



**North Cumbria**  
Clinical Commissioning Group

# Non-Medical Prescribing Policy

<b>SUMMARY</b>	
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FINAL Non-Medical Prescribing Policy North Cumbria CCG – December 2019

## CONTENTS

Section	Page
1. Introduction	3
2. Definitions	3
3. Purpose	4
4. Scope	4
5. Application to undertake a Non-Medical Prescriber Course	5
6. Criteria for NMPs to Prescribe	6
7. Responsibilities	6
8. Duties	7
9. Professional Indemnity	8
10. Legal and Clinical Liability	9
11. Controlled Drugs	10
12. Registration Process	10
13. Requesting and receiving prescription stationery	11
14. Security and Safe Handling of Prescriptions	11
15. Competency	12
Appendix 1: Setting Up Independent Non-Medical Prescribers on Clinical Systems	13
Appendix 2: Single competency framework template	14

## 1. Introduction

Legislation permitting the prescribing of medicines by health professionals other than doctors and dentists has been in place since 1998 to enable patients to have access to medicines when they need them and from the most appropriate practitioner, without them being required to attend further appointments or see additional health professionals. Non-medical prescribing has enabled the emergence of new clinical services and development of existing ones.

## 2. Definitions

2.1 Non-Medical Prescribers can be described as Independent or Supplementary:

A **Nurse Independent Prescriber** is a first level registered nurse whose name is recorded on the Nursing and Midwifery Council professional register, with an annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing. Nurse Independent Prescribers may legally prescribe from the British National Formulary (BNF) including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction). The authority to prescribe any controlled drug is given on the basis that Non-Medical Prescribers will only prescribe within their competence and in agreement with their employer.

<https://www.nmc.org.uk/registration/search-the-register/>

A **Community Practitioner Nurse Prescriber (CPNP)** is a district nurse/health visitor or any nurse undertaking a V100 or V150 prescribing programme as part of a Specialist Practitioner qualification. They can only prescribe from the Nurse Prescribers Formulary (NPF).

Please refer to the NMC Nurse Standards (see link below) for more information;

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf>

A **Pharmacist Independent Prescriber** is a pharmacist listed on the General Pharmaceutical Council (GPhC) register, with an annotation signifying that the Pharmacist has successfully completed an education and training programme accredited by the General Pharmaceutical Council and is qualified as an independent prescriber. Pharmacist independent prescribers may prescribe from the British National Formulary including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction). The authority to prescribe any controlled drug is given on the basis that Non-Medical Prescribers will only prescribe within their competence and in agreement with their employer.

<https://www.pharmacyregulation.org/registers/pharmacist>

Following changes in legislation, **Paramedics, Physiotherapists, Podiatrists / Chiropodists, Optometrists and therapeutic Radiographers** are now able to train as Independent Prescribers. The Health Care Professions Council (HCPC) has set prescribing standards to support the Allied Health Professional (AHP). The standards of prescribing also apply to **diagnostic radiographers** and **dietitians** who have completed training to become supplementary prescribers.

<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>.

A Supplementary Prescriber is a registered professional who has successfully completed a recognised and approved education and training programme and is accredited by the appropriate professional body. They may be nurses, physiotherapists, diagnostic radiographers, podiatrists, pharmacists, dieticians or optometrists. Supplementary prescribers may prescribe as part of a Clinical Management Plan (CMP) and in conjunction with a doctor or a dentist, prescribe from the British National Formulary.

2.2 The Prescribing Supervisor is an independent supervisor who completes assessment and teaching in practice (previously known as a designated medical practitioner (DMP)). The Practice Supervisor (PS) is a colleague in practice who must be able to provide guidance and supervision of your practice-based learning whilst you're on the course. The PS must be someone with whom you normally work, and they must meet specific criteria as outlined by the HEI. Support for the practice supervisor role is provided by the University NMP course leads and NMP leads in organisations.

