Non-Medical Prescribing Policy

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NHS Shetland Document Development Coversheet*

Name of document	Non-Medical Prescribing Policy		
Document reference number	CHPOL005	**New or Review?**	Review
Author	Kathleen Carolan, Director of Nursing and Acute Services; Anthony McDavitt, Director of Pharmacy		
Information Asset Owner	Anthony McDavitt, Director of Pharmacy		
Executive lead	Kathleen Carolan, Director of Nursing		
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Proposed groups to present document to:	
Non Medical Prescribing Group (NMPG)	Area Clinical Forum (to distribute to professional advisory committees) (ACF)
Area Drug & Therapeutics Committee (ADTC)	H&CS/Hospital Management Teams (HMT)
Clinical, Care & Professional Governance Committee (CCPGC)	Community Health Partnership Operations Group (CHP Ops)

Date	Version	Group	Reason	Outcome
10/09/09	1	ADTC	PI	Proceed
31/01/10	1	CGC	Approval	Approved
10/15	1	NMPG	To consider the technical changes needed to ensure the policy is based on current best evidence	All changes proposed were accepted. The revisions to the policy include clearer guidance on the selection process for independent prescribing applicants and prescribing controlled drugs. Additional policy guidance on prescribing unlicensed medications was provided by the Clinical Pharmacist
01/16	2	NMPG, ACF, ADTC, HMT, CHP Ops	To review the final changes before taking to CCPGC for approval	No comments
03/16	3	NMPG	To consider the technical changes needed to ensure the policy is	All changes proposed were accepted. The revisions to the policy include clearer guidance on the selection

			based on current best evidence	process for independent prescribing applicants and prescribing controlled drugs. Additional policy guidance on prescribing unlicensed medications was provided by the Clinical Pharmacist along with other revisions. Suggested additional headings for associated topics e.g. blood products and antimicrobial stewardship
06/16	3	CCPGC	Approval of the new policy	Approved
05/17	4	NMPG	To consider the technical changes needed to ensure the policy is based on current best evidence	
05/18	5	NMPG	Update to Appendix A	Completed and new version uploaded to Intranet
11/18	5	NMPG	Further review	Changes recorded below
02/19	6	NMPG	For Approval	Approved
10/23	7	NMPG	For Approval	Approved
01/24	7	ADTC	For Information	Approved

Examples of reasons for presenting to the group	**Examples of outcomes following meeting**
Professional input required re: content (PI)	Significant changes to content required – refer to Executive Lead for guidance (SC)
Professional opinion on content (PO)	To amend content & re-submit to group (AC&R)
General comments/suggestions (C/S)	For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
For information only (FIO)	Recommend proceeding to next stage (PRO)
For proofing/formatting (PF)	For upload to Intranet (INT)

Final Approval (FA)	Approved (A) or Not Approved, revisions required (NARR)

***To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
10/15	Reviewed at NMPG in 12/15. Updated definitions section, updated roles and responsibilities section, inclusion of the selection process, inclusion of the guidance on returning to practice, updated section on restrictions and prescribing controlled drugs, updated section on clinical governance arrangements, inclusion of guidance on revalidation requirements for NMC registrants, updated notification of intention to practice form and inclusion of guidance on transcribing
01/16	Comments from Clinical Pharmacist in 12/15 (incorporated into V2). Inclusion of The Human Medicines Regulations 2012, updated the guidance on unlicensed medicinal products, new section on SACT, new section on transcribing
01/17	Comments from Clinical Pharmacist in 03/16 (incorporated into V3). Revised content regarding the Human Medicines Regulations 2012, updated the guidance on unlicensed medicinal products, new section on blood transfusion and new section on antimicrobial stewardship
05/17	Comments from Clinical Pharmacist and Blood Transfusion Lead in 05/17 (incorporated into V4). Notification form updated to reflect annual review and validation of recordable qualification with the NMC. Governance section updated to also note the need for annual confirmation to practice. Reference to the competency framework included in CPG/governance requirements
05/18	Appendix A was reviewed by the Non-medical prescribing group and updated. Version number has been updated and is now version 5. Document formatted to be more reader friendly. Contents page updated to show correct page numbers. Appendix 1 retitled to reflect what is noted in contents page.
02/19	Section 7 – Selection process has been updated to include clarity on the position of the Board in commissioning V150 training and the consideration of band 5 practitioners for non-medical prescribing qualifications. Sentence added to clarify oxygen prescribing. Appendix A has been updated: Now includes additional information box, BNF Chapter example has been removed and area and scope boxes have been merged.
07/23	General revisions and improvements throughout the document reflecting evolving Non-medical prescribing workforce and improvements to local ways of working.
02/24	Document transposed to new template. Saved as version 7.1

Table of Contents

1. Introduction

This document sets out the policy guidance and governance framework for Non-Medical Prescribing (NMP) for NHS Shetland. It applies across all settings of care and delivery models operated by or on behalf of NHS Shetland. This document supports staff, managers and service leads to implement non-medical prescribing safely.

