

MP07 Non-Medical Prescribing Policy

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1.0 Policy Statement

Legislation allows appropriately trained and qualified registered healthcare professionals who are not doctors or dentists to diagnose conditions and prescribe medicines. This policy provides guidance for all levels of non-medical prescribing (NMP) and aims to:

- Support access to NMP training where appropriate, and provide clear requirements for post qualification CPD, audit and appraisal.
- Ensure safe and effective delivery of non-medical prescribing practice within The Royal Wolverhampton NHS Trust.
- Improve patient care by utilising appropriate clinician skill mix to provide access to medicines in a timely and efficient manner.
- Ensure adherence to legislation and clinical governance.
- Outline the roles and responsibilities of the various people involved in the training and management of NMPs.

In adhering to this policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

This Policy applies to:

- All non-medical prescribers.
- All designated prescribing practitioners.
- All supervising clinicians.
- All trainee non-medical prescribers or those considering becoming trainees.
- All line managers of non-medical prescribers or trainees.
- All professional and Divisional NMP leads in the trust.

2.0 Definitions

AHP – Allied Health Professionals. Persons registered on the HCPC register as Chiroprapist/Podiatrist, Radiographer, Dietitian, Paramedic or Physiotherapist;

BNF- British National Formulary

BNFc - British National Formulary for Children

Community Nurse Prescriber (CNP) - can only prescribe from a limited formulary which includes dressings, appliances, emollients and medicines relevant to community nursing. <https://bnf.nice.org.uk/nurse-prescribers-formulary/approved-list-for-prescribing-by-community-practitioner-nurse-prescribers-npf/>

BCICB – Black Country Integrated Care Board

CPD – Continuing Professional Development

CNP – Community Nurse Prescriber

DPP – Designated Prescribing Practitioner - The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP)
- Designated Prescribing Practitioner (DPP)
- Named Practice Supervisor
- Practice Assessor
- Practice Educator

ePACT 2 – Prescribing data analysis tool from the NHSBSA

ePMA – Electronic prescribing and medicines administration system

GP- General Practitioner

GPhC - General Pharmaceutical Council

HCPC - Health and Care Professions Council

NHP – Nominated Health Professional

NHSBSA - NHS Business Service Authority

NMP – Non-Medical Prescriber

NMPCM – Non-medical Prescriber Clinical Mentor

PCN – Primary Care Network

RWT- The Royal Wolverhampton NHS Trust

RPS – Royal Pharmaceutical Society

3.0 Accountabilities

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust always conforms to best practice and regulatory requirements. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust and is responsible for ensuring policies and processes facilitate the safe, rational and cost-effective use of medicines and minimise the risk of harm to patients from medicines.

Trust NMP Group meets four times a year and provides strategic leadership and oversight for NMP Practice across the trust, including monitoring compliance with this policy

Divisional Non-Medical Prescribing leads are responsible for ensuring effective implementation of and compliance with this policy.

Non-Medical Prescribers, who are placed on the Trust register may prescribe as an independent or supplementary prescriber. It is the responsibility of the NMP to follow all medicine policies and relevant professional and clinical guidance.

Non-Medical Prescriber Clinical Mentor is a registered professional who has oversight of a NMPs clinical work in relation to prescribing. They will work in the same specialty as the NMP and provide constructive feedback and support. This role may be a DPP, their line manager or other senior clinician.

NMP Professional Leads are responsible for the strategic development of NMP roles, providing guidance on training, development and competency assessment requirements.

Trust Education and Training are responsible for ensuring training packages remain available and suitable for NMPs.

Community Nurse Prescribers (CNP), who are placed on the register, may prescribe from the CNP restricted formulary or as a supplementary prescriber. This policy applies in its entirety to CNPs.

Line managers must support prospective NMPs through the application process and ensure the annual declaration requirements are met.

Designated Prescribing Practitioner (DPP), must be employed by the Trust, meet the requirements set out by the RPS DPP Framework, and support the NMP trainee by providing a suitable learning environment, and work in partnership to develop the trainee NMP to achieve the required learning outcomes.

4.0 Policy Detail

4.1 Application process to undertake NMP training

refer to

[Appendix 1](#) – NMP training application flow chart

[Appendix 2](#) – Trust NMP training application form

4.2 The role and eligibility requirements of a DPP

4.2.1 A DPP must be employed as a medical prescriber or NMP at the Trust.

4.2.2 All DPPs must submit a DPP self-declaration authorisation form ([Appendix 3](#)) to the Divisional NMP Lead for sign off before working with a trainee NMP.

4.2.3 Before an NMP can act as a DPP they must have a DPP annotation on the Trust NMP register and have received an email from the NMP Register, confirming the annotation.

4.2.4 To apply for annotation complete [Appendix 3](#) – DPP Self -declaration form and submit it to your divisional NMP lead who will approve and send it for addition to the NMP register.

- 4.2.5 The DPP must be able to demonstrate that they work in accordance with the RPS [DPP competency framework](#)
- 4.2.6 DPPs are individually and professionally accountable to their professional bodies for this aspect of their practice and must always act in accordance with their respective code of professional conduct and scope of professional practice.
- 4.2.7 They must ensure the NMP demonstrates appropriate levels of competence before signing them off against the RPS Prescribing Competency framework standards.
- 4.3 Post qualification**
- 4.3.1 An NMP cannot legally prescribe until an annotation has been made in the professional register. NMPs that are registered as a prescriber with their professional body are eligible to apply to prescribe within RWT.
- 4.3.2 NMPs must not prescribe in any RWT service until they have successfully applied, and received written confirmation that they are on the trust NMP register
- 4.3.3 NMPs in primary care must also be on the BCICB NMP register before they can prescribe in a GP practice
- 4.3.4 Refer to
- [Appendix 4](#) – NMP Post Qualification processes
 - [Appendix 5](#) – P-Formulary
- 4.4 The RWT NMP Register**
- 4.4.1 The RWT NMP Register is a contemporaneous record of NMPs who are approved, suspended or have stopped independent prescribing at RWT and is managed by the Pharmacy Directorate.
- 4.4.2 To apply to be placed on the RWT NMP Register, refer to :
- [Appendix 6](#) – Applying to the RWT NMP Register
 - [Appendix 7](#) – Approval to practice form
- 4.4.3 When an approval to practice form is received by Pharmacy, they must update the NMP register within 48 hours (excluding weekends) and follow MP15 - FP10 prescription policy to inform NHSBSA of any changes of circumstances
- 4.4.4 The NMP Lead for primary care must also ensure the BCICB is informed of any change in circumstance of an NMP who works in primary care.
- 4.5 NMPs and Clinical Trials**
- 4.5.1 NMPs must be able to demonstrate competence in clinical trial practice and must obtain approval from the trial sponsor and be listed on the delegation log and authorised by the principal investigator before they can prescribe medications for a clinical trial.

4.5.2 Prescribing in clinical research trials must be in line with NHS research ethics, The Medicines and Healthcare Products Regulatory Agency (MHRA) approvals for Clinical Trial of Investigational Medicinal Product (CTIMP) and Trust R&D policies and procedures.