2.3 A **Mentor** is a registered medical practitioner nominated in the practice or service where the Non-Medical Prescriber is employed to provide support, mentorship, meet regularly and to monitor the prescriber's continuing professional development portfolio for assurance purposes. The Mentor may have previously been the Non-Medical Prescriber's prescribing supervisor / designated medical practitioner when they were a non-medical prescribing student. For supplementary prescribers, the Mentor may be the independent prescriber named on the Supplementary Care Management Plan. All Non-Medical Prescribers should have a Mentor.

### 3. Purpose

This policy has been developed to ensure that all prescribing by all Non-Medical Prescribers is managed and governed robustly in GP Practices and the Clinical Commissioning Group, and to ensure:

- Professional and statutory obligations are met
- Prescribing benefits patient care by improving access to medicines
- Robust standards are in place for non-medical prescribing
- Clarification on accountability and responsibility
- There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved Prescribing Programme.

The benefits of Non-Medical Prescribing are to:

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible teams working within GP practices or commissioned services.

### 4. Scope

4.1 This policy sets out a framework for the development and implementation of non-medical prescribing within the Clinical Commissioning Group, to establish a consistent approach for non-medical prescribing.

4.2 This policy applies to all registered nurses, pharmacists and other allied health care professionals employed by a GP practice or other provider linked to the Clinical Commissioning Group prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.

4.3 This policy relates to all non-medical prescribing activity within the Clinical Commissioning Group.

4.4 This list is not exhaustive and may be expanded following further legislation changes.

4.5 This policy should be read in conjunction with the relevant Professional Body's guidance around the administration and management of medicines: hyperlinks below.

- a. [Standards of proficiency for nurse and midwife prescribers](#) - Nursing & Midwifery Council
- b. [General Pharmaceutical Council: Standards of Conduct, Ethics and Performance](#)
- c. [Medicines and Prescribing- Health and care Professions Council](#)

## 5. Application to undertake a Non-Medical Prescriber Course

5.1 Health Care professionals who wish to undertake a course of study to qualify as an Independent Prescriber should enquire about course availability and admission criteria with an accredited university. Health care professional bodies e.g. the General Pharmaceutical Council or Nursing and Midwifery Council, can supply information about accredited university courses and also the CCG lead can advise on their preferred options.

Applicants should enquire with their chosen university from the choices below:

University of Central Lancashire (UCLAN)

<https://www.uclan.ac.uk/courses/independent-prescribing-programme.php>

Northumbria University Newcastle

<https://www.northumbria.ac.uk/study-at-northumbria/continuing-professional-development-short-courses-specialist-training/non-medical-prescribing-v300---level-6---ac0636-ac0637/>

University of Cumbria

<https://www.cumbria.ac.uk/study/courses/course-search/?page=1&keyword=non-medical&keyword=prescribing>

University of Sunderland (Pharmacists)

<https://www.sunderland.ac.uk/study/short-courses-cpd/independent-prescribing-pharmacists/>

Download the application forms at <https://www.hecooperative.co.uk/nmp-zone/e-learning/>

5.2 The prospective student must ensure they have the support of their employer and have identified a Prescribing Supervisor and Mentor. This is normally a requirement of course entry.

5.3 Being a DMP represents a considerable time commitment on behalf of the doctor so the student should supply the doctor with written details from their chosen university of what will be. The doctor should have the support of their employer before agreeing to become a DMP.

5.4 Course fee funding for NHS practitioners working for the CCG or in primary care may be available from Health Education England through the Workforce Transformation Funding programme. <https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers>

5.5 Access to NHS funding will require the support of the applicant's line manager and the CCG Non –Medical Prescribing Lead. In North Cumbria this is: Andrea Loudon, Primary Care Development and Medicines Lead.

5.6 Before completing the application to become a NMP an online numeracy assessment is to be done, this should be done at <https://snap-ae.com/nmp-assessment.php> and results will be sent to the CCG's NMP lead.