Non-medical prescribing aims to maximise benefits to patients and the NHS by:

- Providing better access to and use of medicines
- Better, more flexible use of workforce skills
- Ensuring that quality and patient safety underpins this provision

Non-medical prescribing is now an essential skill for NHS Shetland to develop within the non-medical healthcare professional workforce. It supports the strong evidence base that non-medical prescribers can provide excellent quality care to individuals, improving access to treatments, improving patient experience and ultimately outcomes.

This policy must be used together with local medicines governance, policies and procedures.

2. Scope of this policy

This policy applies to all healthcare professionals - nurses, midwives and public health nurses, pharmacists, podiatrists, physiotherapists, radiographers and optometrists, (employed by, or an independent contractor to the Board) who are UK registered as Non-Medical Prescribers, in accordance with their job descriptions/ KSF Outlines, to undertake prescribing as an independent prescriber, as part of their role. The scope of this policy does not cover the professional exemptions of midwives and podiatrists.

Patient Group Directions (PGDs): Professionals involved in the supply and administration of medicines through patient group directions are out-with the scope of this policy as this activity is not a form of prescribing. It is acknowledged that some prescribers must continue to use PGDs to supply some medicines i.e. Paramedics and controlled drugs.

3. Objectives

- To ensure service improvement and increased access to medication by patients and clients.
- To ensure selection of appropriate clinicians to undertake the non-medical prescribing qualification.
- To guide managers and clinicians through the process of implementing non-medical prescribing within their service.
- To ensure robust clinical governance arrangements to support the implementation of non-medical prescribing
- To advise independent prescribers of their responsibilities to prescribe medicines and prescribable items, safely, appropriately and cost effectively for their patients
- To set out the requirements of the health professionals qualified to prescribe, to register their qualification and any changes in order that NHS Shetland central register is accurate

- To advise independent prescribers on the clinical governance structure in place within NHS Shetland, to monitor and support prescribers during their clinical practice.
- To advise on Continuing Professional Development (CPD) to ensure that staff maintain their competencies to practice as a prescriber in line with Royal Pharmaceutical Society (RPS) Competence Framework for all prescribers.

4. Legislative drivers

At a national level, **Shifting the Balance of Care (2007)** emphasises the necessity to organise and deliver services around the needs of patients. In order to achieve this, traditional demarcations between clinical roles have been and will be further broken down to allow clinical professionals to work more flexibly for the benefit of patients.

The Human Medicines Regulations 2012[1] are the result of the initiative by the Medicines and Healthcare products Regulatory Agency (MHRA) to consolidate and review UK medicines legislation.

5. Definitions

There are two main types of non-medical prescribing and prescriber:

Independent Prescribing:

An independent prescriber is authorised to prescribe from the full British National Formulary (BNF), excluding specific controlled drugs. They can also prescribe 'off-label' and 'black triangle' drugs, assuming full clinical responsibility. Nurse and Pharmacist Independent Prescribers can also prescribe unlicensed medicines.

- **Scope**: Can independently manage a patient episode, including assessment, diagnosis, and treatment.
- **Accountability**: Fully accountable for their practice and must refer to other professionals if the care required exceeds their competence.

Supplementary Prescribing:

This involves a partnership between a trained supplementary prescriber, a doctor or dentist, and the patient. Prescribing is guided by a patient-specific Clinical Management Plan (CMP).

- **Scope**: Limited to the CMP and can prescribe from the full BNF range, except for certain controlled drugs.
- **Accountability**: Must adhere to the CMP and can prescribe 'off-label' and unlicensed drugs if specified in the CMP.

Community Practitioner Nurse Prescribing:

These nurses have completed either a V100 or V150 course and can only prescribe from a specific community nurse formulary.

- **Scope**: Limited to the community nurse formulary and specific conditions listed therein.

[1] http://www.legislation.gov.uk/uksi/2012/1916/pdfs/uksi_20121916_en.pdf

- **Accountability**: Fully accountable for their practice.

Note: All prescribers within NHS Shetland must operate within their level of competence and confidence.