4.6 The Non-Medical Prescriber Clinical Mentor

4.6.1 A NMPCM may be a DPP, the NMPs line manager or other senior clinical professional working in the specialty of the NMP to ensure they have the level of knowledge and expertise to advise and support.

4.6.2 They are responsible for the provision of clinical support and supervision post registration of the individual as an NMP. They will work in the same specialty

4.6.3 A NMPCM must offer supportive supervision meetings which are a safe and confidential opportunity to enable practitioners to discuss concerns, fears, anxieties and uncertainties and gain support, reassurance and guidance to develop their knowledge and skills to undertake their role. This should not be a one-off meeting but an ongoing process throughout the time the NMPCM works with the NMP.

4.6.4 The frequency of these meetings will be variable as agreed between the NMP and their mentor. It would be expected that these are more frequent when newly qualified, reducing as experience and confidence is gained.

4.6.5 The meetings can be 1-to-1 or in groups.

4.6.6 The NMPCM must discuss with and sign off the NMPs annual review of practice (see [appendix 8](#))

4.7 Annual review of practice and annual declaration of competence

4.7.1 Refer to:

- [Appendix 8](#) - Annual Review of Practice and Annual Declaration of Competence.
- [Appendix 9](#) – Annual review of practice form
- [Appendix 10](#) – Direct Observation of Practical Skills (DOPS) template

4.8 Supplementary Prescribing

4.8.1 This is a voluntary partnership between an independent medical prescriber (a doctor or dentist) who establishes the diagnosis, and initiates treatment, and a supplementary prescriber, who monitors the patient and prescribes and supplies the medication in accordance with an agreed personalised Clinical Management Plan with the patient's agreement ([appendix 11](#))

4.8.2 There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing. All prescribers must adhere to all BCICB Formularies. Each NMP should take into consideration any potential restrictions to their professional group and consider use of CMPs. Please check up to date

professional regulations: <https://cpe.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/who-can-prescribe-what/>

4.8.3 Where an NMP only acts in the capacity of a supplementary prescriber this must be made clear on their application to the NMP register and an annotation will be made to indicate this.

4.9 NMP Oversight

4.9.1 Divisional NMP leads will:

- Provide operational leadership with regards to non-medical prescribing across RWT.
- Contribute to the Trust strategy for NMPs.
- Cascade up to date information about prescribing to all RWT NMPs, including an annual update on NMP strategy, legislation and guidelines.
- Promote NMP across the organisation to all relevant health care professionals and management teams.
- Participate in the selection of candidates for NMP courses.
- Ensure that a current register of NMPs in the Trust is in place, up to date at all times, and maintained, providing evidence of compliance to the Trust non-medical prescribing governance framework.
- Signpost primary care based NMPs to the [BCICB NMP policy](#) for registration onto the BCICB register and NHSBSA.
- Perform a 6 monthly audit of information on the Non-medical Prescribing register to ensure accuracy is being maintained; this will be reported to the Trust NMP Group
- Undertake audit of the quality of annual reviews.
- Facilitate, as appropriate, access to continuing professional development (CPD) for NMPs.

4.9.2 The Trust NMP group must meet at least four times a year ([See Appendix 12](#) – RWT NMP Group Terms of Reference)

4.9.3 The Group will produce an annual report, that must be submitted to Trust MMG, providing assurance of compliance with policy.

4.10 Prescription forms

4.10.1 NMPs must use electronic prescribing wherever this is available. They must apply for prescribing status within the relevant electronic prescribing system and undertake the required system training before prescribing.

<http://trustnet.xrwh.nhs.uk/computer-systems/e/epma/training-anddocumentation/>

4.10.2 Where there is no electronic system the NMP must use Trust approved prescription forms. This may be a prescription chart, outpatient prescription or FP10 prescription.

4.10.3 Any NMP who is required to use NHS FP10 prescriptions must follow [MP15 - FP10 prescription policy](#) to request them.

4.11 Remote Prescribing

4.11.1 Remote prescribing is defined as prescribing medication to patient who is not physically present with the prescriber, e.g. telephone or video call clinics. When prescribing remotely the NMP must ensure patient safety at all times, being assured of patient identity, address, indication is confidently determined and that they have access to contemporary clinical records.

4.11.2 The NMP acting remotely must also be assured that any “red flag” signs or symptoms are escalated for a face-to-face consultation before any prescribing is undertaken, ensuring any differential diagnoses can be identified/ruled out. The NMP must be aware of the process for clinical escalation outlined in their service SOP.

4.11.3 The NMP must safety-net and/or signpost patients in the event of being unable to treat the patient remotely. A senior medical clinician should be available to the NMP for advice and escalation where required.

4.11.4 All treatment prescribed must be documented in the patient’s clinical records indicating that the patient was assessed by remote consultation and the method used, the date of consultation and the name, dose, quantity, frequency and treatment duration of medication prescribed. Any agreed follow up or escalation advice given to the patient must also be recorded.

4.11.5 The NMP must follow the GMC guidance on Remote prescribing high level principles - [Remote prescribing high level principles - summary - GMC \(gmc-uk.org\)](https://www.gmc-uk.org) and [RWT MP01 Procedure 13 SOP for outpatient prescription supply following remote consultation](#).

4.12 Access to appropriate clinical references and guides.

4.12.1 NMPs must use contemporary clinical reference guides and where available the online resource must be used. NMPs are encouraged to download the EOLAS and BNF applications to their mobile devices.

4.13 Adverse Effects and Incident Reporting

4.13.1 Where an untoward incident occurs in relation to a NMP’s practice (e.g. incorrect dose) either in prescribing or administration of medications this must be reported through the organisations incident reporting system in accordance with trust policy. The NMP must also inform their employer/line manager.

4.13.2 If a patient suffers a suspected adverse reaction, it must be reported immediately to the consultant (or GP) in charge of the patient’s care and the yellow card completed. This can be completed via the [Yellow card](#) website or app. It must also be recorded on the trust’s incident reporting system.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

In the event an NMP has a visual impairment, support will be given as necessary if information required in large print etc. NMPs with a disability - NMP updates will be delivered in an accessible venue.

In the event that NMPs have a learning disability or difficulty, ongoing reasonable adjustments will be made.

7.0 Maintenance

The Assistant Director of Pharmacy – Quality and Governance, is responsible for keeping the policy up to date, supported by the RWT NMP Group. Revisions to the policy will be reviewed by the Trust Medicines Management Group (MMG) before being submitted through the Trust's policy approval procedure.