5.7 Completed applications should be returned to the CCG Primary Care email address: [primarycare@northcumbriaccg.nhs.uk](mailto:primarycare@northcumbriaccg.nhs.uk)

## 6. Criteria for NMPs to Prescribe

Practitioners who satisfy ALL the following conditions will be entitled to prescribe within North Cumbria Clinical Commissioning Group (CCG).

- Works within a GP practice ,Primary care or in Community in the CCG area
- Has access to a budget from which to prescribe (team or practice will have a cost centre budget set up to which they can be linked to)
- Is authorised as competent by the employing body to prescribe in their area of practice
- Has successfully completed an approved prescribing / extended prescribing training course
- Is registered with the appropriate regulatory body (e.g. NMC, GPhC) as a prescriber
- Is registered with the NHS Business Services Authority (NHSBSA) via the CCG
- Has appropriate indemnity insurance covered by the individual or practice (this must be checked before working as a prescriber)

## 7. Responsibilities

**This section contains an overview of the responsibilities, duties and accountability of both the individual and the organisation.**

7.1 The employer e.g. GP Practice, will be responsible for:

- Ensuring the appropriate healthcare professionals meet the criteria to attend the non-medical prescribing course
- Identifying a Prescribing Supervisor and Mentor
- Having a locked facility for prescription pads (if required)
- Ensuring the Non-Medical Prescriber has access to a prescribing budget
- Ensuring the Non-Medical Prescriber is prescribing in their area of competency.
- Ensuring Non-Medical Prescribers are registered with the [NHS Business Services Authority \(NHSBSA\)](#) for their practice before prescribing (see section 12 Registration Process)
- Notifying the CCG Non-Medical Prescribing Lead when a Non-Medical Prescriber leaves the practice and ensuring Non-Medical Prescribers are de-registered with the NHS Business Services Authority.
- Ensuring the Non-Medical Prescriber attends supervision and has access to appropriate continuing professional development opportunities
- If necessary, investigating any anomalies and reporting back findings to the Clinical Commissioning Group
- Monitoring the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least once a year
- Informing the CCG Non-Medical Prescribing Lead of any prescribing issues involving the Non-Medical Prescriber.
- Performing an annual check that the healthcare professional maintains their registration as a Non-medical prescriber with the appropriate regulatory body e.g. HCPC, NMC, GPhC

## 7.2 The Non-Medical Prescriber is responsible for:

- Being professionally obliged to act only within and not beyond the boundaries of their knowledge and competence
- Ensuring that they provide evidence based, safe and cost effective prescribing at all times and adhere to the local formulary and guidelines
- Adhering to their professional code of conduct and to this policy
- Ensuring that their patients are made aware of the scope and limits of non-medical prescribing and to ensure patients understand their rights in relation to non-medical prescribing (the right to refuse)
- Ensuring their prescribing competency is maintained by means of continuing professional development (CPD)
- Maintaining an up-to-date portfolio documenting clearly the hours of continuing professional development completed and its form
- If required, meet with their GP Mentor to ensure prescribing is within the scope of their competencies

## 7.3 The Mentor will be responsible for:

- Providing support and mentorship and meeting the Non-Medical Prescriber regularly to discuss any prescribing issues. Newly qualified Non-Medical Prescribers would benefit from more frequent meetings
- Monitoring the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes
- Co-signing the Non-Medical Prescriber's University application form.
- Address any prescribing issues in accordance with the Practice's process for dealing with concerns, and informing the CCG Non-Medical Prescribing Lead as required.

## 7.4 The Clinical Commissioning Group will be responsible for:

- Updating the register of non-medical prescribers in the Clinical Commissioning Group according to notifications received from employers, mentors and non-medical prescribers
- Monitoring prescribing data on an annual basis including controlled drugs.
- Highlighting any prescribing issues and escalating any non-medical prescribing issues that haven't been dealt with at practice level, as appropriate.
- Authorising and informing the NHSBSA of the relevant NMP prescribing forms as in section 7.1.