Table 1 Summary table of prescribers

Prescriber type	Restricted formulary prescribing	Able to prescribe controlled drugs	Able to prescribe unlicensed medicines	Able to prescribe borderline medicines	Able to prescribe appliances
Independent nurse & pharmacist prescriber	No	Yes – able to prescribe schedule 2-5 controlled drugs. This extends to diamorphine, dipipanone and cocaine for treating organic disease but not for treatment of addiction	Yes – Refer to Access to Medicines Policy	Yes – according to restrictions listed in appendix 7 of the BNF	Yes – according to drug tariff
HCPC registrant Independent prescribers	No	Limited and Profession dependent – see HCPC guidance.	No		
Community practitioner nurse prescriber	Yes – only according to the nurse prescriber formulary at back of BNF	No	No	No	Yes – according to drug tariff
Supplementary prescriber (nurse, pharmacist, AHP or optometrist)	Restricted to those drugs detailed on the patients clinical management plan (CMP)	No- supply if included on patients CMP	No - supply if included in patients CMP and in line with unlicensed medicines policy	No - supply if on CMP and according to restrictions listed in appendix 7 of the BNF	No supply - if on CMP and according to drug tariff
Optometrist Independent Prescriber	Yes – may prescribe any licensed medicine for ocular conditions effecting the eye and tissues surrounding the eye. Excludes drugs for parenteral administration	No	No	No	Yes – according to drug tariff but only for the treatment of eye conditions or tissues surrounding the eye

6. Responsibilities

The NHS Shetland Non-Medical Prescribing Group is chaired by the executive lead for non-medical prescribing and includes stakeholder representation from non-medical prescribing leads across the professions and disciplines.

The membership includes:

Director of Nursing & Acute Services (executive lead and chair)	Director of Pharmacy (NMP clinical lead and deputy chair)
Acute and Community Health Clinical Pharmacist representation	Midwifery representation
Specialist Nurse representation (Outpatients, Pre-operative Assessment & Long Term Conditions)	Child health services representation (Health Visitors, Paediatrics Nurses and School Nurses)
Community nursing representation	Acute nursing representation (Surgical, Medical and High Dependency)
Advanced NMAHP representation (Primary Care)	Mental health nursing representation (Addictions, Community Mental Health & Dementia)
AHP representation	Educationalists

The purpose of the NMP Group is:

- To develop and implement the appropriate policies and procedures to support non-medical prescribing in NHS Shetland;
- To commission educational preparation based on sound strategic need;
- To ensure that the correct governance arrangements are in place to support non-medical prescribing including evaluating the impact of NMP on patient outcomes and monitoring NMP practice

The NMP Group is a sub-group of the Area Drugs and Therapeutics Committee (ADTC), which is part of NHS Shetland's clinical governance structure.

The Director of Pharmacy has overall responsibility for ensuring that the appropriate processes are in place for Non-medical prescribers, and will monitor prescribing practice of all non-medical prescribers across NHS Shetland. Additionally, the Director of Pharmacy is responsible for commissioning training places for pharmacist prescribers through NHS Education Scotland.

The Non-Medical Prescribing Leads are responsible for:

- Confirming the registration of all newly registered non-medical prescribers within their discipline and providing representation of their sector the Non-Medical Prescribing Group;
- Supporting the maintenance of a current register of non-medical prescribers within their discipline or area;
- Ensuring that newly registered non-medical prescribers inform HR, their manager and the NMP Group of their qualifications and status;

- Ensuring that all relevant information about non-medical prescribing is made available to non-medical prescribers in NHS Shetland;
- Ensuring that all registered non-medical prescribers have access to ongoing training;
- Ensuring that systems for monitoring nonmedical prescribing competencies and capabilities are in place across the profession/discipline and that evaluation is taking place;
- Ensuring that non pharmacist prescribers are signposted and supported to access appropriate references and resources e.g. British National Formulary, formulary websites and policies

The Learning and Development team will be responsible for:

- Understanding needs and subsequent commissioning of sufficient places for practitioners identified for the NMP qualification in line with service needs;
- Engaging with the NMP leads and NMP Group to ensure that all non-medical prescribers have access to Continual Professional Development (CPD) resources for to maintain competencies in prescribing;
- Support training for clinical supervisors (e.g. designated prescribing practitioners), as needed
- Providing updates to the Non-medical prescribing group throughout the year on developments, commissioning and successful outcomes of training.