8.0 Communication and Training

Trust policy OP41 [Appendix 4](#) contains training needs analysis of healthcare staff in relation to this policy. Ward and Departmental managers are responsible for ensuring that all NMPs working for them are trained to be competent in all aspects of the prescribing of medicines.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Ensure NMP register is up to date	Divisional NMP Leads	Review of registrants on register	6 monthly	Trust NMP Group
Ensure the quality of the Annual Review process	Divisional NMP Leads	Sample Audit of annual reviews	Annual	Trust NMP Group
Identify overdue annual declaration of competence	Pharmacy	Review of overdue declarations	Quarterly	Trust NMP Group
Compliance with Policy	Trust NMP Group	Annual report	Annual	Medicine Management Group

10.0 References

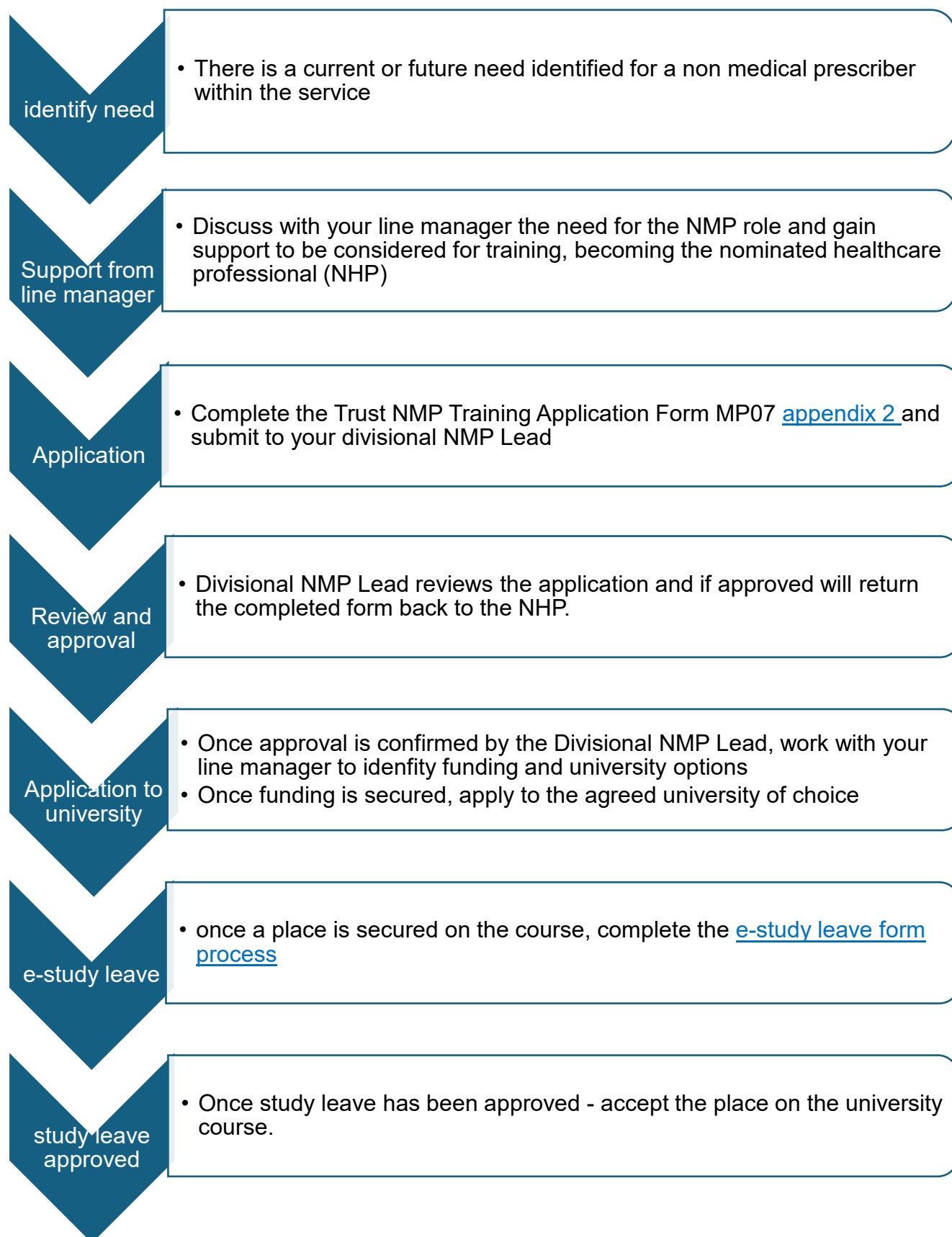
- Nursing and Midwifery Council (NMC). Standards for prescribing programmes January 2023. <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/part-3-updated-standards-for-prescribing-programmes-2023.pdf>.
- Royal Pharmaceutical Society (RPS) A Competency Framework for all Prescribers September 2022: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d>.
- Health and Care Professions Council (HCPC) Standards for prescribing Sept 2019: [standards-for-prescribing2.pdf \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-for-prescribing2.pdf).
- Royal Pharmaceutical Society (RPS): A Competency Framework For Designated Prescribing Practitioner (DPP) Dec 2019. [DPP competency framework Dec 2019.pdf \(rpharms.com\)](https://www.rpharms.com/DPP%20competency%20framework%20Dec%202019.pdf).
- General Medical Council (GMC) on Good practice in prescribing and managing medicines and devices Published 5 April 2021: <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices>.
- Chartered Society of Physiotherapy – [Practice Guidance for physiotherapist supplementary and/or independent prescribers in the safe use of medicines \(4th edition\)](https://www.csp.org.uk/practice-guidance-for-physiotherapist-supplementary-and-or-independent-prescribers-in-the-safe-use-of-medicines-4th-edition)
- The College of Optometrists – Independent prescribing guidance <http://www.college-optometrists.org>
- Royal Pharmaceutical Society (RPS) Direct observation of Practical Skills (DOPS) October 2024: [Direct Observation of Practical Skills \(DOPS\) \(rpharms.com\)](https://www.rpharms.com/Direct%20Observation%20of%20Practical%20Skills%20(DOPS).pdf)

Part A - Document Control

Policy number and Policy version: 3.0	Policy Title: Non – Medical Prescribing Policy		Status: Final	Author: Assistant Director of Pharmacy – Quality and Governance Director Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1	Feb 2017	NMP Leads Acute Trust & Community	Initial policy ratification
	1.1	March 2020	NMP Leads Acute Trust & Community	Reviewed by Chief Nurse – extended until May 2020 pending full review.
	2	Sept. 2020	Nurse Consultant Renal Services	Scheduled review of policy
	2.1	Sept 2022	Deputy Clinical Director of Pharmacy	Update to NMP leads and additional process for primary care – Appendix 14
	2.2	August 2023	Nurse Consultant Renal Services	Extension
	2.3	October 2023	Nurse Consultant Renal services	Extension
	2.4	June 2024	Nurse Consultant Renal services	Extension
	2.5	November 2024	Assistant Clinical Director of Pharmacy	Updates to NMPs within Appendices 1 & 5
	3.0	October 2024	Assistant clinical director of pharmacy – Quality and Governance	Full review of process standards and supporting documents. Removal of FP10 management, which now has its own policy.