## 8. Duties

### 8.1 The employer e.g. GP practice

The employer will have overall legal responsibility for the quality of care that patients receive and for securing patient safety which will also include to:

- Ensure the practitioner has the skills and knowledge and competencies necessary to carry out the role;
- Provide accurate details to the North Cumbria CCG NMP lead to ensure the NMP is registered with the NHS Business Services Authority (NHSBSA) prior to them starting in the post (see section 7.1).
- Include an accurate summary of prescribing responsibilities in the practitioners' job description;
- Support appropriate Continuing Professional Development (CPD)- the employing practice should ensure that nurses / pharmacists have access to continuing education
- It is recommended that during annual PDRs or the equivalent contract review, competency to prescribe, eligibility to prescribe and scope of prescribing practice, reflecting any change in clinical areas of

responsibility and changing competencies should be discussed. This should also include evidence of competency as described in the Single Competency Framework for all Prescribers (see section 15.0)

- NMP prescribing data can be provided upon request by contacting the CCG Non-medical prescribing lead/Medicines Optimisation team (see section 7.1).
- Inform the CCG Non-medical prescribing lead when an NMP leaves the practice, so that this information can be sent to the NHS BSA to remove them from the cost-centre.

## 8.2 CCG Non-medical Prescribing Lead:

The CCG NMP lead will provide leadership for and have oversight of:

- Registration of NMPs with the NHSBSA
- Maintenance of the NMP database containing registration details, date of registration, registration number, practice/s they may work in, date employment started in the practice/s, details of lead GP clinician, etc.
- Monitoring of prescribing and responding to prescribing/fitness to practice requests from NHS England
- Provide prescribing data upon request from the GP practice or NMP

## 8.3 Non-Medical Prescriber

- Must act in accordance with their professional code of conduct as set out by their own regulatory bodies and to their employing / contracting organisation policy on non-medical prescribing;
- Must act within their own professional competence and expertise when prescribing and work in line with local guidance (or evidence-based national guidance approved locally e.g. NICE) and the local formulary
- Must ensure that patients are aware they are being treated by a NMP and the scope of their prescribing practice may mean referral onto another health care professional if necessary
- Ensure that they provide appropriate, evidence based, safe, cost effective prescribing to their patients/ clients at all times in line with the local formulary;
- Work in line with policies and guidelines ratified by their employing organisation including Leeds Health pathways; prescribing incentive schemes, antimicrobial guidance, formularies etc.
- Utilise prescribing software and decision making tools offered by the CCG;
- Complete an online numeracy assessment at <https://snap-ae.com/nmp-assessment.php> with a mark above 80%.
- Ensure they have an in date DBS check (within the last three years) on the date of their application.
- Accountability will also include decisions taken to recommend “over the counter” items and for the decision not to prescribe;
- The prescriber must be able to justify any action or decision not to act, taken in the course of their professional practice;
- Is required to keep accurate, legible, unambiguous and contemporaneous records of a patient’s care
- Ensure that prescriptions are written legibly and legally;
- All Non-Medical Prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice;
- Maintain a portfolio of their Continuing Professional Development & identify individual training needs with the employing practice. It is the responsibility of the individual NMP to ensure they remain up to date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy.

## 9. Professional Indemnity

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.

All NMPs should ensure they have appropriate professional indemnity by means of their membership with a professional organisation or trade union body.

## 10. Legal and Clinical Liability

Each qualified Non-Medical Prescriber is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. They should prescribe within the locally agreed formulary, guidance and policies.

The Nursing and Midwifery Council (NMC) requires employers to have the clinical governance infrastructure in place which includes a Disclosure and Barring Service (DBS) check and evidence of up to date registration with a professional body to enable the registrant to prescribe once qualified.