The Line Manager or Employer in the case of contractors to the Board will be responsible for ensuring that non-medical prescribers:

- Have supported individuals to undertake the necessary learning and qualification to be a safe and effective non-medical prescriber;
- Have successfully completed clinical competencies and qualifications that are required to practice as a non-medical prescriber;
- Have checked that there is evidence of professional registration with the regulating body must be confirmed to the person's line manager/employer;
- Have sufficient opportunity to use prescribing knowledge in practice – so that their skills are fully utilised;
- Have identifiable continual professional development opportunities within their Personal Development Plan;
- Are undertaking appropriate continuing professional development and adhere to the relevant regulatory body's standards of practice;
- Where they are using prescription stationery, have adequate controls in place for the safety and security of controlled stationery;
- Are prescribing within their scope of clinical practice and are supported to review this and where appropriate develop their practice scope.

The Non-Medical Prescriber's responsibility is to:

- Work in partnership with the other members of the multidisciplinary team, across settings of care and specialties to improve patients' access to medicine
- An individual's scope of practice should be within their professional competence and agreed practice setting. Prescribers must have sufficient education, training and competence to
- Notify the Board of their intention to practice and renew this annually, including prompt notification of any changes to practice i.e. a move to another location, different sector, change of name, stopping or increasing prescribing scope;
- To ensure that their area of competence is appropriately recorded by the Board (and to prescribe only within that area of competence);
- Ensure that patients are made aware of the scope and limits of non-medical prescribing and their right to refuse treatment/prescribing by a non-medical prescriber and avoid prescribing for convenience or due to patient demands.
- Only prescribe for patients under their specific care; not to prescribe only due to being the only available prescriber.
- Adhere to their professional code of conduct and to their employing/contracting Board's policy on non-medical prescribing;
- Undertake appropriate continued professional development;
- Only prescribe medication when there's a genuine clinical need.
- Ensure that they provide appropriate, evidence based, safe and cost effective prescribing to their patients/ clients at all times;
- Discuss risks and benefits with the patient to allow informed consent.

7. Selection process

Candidates should be considered for training to become a non-medical prescriber where their role and function could be enhanced and is aligned with the aims and objectives of this policy and NHS Shetland's strategic needs and priorities. Those wishing to undertake prescribing training will need to demonstrate the following requirements:

- Clear support from their line manager and service leads to allocate time for supervision and to development needs for the necessary clinical and examination skills and competency demonstration;
- First level nurses registered with the NMC, pharmacist registered with the General Pharmaceutical Council (GPhC), Allied Health Professionals registered with the Health Professions Council, optometrists registered with the General Optical Council working in a role where there is a need to prescribe;
- Ability to study at degree level (SCQF level 9, SHE level 3);
- For nurses and AHPs at least 3 years post registration clinical experience, of which one year should be in the clinical area in which they intend to prescribe.

- For pharmacists, at least 1 years post registration experience (in acute care this would be interpreted as two years post registration clinical experience, normally operating at specialist level).
    - Note, that from summer 2026, all Pharmacy undergraduates will complete their undergraduate Master of Pharmacy qualification as Independent Prescribers
    - This policy will continue to apply and provide essential governance for this workforce, however will trigger a policy review in advance.
- For optometrists at least 2 years post-registration experience within the UK;
- The candidate must have identified a medical practitioner or established non-medical prescriber with a full independent prescribing qualification to be their Designated Prescribing Practitioner (DPP). (If unable to do so the professional prescribing lead will attempt to find an appropriate DPP but this may not be possible);

The training needs analysis and subsequent allocation of the NMP training places will be undertaken by: the Child & Family Health Manager, Chief Nurses, Director of Pharmacy, Lead Pharmacists, the Executive Manager for AHPs, Diagnostics Lead and Optometric Lead.

Any attrition or revision of the training plan before the cohort commences must be validated by the senior managers listed above, to ensure that reallocation of places is aligned to organisational priorities.

If a line manager requests a funded place and the **practitioner does not complete the NMP qualification** then they may be required to provide funding as a recharge to the Staff Development Department which commissions the places from the Higher Education Institutes. Places are expensive, the commitment is considerable and managers should ensure that staff are fully briefed on the requirements of the NMP qualification before the application is supported/sponsored by the line manager.

Line managers should also be clear that the practitioner is being sponsored to undertake the qualification – holding a non-medical prescribing qualification does not lead to an automatic review of an individual's job description or banding. But if the practitioner is expected to be an active prescriber then their role development and how this is positioned within a formal job evaluation process **should be considered before**, not after the qualification is completed.