Intended Recipients: Non-Medical Prescribers, trainee non-medical prescribers, Non-Medical Prescriber Clinical Mentors, Designated prescribing practitioners, NMP leads and line managers.	
Consultation Group / Role Titles and Date: Medicines Management Group (MMG) NMP Professional Leads RWT NMP Group	
Name and date of Trust level group where reviewed	Medicines Management Group – 03/12/2024 Trust Policy Group – 6 December 2024
Name and date of final approval committee	Trust Management Committee – January 2025
Date of Policy issue	January 2025
Review Date and Frequency	December 2028 Every 4 years
Training and Dissemination: At addition to RWT Non-Medical Prescriber Register and shared through divisional clinical leads.	
To be read in conjunction with: All Medicines policies	
Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed N/A If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904	
Monitoring arrangements and Committee	MMG and Patient Safety Improvement Group (PSIG).
Document summary/key issues covered. This policy identifies the organisational systems and processes required to support non-medical prescribing in The Royal Wolverhampton NHS Trust. It states the criteria for non-medical prescribing, identifies how practitioners can access training and maintain their necessary competencies.	
Key words for intranet searching purposes	Non-Medical Prescribing (NMP)
High Risk Policy? Definition: <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	No If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

MP 07 Appendix 1 – NMP Training Application Flow Chart



MP07 – Appendix 2 NMP Training Application Form

Application to be considered for Non-Medical Prescribing Course:

Name: Profession: Professional Registration No.: Year of qualification: No. of years in speciality: Band: Job Title:	Division: Directorate: Speciality / Team: Work Address: Telephone No.: Email:
NMP Course being applied for: V300 <input type="checkbox"/> V150 <input type="checkbox"/> Practice certificate in independent prescribing <input type="checkbox"/>	
Qualifications: RGN <input type="checkbox"/> Dip Nursing <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> GradDipPhys <input type="checkbox"/> Health Assessment Module completed: <input type="checkbox"/> (Please provide proof of qualifications) DBS check within last 3 years: Yes <input type="checkbox"/> No <input type="checkbox"/> Other relevant qualifications (speciality CPD modules etc.)	
Designated Prescribing Practitioner (DPP); Practice Assessor (Nursing) or Practice Educator (AHP): Name: Job Title: Experienced Prescriber for more than 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> DPP Self declaration (MP07 Appendix 4) completed and attached Yes <input type="checkbox"/> No <input type="checkbox"/> Practice Supervisor (Nursing only) Name: Job Title:	

Reasons for request to prescribe

Please provide reasons for your application for a prescribing course

- a) How will your ability to prescribe benefit patients and your service? (role/service delivery benefit, expected changes to clinical pathway, timeliness of provision, effectiveness, impact on patient journey/experience, improve access to medicines)

- b) Please provide details of the service you intend to prescribe in:

- c) Have you considered what drugs you may prescribe to meet the service requirement? Please list drugs below:

Line Manager Approval

I support the above application to be considered for non-medical prescribing courses. I understand funding will need to be identified prior to any course application.

Name:

Email:

Signature:

Date:

Completed forms should be sent to you NMP Divisional Lead:

Division 1 NMP Lead: rw-h-tr.nmp-leaddiv1@nhs.net

Division 2 NMP Lead: rw-h-tr.nmp-leaddiv2@nhs.net

Division 3 NMP Lead: rw-h-tr.nmp-leaddiv3@nhs.net

NMP Divisional Lead Approval

I agree that the application criteria has been met to apply for funding for an NMP course:

Name:

Signature:

Date:

MP07 Appendix 3: DPP Self-Declaration Form

Please fully complete the form and initial and date each element of the statement.

Name:	
Specialty:	
I am a (please circle):	Medical prescriber / Non-medical prescriber
Date authorised as a prescriber in the Trust:	

Statement		Initials	Date
I can confirm that I have achieved the competencies detailed in the RPS Document: A Competency framework for Designated Prescribing Practitioners	The Designated Prescribing Practitioner		
	1. Personal Characteristics		
	2. Professional skills and knowledge		
	3. Teaching and training skills		
	Delivering the Role		
	4. Working in partnership		
	5. Prioritizing patient care		
	6. Developing the role		
	Learning Environment and Governance		
	7. Learning environment		
8. Governance			
I can confirm I am prescribing regularly in my current role			
I can confirm I have 3 or more years prescribing experience in my current specialty			
I can confirm that I have the support of my line manager to undertake the role of a designated prescribing practitioner			

Prescriber Signature		Date	
Line manager Signature		Date	

Completed forms should be sent to your Divisional NMP Lead:

Division 1 NMP Lead: rwh-tr.nmp-leaddiv1@nhs.net

Division 2 NMP Lead: rwh-tr.nmp-leaddiv2@nhs.net

Division 3 NMP Lead: rwh-tr.nmp-leaddiv3@nhs.net

Divisional NMP lead Signature		Date	
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If the DPP is an NMP forward to: rwh-tr.nmpregister@nhs.net

For NMP register use only:	Initial	Date
DPP Annotation made on NMP register		
Email confirmation of addition of DPP to the register sent		

MP07 – Appendix 4 NMP Post Qualification Processes

1.0 General

- 1.1 An NMP cannot legally prescribe until an annotation has been made in their professional register. NMPs that are registered as a prescriber with their professional body are eligible to apply to prescribe within RWT.
- 1.2 NMPs must not prescribe in any RWT service until they have successfully applied, and received written confirmation that they are on the trust NMP register
- 1.3 NMPs in primary care must also be on the BCICB NMP register before they can prescribe in a GP practice
- 1.4 All newly qualified NMPs with fewer than 2 years of registration with their professional body must be given additional support and, where implemented for your professional group, will be required to work to an enablement policy and/or a restricted prescribing policy. The Divisional NMP Lead will direct you to any such policy if it is in place.
- 1.5 Where a professional body has specific guidance on standards of initial education or training these must be followed.
- 1.6 Prescribing must be in line with any published national, regional or local guidance, follow the Trust and BCICB Formularies and be in accordance with all Trust medicine policies.
- 1.7 The roles of prescribing and administration of a medicine to an individual patient must be separated to reduce the potential for error. When this is not possible then a risk assessment must be undertaken for the service, a SOP developed to be followed and this must be approved through the directorate governance process.
- 1.8 NMPs must not prescribe on behalf of another person without going through their own due diligence process checks to satisfy the appropriateness of the prescription for the patient.
- 1.9 Where possible such checks should involve speaking to the patient but must include a clinical note review, clinical safety and interaction checks, and confirmation of the condition being treated.
- 1.10 Practitioners must only prescribe within their scope of competence and maintain their competencies.
- 1.11 NMPs must not prescribe for themselves, family members or friends.
- 1.12 “Off label” and unlicensed medicines may only be prescribed in accordance with the Trust Unlicensed Medicines Policy MP02.

2.0 Professional Accountability and Liability

2.1 NMPs are individually and professionally accountable to their professional bodies for this aspect of their practice and must always act in accordance with their respective code of professional conduct and scope of professional practice. All NMPs must also act in accordance with the RPS Prescribing Competency Framework and within any prescribing restrictions applied to their profession:

[Non-medical prescribing | Medicines guidance | BNF | NICE](#)

[Who can prescribe what? - Community Pharmacy England \(cpe.org.uk\).](http://cpe.org.uk)

2.2 All NMPs must ensure that their professional registration is kept up to date. Where a NMP is appropriately trained and qualified and prescribes as part of their duties with the consent of their employer, the employer is held vicariously liable for their actions.

2.3 Where a NMP is required to expand their clinical practice in line with service developments, the NMP, with their NMPCM, must identify any further clinical training and experience that may be required and this must be provided and competency achieved under supervision before new clinical duties can be undertaken.