All Non-Medical Prescribers are expected at all times to work within the standards and codes of professional conduct as set out by their own regulatory bodies (see below), as well as the policies and guidelines ratified by their employer:

- a) Nursing and Midwifery Council: Standards for Non-Medical Prescribers
- b) General Pharmaceutical Council: Standards of Conduct, Ethics and Performance
- c) Health and Care Professions Council: Standards for Prescribing.

Non-Medical Prescribers must ensure that patients are aware that they are being treated by a Non-Medical Prescriber and of the scope and limits of their prescribing. Therefore, there may be circumstances where the patient has to be referred on to another healthcare professional to access other aspects of their care.

Non-Medical Prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. Refer to the relevant professional bodies' standards and codes of ethics detailed above.

Non-Medical Prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. The advertising and promotion of medicines is strictly regulated under Part 14 of the Human Medicines Regulations 2012, and it is important that Non-Medical Prescribers make choices of a medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness and in line with the local formulary. Non-Medical Prescribers need to be familiar with and comply with their professional standards on interface with the pharmaceutical industry.

If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription: They should be familiar with the patient, their condition and the medication required and remain within their scope of practice.

Independent prescribers may prescribe medicines for uses outside their licensed indications/UK marketing authorisation (off label) or unlicensed medicines. In doing so they accept professional, clinical and legal responsibility for that prescription and should only prescribe off label/unlicensed medication where it is accepted clinical practice and in accordance with the local formulary.

In order to prescribe off label, the following conditions apply. The prescriber:

- Is satisfied that it would better serve the patient's needs than a licensed alternative
- Is satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy
- Should explain to the patient in broad terms why the medicines are not licensed
- Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off label.

The Non-Medical Prescriber should where possible separate prescribing and supply or administration in relation to medicines. In exceptional circumstances where the Non-Medical Prescriber is involved in both the prescribing and administration of medicines a second suitably competent practitioner should be involved in checking the accuracy of the medication provided.

The Non-Medical Prescriber should ensure that the patient/carer has sufficient information to enable the patient to derive the maximum benefit from the medicine. They will need to use their judgment regarding the competence of the patient/carer to administer the medicine safely and according to instructions, this will include for example:

- a) That storage is safe and secure and affords environmental protection for the medicine (heat, light, moisture)
- b) That the patient/ carer understand the reason for taking/using the medicine and the consequences of not doing so.

## 11. Controlled Drugs

11.1 A Non-Medical Prescriber must only prescribe controlled drugs if they are legally entitled to do so. They must not prescribe beyond their limits of competence and experience. Legally the prescription must include the dosage to avoid uncertainty on administration.

11.2 Non-Medical Prescribers should be aware of the Practice policies around the handling and management of controlled drugs.

11.3 Please refer to Controlled drugs: safe use and management (NG46) published by the National Institute for Health and Care Excellence (NICE), April 2016 which can be found at: <https://www.nice.org.uk/guidance/ng46>

## 12. Registration Process

12.1 Newly Qualified NMP or Qualified NMP joining a GP practice.

Following successful completion of a NMP course, receipt of notification from the relevant regulatory body and confirmation of the qualification on the professional register, the following steps must be taken before the individual undertakes prescribing:

- a) Non-Medical prescriber must ensure appropriate indemnity insurance cover (see section 9.0)
- b) Complete the [Non-medical prescriber joining a GP practice or cost centre form](#)

Once completed the form should be emailed to Andrea Loudon, Primary Care Development & Medicines Lead for signatory and authorisation [Andrea.Loudon@northcumbriaccg.nhs.uk](mailto:Andrea.Loudon@northcumbriaccg.nhs.uk)

Please note that it takes the NHSBSA between three to five working days to register Non-Medical Prescribers to prescribe in a practice.

12.2 NMP Leaving Employment with a General Practice

The CCG NMP lead must be notified when a non-medical prescriber leaves a practice to enable notification of this to

the NHS Business Services Authority.