Band 5 practitioners will only be considered eligible for a place on a NMP training programme if they are already in a development post and are undertaking the NMP qualification as part of a post graduate programme that is associated with reaching the attainment goals of the development post. For example, a Band 5 staff nurse applies for a District Nursing development post and is completing a post graduate certificate or diploma of which NMP is one of the modules.

NHS Shetland will only commission NMP V300 courses.

7.1. Return to practice considerations

Non-medical prescribers returning to practice after a period of time of one year or greater or changing specialty must appraise their prescribing practice with their manager/professional lead prior to recommencing their prescribing role. This process should also be completed for qualified prescribers joining from another organisation. Where appropriate a training plan should be put in place which may include need for clinical update and assessment of competence.

8. Liability of employer

When a non-medical prescriber is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. Independent contractors are expected to have appropriate indemnity insurance to cover employees in their employed roles and clinical activities. In addition, these prescribers are individually professionally accountable to their registering body for this aspect of their practice, as for any other, and must act in accordance with their Code of Professional Conduct.

Both employer and employee should ensure that the employee's job description includes a clear statement that prescribing is required as part of the duties of that post or service. Non-medical prescribers who work across health care organisations should have this noted within each job description / employment contract to prove vicarious liability.

The non-medical prescriber must be registered with the Board's non-medical prescribing register before they can prescribe. This applies to non-medical prescribers who are working in contractors providing on behalf of NHS Shetland (i.e. General Practices, Community Pharmacies, Optometrists). Independent contractors are expected to have appropriate indemnity insurance to cover their employees and their practice.

9. Accountability and professional indemnity

Each NMP is individually and professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. This includes the transcription of prescriptions that have been previously compiled by other practitioners e.g. a doctor.

Each non-medical prescriber is expected at all times to work within the standards and code of professional conduct as set out by their own regulatory bodies (shown below), as well as policies and guidelines ratified by NHS Shetland.

- NMC – The Code, Standards of Conduct, Performance and Ethics for Nurses and Midwives
- GPhC – Standards of conduct, ethics and performance
- HCPC – Standards of Conduct, Performance and Ethics
- GOC - Standards for Competence and Conduct

They must act within current NHS guidance with regard to their relationship with the pharmaceutical industry.

All non-medical prescribers should ensure that they have adequate personal professional indemnity insurance. The Board will provide basic indemnity cover for Board employees' non-medical prescribing within the scope of their job description and normal NHS practice. NMPs employed as contractors to the Board must demonstrate that they have the necessary indemnity as a contractual and regulatory requirement (in the case of the NMC).

10. Restrictions to non-medical prescribing[2]

10.1. Mental Health (Care and Treatment) (Scotland) Act 2003

Restrictions apply to NMP when dealing with patients subject to treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, including the Criminal Procedures (Scotland) Act 1995. It has been agreed within NHS Shetland that:

- NMP **cannot** prescribe as **Independent Prescribers** for patients subject treatment under the MH(S)A;
- NMP may prescribe under Supplementary Prescribing arrangements within an agreed clinical management plan for patients with 'Consent to Treatment Form' T2. Patients must, however, be continually reviewed to ensure capacity to consent;
- NMP **may not** prescribe for patients with a 'Consent to treatment Form' T3;
- These restrictions apply only to the prescribing of medication for mental disorder and medication to reduce sex drive.

10.2. Advance statements

NMP may prescribe as either Supplementary or Independent prescriber for patients subject to an advanced directive, provided their prescribing respects the contents of the directive.

10.3. Adults with Incapacity (Scotland) Act 2000

Supplementary prescribing is a voluntary agreement between the patient, the Supplementary prescriber and doctor. The structure of this agreement means that capacity to consent is essential. Patients who do not have the capacity to consent are therefore excluded from being able to consent to a supplementary prescribing arrangement. Where the patient has a proxy as defined in part 5 of the Adults with Incapacity (Scotland) Act 2000, then the proxy may provide consent.

11. Prescribing for self, family and friends

Non-Medical prescribers will **not** prescribe any medicine for themselves, or for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance, and never in the case of controlled drugs. NMPs should consult their professional codes of ethics, conduct and standards.

12. Prescribing unlicensed medicines

Before prescribing any unlicensed medication, prescribers will work within the scope of local policies and procedures and refer to the Pharmacy and Prescribing Department in all instances of uncertainty regarding the use of unlicensed medicine.