3.0 Bank/agency

3.1 Non-medical prescribing is not routinely accepted practice for bank or agency staff, without an equivalent substantive role vacancy within the Trust. Exceptions can be made on a case-by-case basis with approval between the line manager and the Divisional NMP lead.

3.2 Any financial and operational approval must also be in place in accordance with trust processes.

3.3 Bank/agency NMPs must be on the NMP register. The skill must also be assigned on Health Roster for audit purposes.

3.4 To be employed as a bank/agency NMP the following must be in place:

- A regular working pattern (minimum of 1 regular working day per week in the area which has identified a need for a prescribing role).
- The line manager where the shift is being undertaken has ensured that the prescriber is on the Trust NMP register.
- The staff member has relevant clinical experience in the specialty the shift is to be worked in.

AND

- The NMP has access to relevant systems to enable prescribing where it is an essential element of the role/ shift being covered.

3.5 It is not the responsibility of the line manager of the staff member's substantive position to assure of this competence as bank shifts may be undertaken across the organisation without their knowledge.

- 3.6 NMPs employed via bank/agency who are on the Trust NMP register will have the equivalent vicarious liability as substantive staff providing, they are compliant with this policy, including the annual declaration.
- 3.7 Bank/agency staff unable to meet these requirements will not be permitted to practice as non-medical prescribers.
- 3.8 It is the professional responsibility of the individual to ensure they have access to relevant electronic prescribing systems or prescription pads prior to booking a bank shift where prescribing has been deemed an essential requirement of the shift.
- 3.9 Bank staff must not be booked to undertake a shift where non-medical prescribing is an essential function, where the above requirements have not been met.

4.0 Ethical issues

- 4.1 NMPs cannot direct prescriptions to a particular dispensing pharmacy. This is a matter of patient choice. When prescribing palliative care medicines the NMP may advise a patient of the community pharmacies who have agreed to keep a range of palliative care medicines known as specialist palliative care drug (SPCD) supply pharmacies.
- 4.2 The NMP must take into consideration any professional and/or ethical issues relevant to the prescribing needs of the patient.
- 4.3 The NMP is accountable for all prescriptions they sign and for completing the relevant patient documentation for recording of prescribed items and communication as required by local SOPs.
- 4.4 When considering influences on prescribing, NMPs must follow the RPS framework section 8 and ensure they meet the requirements of OP109 Conflict of Interests Policy.

5.0 Maintaining Competence and Extending Scope of Practice

- 5.1 It is the responsibility of the individual NMP to ensure that they keep up to date and work in line with best practice and with the RPS [prescribing competency framework](#).
- 5.2 NMPs must be able to demonstrate ongoing competence and provide evidence of competence in any new clinical areas they develop. This must be in accordance with the RPS Competency framework.
- 5.3 All Non-Medical Prescribers must:
- Have a non-medical prescriber clinical mentor
 - complete annual CPD in relation to their prescribing. A minimum 6 hours is recommended.
 - must complete any trust stipulated NMP mandatory training. This will be reflected in and available on their MyAcademy account.

- undertake an annual review of practice ([appendix 8](#)),
- submit and review the annual review of practice as part of their annual appraisal process with their line manager.
- Submit an annual declaration of competence ([appendix 7](#))

- 5.4 RWT has commissioned Script modules to support NMP CPD. They can be accessed within MyAcademy. As part of maintaining competence NMPs are encouraged to use these modules.
- 5.5 Where a specific professional group has Trust mandated Script modules these will be included in their mandatory training record on MyAcademy.
- 5.6 NMPs may choose to adopt a P-formulary ([appendix 5](#)) to record the medicines they are competent to safely prescribe.
- 5.7 If there is a requirement to extend scope of practice a DPP is required and a minimum of 45 hours of supervised practice in the new clinical area must be completed and a record of competencies documented.
- 5.8 Once competence has been achieved an updated NMP approval to practice form must be submitted to include the new scope of competence.

6.0 Break in Practice

- 6.1 All non-medical prescribers who have not been in prescribing practice for 12 months or longer will be required to complete a competency review. This can be achieved with the use of the example methods listed in the [RPS Framework: supporting tools, demonstrating/evidencing competencies](#). The annual review of practice form can be used to demonstrate ongoing competence following a break in practice. Further documents to support the assessment of competence can be found on the [RPS website](#)
- 6.2 It is the responsibility of the NMP's line manager to ensure that this break in practice and any period of supervised practice is notified to the Divisional NMP Lead so that the Trust non-medical prescribers' register may be appropriately annotated.
- 6.3 Reasons for being out of practice includes:
- Long term sickness.
 - Maternity/paternity leave.
 - Secondment into non-prescribing role.
 - Temporary removal from the register after non-declaration of competence. (This is not an exhaustive list).

If there are any concerns from the Divisional NMP Lead regarding their competence an additional action plan will need to be discussed with their manager as part of their return-to-prescribing interview.

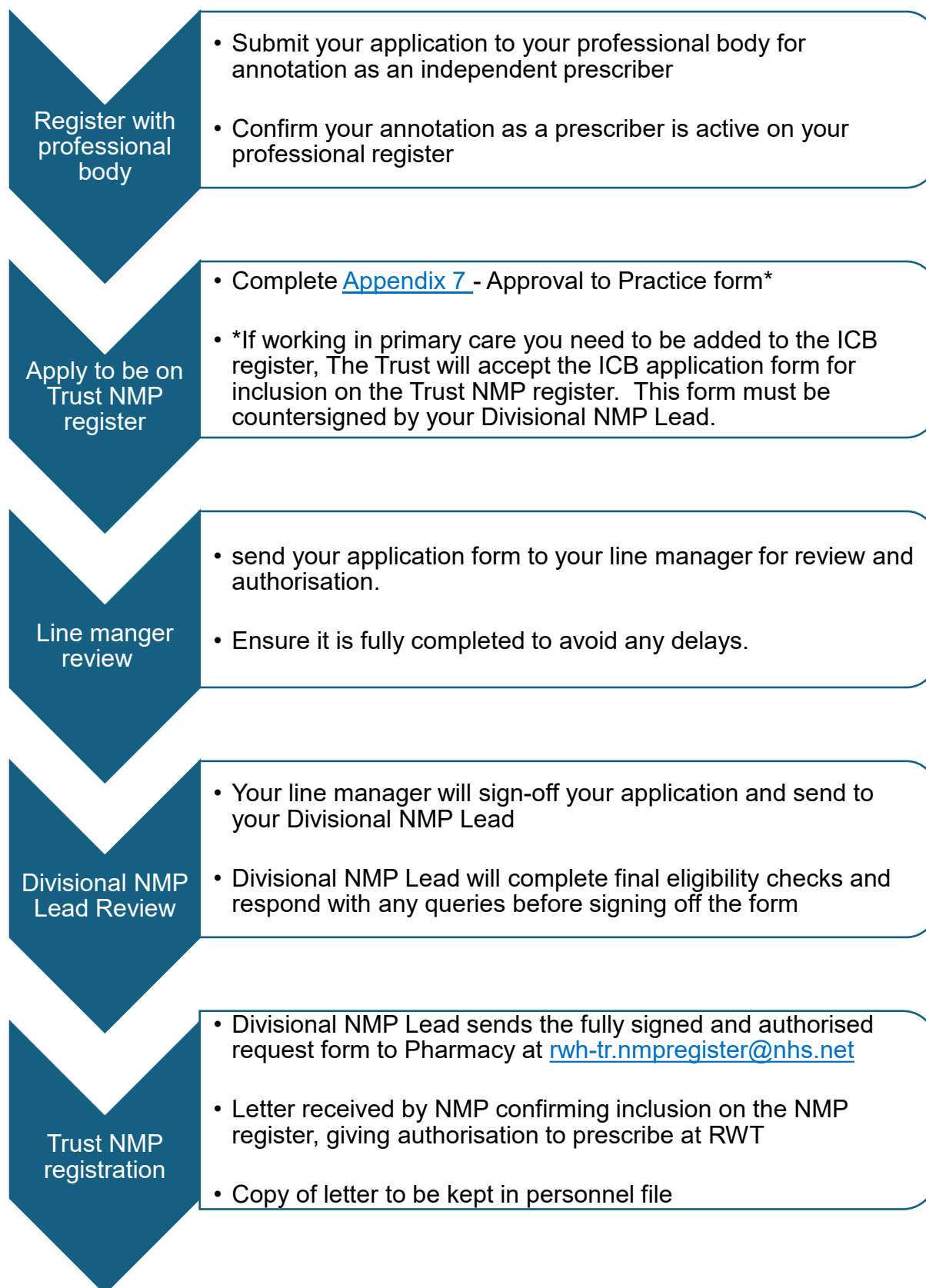
MP07 Appendix 5: Non-Medical Prescriber Personal Formulary