Complete the [Non-medical prescriber leaving a GP practice or cost centre form](#)

Once completed the form should be emailed to Andrea Loudon, Primary Care Development & Medicines Lead for signatory and authorisation [Andrea.Loudon@northcumbriaccg.nhs.uk](mailto:Andrea.Loudon@northcumbriaccg.nhs.uk)

### 12.3 Qualified NMP Change of Details

It is the responsibility of individual prescribers to ensure any changes to registration details are reported to the CCG NMP lead for annotation of database records and to enable notification of changes to NHS Business Services Authority (PPD)

The following process is required when a NMP employed in General Practice changes their details including:

1. NMP Code e.g. NMC PIN / Regulatory Body Code
2. Surname
3. Title e.g. Mrs / Ms
4. Qualification (nurse prescribers only)

Complete the [Change of Non-medical prescriber details form](#)

Once completed the form should be emailed to Andrea Loudon, Primary Care Development & Medicines Lead for signatory and authorisation [Andrea.Loudon@northcumbriaccg.nhs.uk](mailto:Andrea.Loudon@northcumbriaccg.nhs.uk)

## 13. Requesting and receiving prescription stationery

Authorisation to prescribe using the practice clinical system is obtained via the employer. All computer generated prescriptions must be in accordance with NHS Business Services Authority requirements, available from [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk). All prescriptions must have the Non-Medical Prescriber's name, professional registration number and practice code and must be signed and dated by the named Non-Medical Prescriber only.

See Appendix 1 for Guidance on adding non-medical prescribers to clinical systems

Personalised FP10 prescription pads are available from Primary Care Support England (PCSE), via the online supplies ordering portal at [www.pcse.england.nhs.uk/supplies](http://www.pcse.england.nhs.uk/supplies) (using the Practice's unique identity number – call the Health and Social Care Information Centre (HSCIC) on 0300 303 4034 to obtain a number) - for more information please call the PCSE customer support line on 0333 0142 884 (select supplies).

Pads will be delivered directly to the practitioners' work address and take approximately two to three weeks to be delivered. Should practitioners have not received their prescription pads after this time they should contact the PCSE Customer Support Centre: Phone - 0333 0142 884 or Email - [PCSE.enquiries@nhs.net](mailto:PCSE.enquiries@nhs.net)

## 14. Security and Safe Handling of Prescriptions

14.1 Controlled stationery is any stationery, which in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription pads are considered controlled stationery and are issued by NHS England local services and remain the property of the employer at all times.

14.2 There must be a robust system in place at the practice to ensure safe handling of pads. All Non-Medical Prescribers should be aware of the Practice policies around controlled stationery.

Further guidance on the [Management and control of prescription forms](#) is produced by NHS Counter Fraud Authority

and available on their website.

## 15. Competency

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

To support all prescribers to prescribe effectively a [single prescribing competency framework](#) (for template see Appendix 2) was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012 and updated by the Royal Pharmaceutical Society in 2016. The framework was developed because it became clear that a common set of competencies should underpin prescribing regardless of professional background. The updated single competency framework was published in July 2016, by the RPS with the backing of NICE and in collaboration with all the prescribing professions UK wide, for use for all regulators, professional bodies, and prescribing professions. The competency framework has been endorsed by professional bodies representing other prescribers.

Non-Medical Prescribers are encouraged to spend time with their mentor on an ongoing basis. The Single Competency Framework can be used to support mentorship. A portfolio of recent evidence should be developed to demonstrate achievement and maintenance of the required competencies linking in with the appraisal process.