According to the MHRA guidance on supply of 'specials' the following practitioners can procure unlicensed medicinal products in the UK:

- Doctors or dentists registered in the UK;

[2] This has been adapted from http://www.nhsforthvalley.com/__documents/qi/ce_guideline_prescribing/nmppolicy.pdf

- Supplementary prescribers (e.g. an appropriately qualified nurse or pharmacist);
- Nurse independent prescribers or pharmacist independent prescribers;
- Pharmacists in hospitals, health centres or registered pharmacies;
- Wholesale dealers licensed for supply to the order of any of the above;
- Manufacturers licensed for import for supply to the order of any of the above

An unlicensed medicinal product may only be supplied in order to meet the special needs of an individual patient. An unlicensed medicinal product should not be supplied where an equivalent licensed medicinal product can meet the special needs of the patient. Responsibility for deciding whether an individual patient has “special needs” which a licensed product cannot meet should be a matter for the doctor, dentist, nurse independent prescriber, pharmacist independent prescriber or supplementary prescriber responsible for the patient’s care. Examples of “special needs” include an intolerance or allergy to a particular ingredient, or an inability to ingest solid oral dosage forms. These examples are not exhaustive.

The requirement for a “special need” relates to the special **clinical** needs of the individual patient. It does not include reasons of cost, convenience or operational needs (shown in section 10 of the guidance). Anyone supplying an unlicensed medicinal product, where an equivalent licensed medicinal product is available must be satisfied as to the existence of a special need for the unlicensed medicinal product. MHRA expects that documentary evidence of this special need should be obtained by manufacturers, importers or distributors and that this evidence should be made available on request of the Licensing Authority. This may take the form of a prescriber’s letter, however an alternative fully documented audit trail through the supply chain confirming special need may be acceptable.

Although MHRA does not recommend “off-label” (outside the licensed indications) use of products, if a UK licensed product can meet the clinical need, even off-label, it should be used instead of an unlicensed product (see chapter 13 of this policy).

A licensed medicinal product obtainable from normal distribution channels in a reasonable time should be considered available for use. If a licensed product becomes unavailable, it may be necessary for an unlicensed equivalent to be supplied. This should be seen as a temporary expedient and should not be taken as justification for long term supply. Supply in these circumstances should cease as soon as is practicable, following re-instatement of the licensed product.

A “special” may only be supplied to third parties if all of the following apply:

- There is an unsolicited order;
- The product is manufactured and assembled in accordance with the specification of a person who is a doctor, dentist, nurse independent prescriber, pharmacist independent prescriber or supplementary prescriber registered in the UK;
- The product is for use by a patient for whose treatment that person is directly responsible in order to fulfil the special needs of that patient; and
- The product is manufactured and supplied under specific conditions.

13. Prescribing off-label

Before prescribing any off-label medication, prescribers will work within the scope of local policies and procedures and refer to the Pharmacy and Prescribing Department in all instances of uncertainty regarding the use of off-label medicines.

Independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (off-label). They will, however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe off-label where it is accepted clinical practice and within the policy of NHS Shetland. The use of a clinical management plan may be a more appropriate method of prescribing recognised off label medicines and should be discussed with a medical prescriber

In circumstances where supplementary prescribing is not appropriate, for example where the service is led by a non-medical prescriber, the NMP must:

- Be satisfied that it would better serve the patient's needs than a licensed alternative;
- Liase with the pharmacy department to establish that there is sufficient evidence base to demonstrate its safety and efficacy;
- Explain to the patient/carer in broad terms why the medicines are not licensed for their proposed use;
- Make a clear, accurate, and legible record of all medicines prescribed and the reason for prescribing off-label

14. Systemic Anti-Cancer Therapy (SACT)

CEL 30 (2023) sets out the guidance for the safe delivery of Systemic Anti-Cancer Therapy (SACT). NMPs will be involved in the prescribing of chemotherapy as set out in clinical management guidelines agreed across the North of Scotland Cancer Network.

14.1. Prescribing

The initial decision to prescribe cytotoxic chemotherapy should be made by a consultant oncologist/haematologist.

- Prescribing should comply with SACT protocols detailed in Clinical Management Guidelines (CMG) approved through the North of Scotland Cancer managed clinical network structure;
- SACT protocols and CMGs can be accessed via the NHS Grampian Guidance under **oncology haematology;**
- Only staff on approved lists may prescribe SACT as per their identified competency level. A list of approved prescribers and competency levels can be accessed via the Cancer Pharmacists;
- Non-Medical Prescribers will adhere to NHS Shetlands Non-Medical Prescribing Policy and will be signed off as competent by a Consultant Oncologist or Haematologist;
- SACT must be prescribed on the Chemotherapy Electronic Prescribing System: Chemocare or, on a standardised paper prescription form;

- Prescribing of oral SACT must be carried out to the same standards as those for parental chemotherapy and state the start date and duration of each treatment cycle;
- SACT must not be prescribed by repeat prescription;
- Dose modifications and reasons for these must be clearly documented

15. Gifts and benefits

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and it is important that independent non-medical prescribers make their choice of medicinal products for their patient on the basis of evidence, clinical suitability and cost effectiveness alone.