(This form is optional for a non-medical prescriber to use to record their own personal formulary)

Personal Formulary			
Drug class	Drug name	Clinical area (i.e. hypertension, asthma, COPD)	Additional comments
<i>e.g. ACE inhibitors</i>	<i>Ramipril</i>	<i>Hypertension</i>	<i>All doses</i>
Non-medical prescriber name: Date: Non-medical prescriber signature:			

Continue on a separate sheet or add additional rows to the above table if required

MP07 Appendix 6 - Applying to the RWT NMP Register



MP07 Appendix 7: Non-Medical Prescribers - Approval to Practice form

This form **must** be returned before the Non-Medical Prescriber (NMP) can be registered with the Trust / NHSBSA and prescribe.
It must be updated if any changes to the NMP registration details or status are made.

New <input type="checkbox"/>		Updated <input type="checkbox"/>		Suspension <input type="checkbox"/>		Termination <input type="checkbox"/>		Annual Declaration <input type="checkbox"/>	
Prescribers Name:						Title:		Mr / Mrs / Miss / Ms / Dr	
Professional Registration no:						Restricted formulary? Y / N			
Professional Body:						Community Practitioner Nurse Formulary			
						Independent Prescriber Formulary			
						Independent prescriber Formulary with restrictions			
Profession:									
Department/Base/Practice						Department/Practice Code			
Date prescriber commenced / Terminated*						Contact No:			
Contact email address:						Lead Clinician			
Are you prescribing –		Manually		Electronically		Both			
Do you work as a prescriber in another department / Practice?				Yes / No		If Yes you MUST complete the supplementary form			
Will you prescribe Schedule 2-5 Controlled Drugs		Yes / No Please cross relevant boxes			Will you prescribe to under 12 years old? Yes / No				
		Schedule 2 <input type="checkbox"/>							
		Schedule 3 <input type="checkbox"/>							
		Schedule 4 <input type="checkbox"/>							
		Schedule 5 <input type="checkbox"/>							

Scope of Prescribing Practice

Area of Prescribing	Training	Experience	Guidelines or protocols adhered to	State any exclusions or extensions to protocols or guidelines followed.

Extension to scope of practice in the last 12 months	Yes	No
------------------------------------------------------	-----	----

If Yes provide further details:

Declaration:

I have discussed and agreed my scope of practice and competence with my NMP Clinical mentor, and they confirm that I meet/do not meet* the competency framework for all prescribers and that I am competent to take a patient history, undertake a clinical assessment and diagnose within the area and field of practice identified. The competency framework for prescribers can be viewed on the [Royal Pharmaceutical Society website](#).

The Line Manager is responsible for providing support and mentorship and for monitoring competencies, prescribing and the prescriber's CPD portfolio at agreed intervals (minimum once per year). The Non-Medical Prescriber and line manager, needs to ensure the prescriber maintains registration requirements and will inform the Trust of any changes.

ADDITIONAL STATEMENT FOR ANNUAL DECLARATION USE: YES / NO

I confirm that I have reviewed the non-medical prescriber's annual audit, CPD and prescribing practice and that they:
require restrictions to practice / meet / do not meet the requirements* to remain on the Royal Wolverhampton NHS Trust NMP register.

Document any actions required here:

By signing this form You are confirming it has been reviewed and approved

NMP NAME:	SIGNATURE	DATE
NMP Clinical Mentor	SIGNATURE	DATE
Line Manager NAME	SIGNATURE	DATE

Email completed form to: rwh-tr.nmpregister@nhs.net

PLEASE ENSURE THAT YOU INFORM US PROMPTLY IF ANY OF THE NMP'S DETAILS CHANGE OR THE NMP LEAVES THE EMPLOYMENT OF THIS PRACTICE SO THAT THEIR DETAILS CAN BE UPDATED WITH THE NHSBSA

*Delete as appropriate

SUPPLEMENTARY FORM FOR COMPLETION BY NMPs WORKING ACROSS MULTIPLE Departments / Practices within the same organisation

Note: The NMP should complete this page if they provide the same service across multiple departments/practices, under the **same Lead Clinician**. If this is not the case, please submit a separate Approval to Practice form for each additional department/practice the NMP is involved with.

NMP Details

Full Name	
Title (e.g. Mr / Mrs / Miss / Ms)	
Contact email address	
Professional Registration No.	

To be completed by the Lead Clinician of service

I can confirm as lead clinician of the applicant's service that I take responsibility for the oversight of the applicant's prescribing competencies working across all the practices they are registered with.

