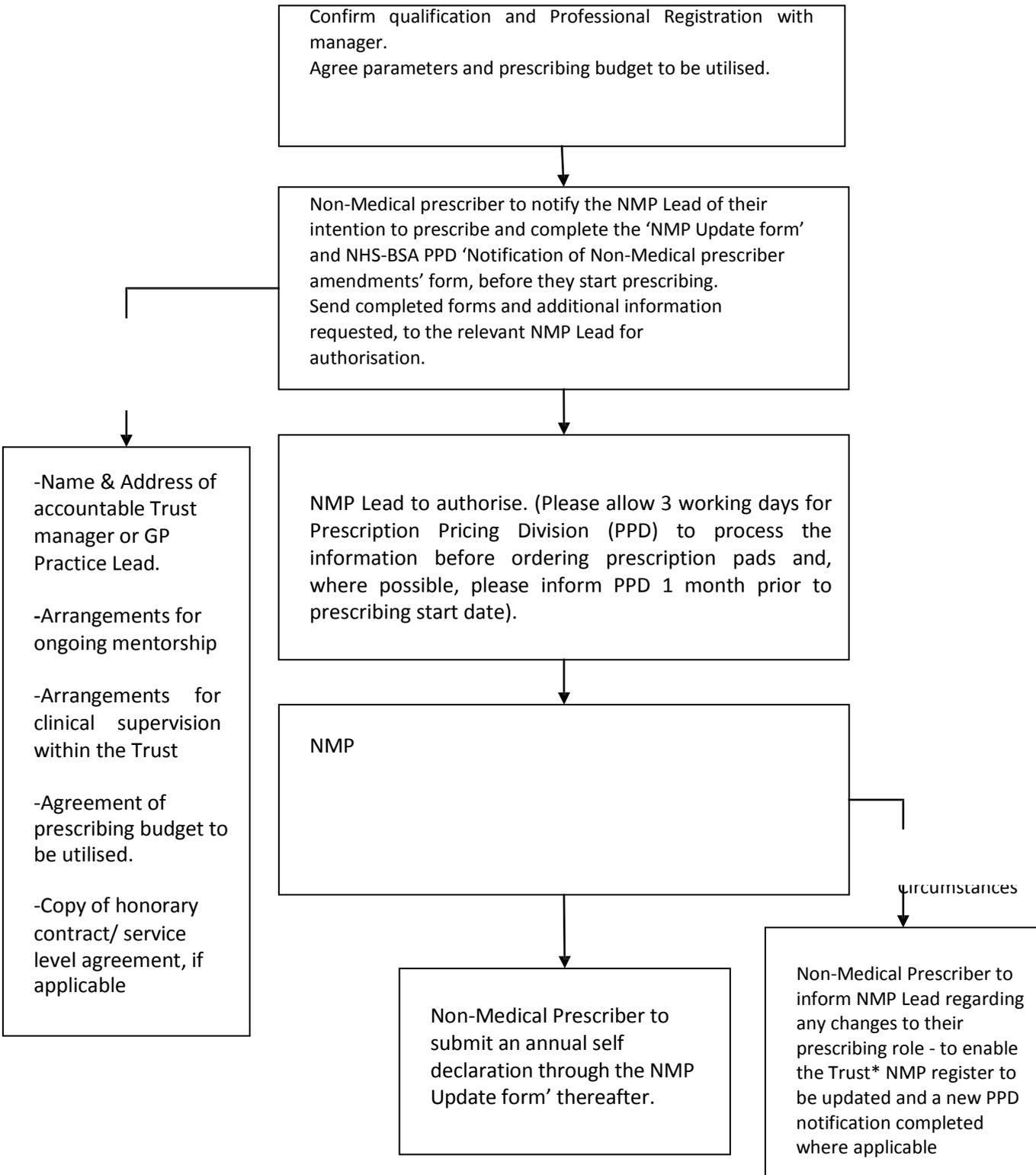
SOP 1(a): Initial Registration for CPFT-employed, CCG-employed and GP practice employed non-medical prescribers



Non-Medical Prescribing

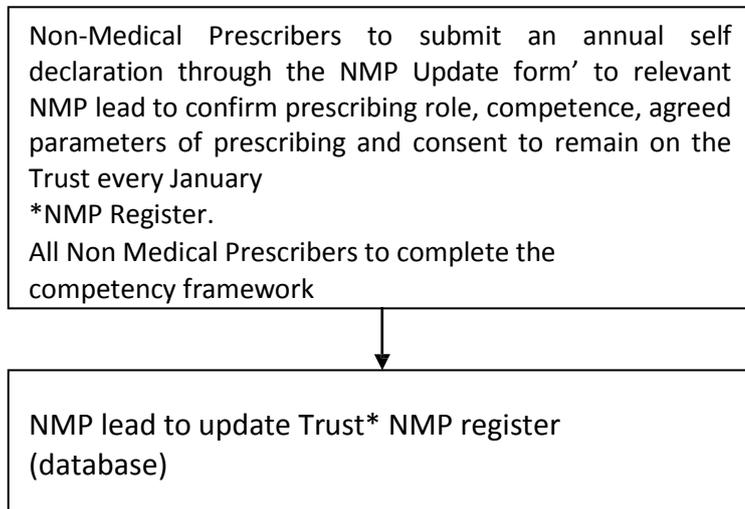
Registration with the Trust*, Accountability and Annual Declaration

SOP 1(b): Initial Registration for Non-Medical Prescribers employed by organisations other than CPFT and the CCG and providing a service to patients within these Trusts*



Non-Medical Prescribing
Registration with the Trust*, Accountability and Annual Declaration

SOP 2: Maintenance of Registration as a Non-Medical Prescriber within the Trust*



Non-Medical Prescribing
Registration with the Trust*, Accountability and Annual Declaration

SOP 3: De-registration as a Non-Medical Prescriber with the Trust*