As part of the promotion of a medicine, suppliers may provide inexpensive gifts and benefits, for example pens, diaries or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

Companies may also offer hospitality at a professional or scientific meeting. Such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Non- medical prescribers should be familiar with local organisational guidelines that covers working with Pharmaceutical industry.

16. Adverse drug reactions and error reporting

All staff and managers have a responsibility for minimising harm to patients. Reported potential and actual clinical incidents provide valuable input to learning systems.

Potential or actual clinical incidents must be investigated and documented through local systems currently in place. These incidents are currently reviewed and the learning opportunities shared with the clinical community.

If you discover you have made an error in prescribing or you identify an error made by another you must take immediate action to prevent harm to the patient and you must report the error as soon as possible All errors, near misses and adverse events should be reported through the local processes as soon as possible, after they have been identified. For example on the Datix system / local reporting system and where appropriate, via the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme. Yellow cards are found in the back of the British National Formulary: www.yellowcard.gov.uk

Prescribers should also record known sensitivities and previous adverse reactions in the patient/client's notes and advise patients of likely adverse effects prior to prescribing. In the situation where an ADR incident occurs, it is important that it is recorded on the patient/client's notes and that the incident is reported to any appropriate clinical colleagues. Patients, parents and carers can also report suspected adverse drug reactions using the Yellow Card system. All incidents and concerns regarding CDs (any schedule) should be reported to NHS Shetland Controlled Drug Accountable Officer.

NMPs have a duty to tell patient that they may also report adverse drug reactions via yellow card scheme.

All non-medical prescribers should notify the patient's GP, Consultant or lead non-medical prescriber (where the service is led by an NMP) accordingly and follow local policy with regard to incident reporting.

17. Writing prescriptions

Detailed advice on prescription writing is contained in the British National Formulary (BNF).

All NMP's should prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name. Guidance on the use of brand names for those products where there are bioavailability differences between brands is in the BNF section on prescribing guidance.

NHS Shetland has adopted the Grampian formulary and this should be adhered to for all prescribing.

18. Transcribing

Transcribing involves copying the details of a patient's prescribed medication from one place (e.g. hospital discharge letter, GP repeat prescription list, Emergency Care Summary) to another (e.g. in-patient medicines chart or primary care medicines prescribing system), to allow the continued administration of those medicines in a new setting.

When this activity is undertaken by a prescriber, they are taking full responsibility for the medicines that they are prescribing on the new system, and any omissions from the patient's ongoing treatment plan.

The prescriber should therefore ensure that they are fully aware of all of the medicines and other pharmacologically active substances that the patient is taking (including over the counter, general sale list and herbal remedies) and the indications, contraindications and interactions of those substances. They should also be aware of the dose and frequency that has been prescribed for the patient. If the patient is using their medication in a different regime to that prescribed this should be discussed with the patient and a consensus about the most appropriate further prescribing be reached.

The prescriber should satisfy themselves of the safety and appropriateness of any medications that they are transcribing before they do so. Their responsibility for any medications that they have transcribed to a new system is exactly the same as if they had prescribed that medication for the patient for the first time. As per professional guidelines and standards (GMC, GDC, NMC, or HCPC) a prescriber should not be prescribing medications that are outwith their professional expertise and competence unless clear shared care agreements are in place to facilitate this (see 19 below).

19. Prescribing on the recommendation and/or request of others

You should only prescribe for patients who are under you care. You must not prescribe for any patient upon whom there has not been an appropriate assessment undertaken.

If you prescribe on the recommendation of another health professional who does not have prescribing responsibilities, you must satisfy yourself that an appropriate assessment of the patient has been undertaken in order to reach a diagnosis in order to determine if the prescription request is appropriate for the patient concerned and that the professional is competent to have recommended the medication. This also applies when prescribing on behalf of another health professional who is a prescriber, i.e. at the request of a consultant in continuing a medication that was started whilst the patient was under their care/remains under their care in a form of shared care agreement.

Prescribers are strongly encouraged to interact directly with those requesting prescriptions on their behalf to satisfy themselves that it is safe and appropriate to prescribe and facilitate a supply of treatment to an individual.