Lead Clinician's Signature: _____ Name (**PLEASE PRINT**):

Date: _____ Lead Clinician contact details: _____

To be completed by the Lead Clinician of each additional service where the NMP will prescribe

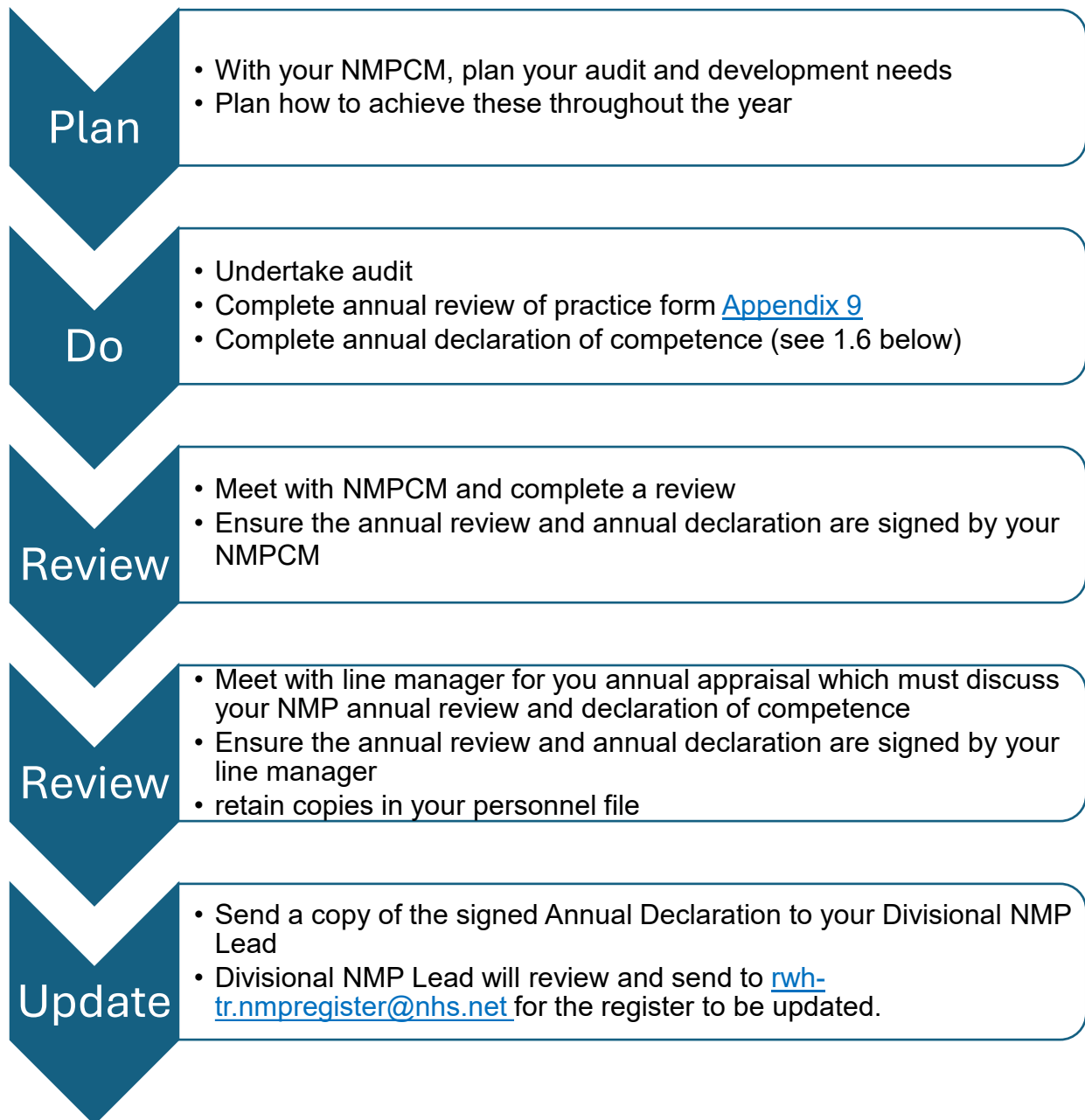
By signing this form, I am authorising the Trust to register the NMP as a prescriber for the services/practices below. Oversight of prescribing will rest with the Lead Clinician of the hosting employer/employing organisation as above.

Department/Practice Name	Address (If different to previous)	Dept./Practice Code (If applicable)	NMP start date at Department / practice	Lead clinician of Department/ practice (PRINT NAME)	Lead clinician of department/practice (Signature)

MP07 Appendix 8

Annual Review of Practice and Annual Declaration of Competence

1.1 Flowchart:



Division 1 NMP Lead: rwh-tr.nmp-leaddiv1@nhs.net

Division 2 NMP Lead: rwh-tr.nmp-leaddiv2@nhs.net

Division 3 NMP Lead: rwh-tr.nmp-leaddiv3@nhs.net

- 1.2 All NMPs must complete the annual review of practice form (appendix 9). The intention is not to check-up or to require proof they can prescribe but to provide guidance, and support if there are any gaps (known or unknown) in assurance.
- 1.3 This must be reviewed with your NMPCM and include a written reflection on practice linked to the RPS prescribing framework, an audit and must discuss scope of practice and areas for development.
- 1.4 As the role of the NMP is not standard across the organisation, including their methods to prescribe, there is not a set audit tool. A number of tools that may be used are available from the [RPS](#) website.
- 1.5 NMPs are strongly encouraged to include prescribing data analysis, reflection on any prescribing incidents and some direct observation of practical skills (DOPS) recorded on the DOPS form ([appendix 10](#)).
- 1.6 Whichever audit tool is chosen it must be jointly agreed between the NMP and NMPCM as acceptable to identify good practice and/or gaps in assurance.
- 1.7 using the NMP Approval to Practice form ([appendix 7](#)) an annual declaration of competence must also be completed and signed by the NMP and NMPCM
- 1.8 The annual review must then be discussed as part of the NMPs annual appraisal and a copy kept in their personnel file.
- 1.9 The line manager must send a signed copy of the NMP annual declaration to the divisional NMP lead
- 1.10 The divisional NMP Lead will review the declaration and forward it to rwh-tr.nmpregister@nhs.net.
- 1.11 Pharmacy will then update the trust NMP register with the new 12 month expiry date.
- 1.12 Any NMP who has an out of date declaration of competence will be suspended from the NMP register until it is completed. They must not prescribe in any Trust service during this time.
- 1.13 If the declaration is not submitted within 3 months after expiry the NMP will be removed from the register and they will have to re-apply.
- 1.14 Where NMPs are unable to complete their annual review or the NMPCM feels unable to sign off the annal review, they must have a face to face

meeting with their NMP Divisional Lead to determine the next steps (e.g. removal from register, restricted practice, additional training, additional prescribing opportunities) and an action plan for development and review must be put in place. Pharmacy must be notified of any restrictions to/suspension of practice using the NMP – approval to practice form ([Appendix 7](#)) so that the register can be updated.

- 1.15 Any prescriber who is unable to produce evidence of competence in the previous 12 months will be ineligible to prescribe within RWT until further evidence of training and/or competence has been provided. This can be achieved through supervised practice and review against the RPS Framework. The annual review document ([Appendix 9](#)) can be used to demonstrate and record ongoing competence following a break in prescribing.
- 1.16 When a practicing NMP joins the organisation their line manager must be assured of competence. This must include evidence of qualifications, scope of practice, previous competency completion and may include audit data. The NMPCM must provide feedback from to the NMP's line manager within the first three months and implement any recommended assurance checks or restrictions to practice until competence is demonstrated.