Staff joining a practice/ 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. The Single Competency Framework can be used during this time to ensure training needs are identified and met. The GP practice must confirm to the CCG NMP Lead that the Non-Medical Prescriber is competent to carry out their role before prescribing commences, the practice manager should then complete the necessary paperwork as outlined in section 7.1

## Appendix 1: Setting Up Independent Non-Medical Prescribers on Clinical Systems

### EMIS Web

To prescribe medication, you need to configure prescriber options in Organisation Configuration for all prescriber types (independent, supplementary and nurse prescribers). You can configure the Medication module settings, such as medication review codes and printing options, in Medication Configuration.

#### *Prescribing users*

Smartcards need to be configured with the correct RBAC activity for the selected prescriber type - B0420 for Independent Prescribing. The appropriate option (e.g. Independent Prescribing) should also be selected in the Authorise Prescriptions field in the Role section of the Add User or Edit User screen.

For example, if you are an independent prescriber and have Independent Prescribing selected in the Authorise Prescriptions field, then RBAC activity B0420 Independent Prescribing needs to be added to your smartcard before you can prescribe.

#### *Configure a prescriber*

1. Access Users.
2. Select the required user, and then on the ribbon, click **Edit User**.
3. In the left-hand pane of the Edit User screen, click **Role** to display the user's role settings in the right-hand pane.
4. Check that the user has the appropriate job category.
5. Click the **Authorise Prescriptions** field and select the required prescriber type.
6. Click the **Stamp User Choice** field and select one of the following:
  - "Own" – to use their own prescribing number (e.g. GPhC/NMC number)
  - "Senior partner" to use the senior partner's PPA ID
  - "Specify user..." if Senior partner isn't available to select a GP partner
7. In the Relationship field, select the required option.

*For prescribers not directly employed by the practice select "Associated". Note that independent prescribers prescribing under your practice will use the practice cost code and as such prescribing costs will fall to the individual practice.*

8. In the Professional Numbers section, type the user's appropriate professional number(s).  
The user should know their professional numbers.  
If you do not complete this information in full, the user will not be able to prescribe.
9. In the left-hand pane, click **User Role Profiles** to display the user's role profile settings in the right-hand pane.
10. If the user's smartcard has *not* yet been synchronised:
  - Click the **RBAC Role** field and select the appropriate local profile.
  - In the Prescribing Role field, select **Yes**.  
If the user's smartcard has been synchronised, the RBAC Role field is greyed out and the Prescribing Role option is not displayed. For the user to be able to prescribe, the appropriate RBAC activity (i.e. their prescriber type) must be added to their smartcard by your RA team.
11. Click **OK**.

## Appendix 2: Single competency framework template

### PRESCRIBING COMPETENCY FRAMEWORK THE

#### CONSULTATION (COMPETENCIES 1-6)

##### Competency 1: ASSESS THE PATIENT

Indicator	Notes
1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.	
1.2 Undertakes an appropriate clinical assessment.	
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.	
1.4 Requests and interprets relevant investigations necessary to inform treatment options.	
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities	
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to	
1.7 Reviews adherence to and effectiveness of current medicines.	
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	

##### Competency 2: CONSIDER THE OPTIONS

Indicator	Notes
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.	
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).	
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.	
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment,	
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.	
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.	
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.	
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.	
2.9 Takes into account the wider perspective including the	

public health issues related to medicines and their use and promoting health.	
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.	

### Competency 3: REACH A SHARED DECISION

Indicator	Notes
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.	
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.	
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.	
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	

### Competency 4: PRESCRIBE

Indicator	Notes
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.	
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.	
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.	
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.	
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.	

4.7 Considers the potential for misuse of medicines.	
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).	
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.	
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.	
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	

### Competency 5: PROVIDE INFORMATION

Indicator	Notes
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.	
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).	
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.	
5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.	
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	

## Competency 6: MONITOR AND REVIEW

Indicator	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.	
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	

## PRESCRIBING GOVERNANCE

### Competency 7: PRESCRIBE SAFELY

Indicator	Notes
7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.	
7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.	
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.	

### Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.	

8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	

### Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Notes
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.	
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	

### Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Notes
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.	
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.	
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	