MP07 Appendix 9: Annual Review of Practice

Name:

Reflection on Practice: (relate this to the RPS Prescribing framework)

CPD Completed in the previous 12 months:

Areas where I have performed well:

Areas for Development:

Action Plan:

Audit of Practice: Insert details of your audit in this section

Results of Audit:

Areas I have performed well:

Areas for Development:

Action plan

What	How	When	Date Completed

Declaration:

	Initials	Date
I confirm I have an up-to-date job description and person specification reflecting my prescribing role and duties.		
I confirm that this document is a true reflection of my practice of the previous 12 months, I have reviewed my competency and identified my on-going development needs above which will be transferred to my Personal Development Plan.		
I confirm I have the knowledge and skills to safely prescribe within the my level of experience and scope of competence, and that I will act in accordance with the professional and ethical frameworks described by my professional body		
I confirm I have read RWT NHS Trust Non-Medical Prescribing Policy.		
I confirm I have provided evidence of service-specific CPD to my NMPCM and linked this to the RPS Competency Framework		

OR

I am not currently prescribing in my role and should this change I will need to complete a competency assessment before prescribing again.		
--------------------------------------------------------------------------------------------------------------------------------------------	--	--

NMP name:	
Signature:	
Date:	

NMPCM Declaration:

I have discussed this annual review with the NMP and am satisfied that the NMP meets the competence required to continue as a non-medical prescriber at the Trust

NMPCM's name:	
Signature:	
Date:	

Line manager Declaration:

I have reviewed this document as part of the NMPs annual appraisal and I have incorporated any actions identified into their personal development plan.

Line manager's name:	
Signature:	
Date:	

MP07 Appendix 10: DOPS (direct observation of practical skills)

Title of DOPS		Date of DOPS:	
NMP Name:		Practical skill observed / Name of procedure	

Please grade the following criteria:	Below expectations	Borderline	Meets expectations	Exceeds expectations	Not Applicable
1. Describes indications, relevant anatomy and details of procedure					
2. Obtains informed consent, after explaining procedure and complications					
3. Demonstrates understanding of potential risk(s) associated with activity					
4. Prepares for the procedure appropriately					
5. Completes activity in a timely and safe manner					
6. Demonstrates use of appropriate process					
7. Demonstrates relevant infection control precautions – safe use of equipment					
8. Performs technical aspects of procedure as per guidance notes					
9. Deals with unexpected events or seeks assistance when appropriate					
10. Completes required documentation					
11. Issues clear post procedure advice to the patient or staff					
12. Communicates effectively with the patient and staff in a professional manner					
13. Overall ability to perform procedure					

Summary of assessment: (to include, date of patient intervention, clinical setting, patient type, focus of encounter)	
What went well?	Suggestions for development:
Agreed action (SMART: Specific, Measurable, Achievable, Realistic and Timely):	
NMP reflection:	

Name and Signature of observer:	Date	
Position of observer:		

MP07 Appendix 11: Clinical Management Plan for Supplementary Prescribers

Name of Patient:		Patient medication sensitivities/allergies:		
Patient identification e.g. ID number, date of birth:				
Current medication:		Medical history:		
Independent Prescriber(s):		Supplementary prescriber(s):		
Contact details: [Tel/email/address]		Contact details: [Tel/email/address]		
Condition(s) to be treated:		Aim of treatment:		
Medicines that may be prescribed by SP:				
Preparation	Indication	Dose schedule	Specific indications for referral back to the IP	
Guidelines or protocols supporting Clinical Management Plan:				
Frequency of review and monitoring by:				
Supplementary prescriber		Supplementary prescriber and independent prescriber		
Process for reporting ADRs:				
Shared record to be used by IP and SP:				
.				
Agreed by independent prescriber(s):	Date	Agreed by supplementary prescriber(s):	Date	Date agreed with patient/carer

MP07 Appendix 12 – RWT NMP Group Terms of Reference

Name of Meeting	RWT NMP Group
Trust/local Strategic Objectives	<ol style="list-style-type: none"> 1. Excel in the delivery of Care 2. Support our Colleagues 3. Improve the health of our Communities 4. Effective Collaboration
Meeting Purpose/Remit	The RWT Non-Medical Prescribers Group is the forum for the strategic review and overall compliance with MP07, procedures, guidelines and frameworks in regard to the Trust non-medical prescriber population.
Responsibilities	<p>The RWT NMP Group will:</p> <ol style="list-style-type: none"> 1. Review the detail of NMP strategy, policy, procedural, guideline documents and frameworks ensuring that they are comprehensive and clear. 2. Identify any additional risk/issues associated with the implementation of policy and procedural documents. 3. Monitor/escalate any risks identified/associated with NMP07 to MMG 4. Consider whether all appropriate stakeholder consultations have occurred and that relevant national guidance and standards have been considered. 5. Set standards for continuous professional development and annual revalidation 6. Review reports on compliance with NMP07 across the Trust 7. Agree and review key performance indicators 8. Undertake assurance audits of NMP revalidation processes. 9. Review reports for specialist groups. 10. Submit an annual performance report to MMG
Authority & Accountabilities	<p>The RWT NMP Group is accountable for the setting of standards, policy and procedural documents and monitoring of compliance of MP07.</p> <p>The RWT NMP Group is accountable to Trust MMG</p> <p>The RWT NMP Group can request further work/actions from operational, professional and education and training leads to develop, improve or monitor compliance with MP07</p>
Reporting Arrangements	<p>The RWT NMP Group will delegate actions to NMP Leads to provide updates and reports for submission to MMG for final approval.</p> <p>The RWT NMP Group will provide an annual report to MMG on MP07 compliance and maintenance and to escalate risks as they present.</p>
Membership	<p>Division 3 NMP Lead (Chair)* Assistant Clinical Director of Pharmacy (Deputy Chair)*</p> <p>Division 1 NMP Lead ** Division 2 NMP Lead ** Division 3 NMP Lead Pharmacy representative (Principal pharmacist) ** AHP NMP Professional AHP Pharmacy NMP Professional Lead Nursing NMP Professional Lead Paediatric NMP representative** Maternity and neonates representative** Community NMP representative** Health Visitors NMP representative**</p>

	Education and training representative **		
Quoracy	At least one of the Chairs must be present (*). At least 5 members (**) (excluding the Chair) must be present.		
Members Commitment	Members must attend at least 2 of the 4 meetings that take place each year. Should they not be able to attend a meeting they send a suitable representative from their speciality to ensure that the meeting has a broad range of attendees present.		
Attendance	By request		
Frequency of meetings	Quarterly		
Administrative support	Division 3 Admin support		
Standards worked to	Trust Policy MP07 and OP01		
Standard Agenda	Item No.	Agenda Item	Lead
	1	Apologies (<i>Please also ensure the use of job titles</i>) Confirm Quoracy	Chair
	2	Declarations of Interest	All
	3	Review Minutes	Chair
	4	Update Action Log	Chair
	5	Policy review	Chair
	6	National Guidance and Trust strategy	Chair
	7	Trust and Divisional NMP Dashboard	Assistant Director of Pharmacy + NMP Divisional leads
	8	Review of overdue annual declarations	Chair
	10	Quarterly NMP register Audit	Chair
	11	Assurance audit of NMP annual declarations Div 1 Div 2 Div 3	Chair Div 1 lead Div 2 lead Div 3 lead

	12	Training and communication	Chair
	13	Any Other Business	Chair
	14	Matters for escalation	Chair
	15	Evaluation of Meeting	
	16	Date and Time of Next Meeting	
Date Approved	12 th September 2024		
Date Review	September 2025		