20. Repeat prescriptions

In the absence of the original prescriber, another independent prescriber may issue a repeat prescription or order repeat doses following an assessment of need, and taking into consideration continuity of care. This may include Medicines Reconciliation at admission, transfer and discharge of the patient where appropriate and following NHS Shetland policies and guidance. Accountability for the prescription on each occasion rests with the prescriber who has issued the prescription or orders the drugs and other prescribable items. Prescribers are also accountable for any prescribing advice they provide.

Non-medical prescribers should ensure that a review of the patient's medication is undertaken at regular intervals to ensure the prescription remains appropriate for the patient's needs. If a non-medical prescriber issues repeat prescriptions, they should ensure that they prescribe safely and responsibly. Before signing a repeat prescription they must be satisfied that it is safe and appropriate to do so. This involves assuring that appropriate review has taken place and avoid issuance of medicines no longer than is clinically required. The non-medical prescriber must ensure the correct dose is prescribed for medicines where the dose varies according to the stage of the treatment.

21. Prescribing and supply and/or administration by the same practitioner

Prescribing and/or supply followed by administration of the medicine prescribed by the prescriber prescribing the medicine, to the patient creates the opportunity for error to occur, and this error causing harm to the patient.

Scenarios such as this must only be the case in exceptional and rare circumstances and only if it is justifiably appropriate and in the patient's best interest. All NMPs must ensure wherever possible that a second person checks what is administered to the patient.

In services where lone working is common and there is a need to both supply and administer i.e. out of hours services, all practitioners must recognise this risk and control against it by adequate self-checks and mental breaks in process.

For Pharmacists in the position of dispensing medicines they have prescribed, they must only do this where patient need justifies omitting another individual dispensing the medicine i.e. the patient or their representative will suffer excessive inconvenience or delay, clinically significant medicines are required to be immediately available for use.

Self-administration of, or self-dispensing of a prescription by the prescriber must reach a suitable threshold before proceeding. Prescriptions should be endorsed to reflect the increased risk of the supply process used. Services, including out of hours, should reflect this in staff training and onboarding so that patients are protected against possible harm.

22. Prescription form and prescription security

The security and safe handling of prescription forms is the responsibility of both the employing organisation and the prescriber. It is advisable to hold minimal stocks of prescription forms. This

reduces the number lost if there is a theft or break- in, and also helps keep prescription forms up to date.

The employer should record the serial numbers of prescriptions received and subsequently issued to individual prescribers, practices, clinics etc. The first and last numbers of each pad should be recorded, noting that the prescription serial number is the first 10 numbers (these run in sequence), and the final digit is the check digit (does not run in sequence).

A local procedure should be established within the practice or clinic where the prescribing is taking place, regarding the monitoring of the use of prescription forms to deter the creation of fraudulent prescriptions. For example, a practice manager may undertake a regular but random reconciliation between the numbers of prescriptions written during a session with the number of prescriptions forms used by individual prescribers.

The prescriber should also keep records of the serial numbers of prescriptions issued to them. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining prescription form of an in-use pad at the end of the working day. Such steps will help to identify any prescriptions which are lost or stolen overnight.

Blank prescription forms should not be pre-signed, to reduce the risk of misuse should they fall into the wrong hands. In addition, prescription forms should only be produced when needed and never left unattended. Prescription forms should not be left on a desk but should be placed in a locked drawer. Prescription pads should not be left in a car.

Prescribers must use locally approved stationery when working within NHS Shetland.

23. Prescribing for inpatients

Local system for inpatient drug administration and recording must be used. All prescribing decisions should also be recorded in the clinical notes. The Senior Charge Nurse must be aware of all NMPs working within that clinical area.

24. Controlled drugs

Staff should follow NHS Shetland's controlled drug policy when using controlled drugs. Detailed advice on writing a prescription for Controlled Drugs is contained in BNF (Guidance on Prescribing: Controlled Drugs and Drug Dependence). Exemptions and allowances are also covered in detail in The Human Medicines Regulations (2012).

Non-medical prescribers will prescribe controlled drugs according to current legislation, the qualifications they hold and within their competency to do so. This legislation is subject to change and each professional group must consult the most up-to-date legal framework available from their registration body i.e. NMC, GPhC, HCPC.

All NMPs must be aware of who is the Accountable Officer for controlled drugs and also be aware of the audit requirements in local procedures for the prescribing of Controlled Drugs. The Accountable Officer for Controlled Drugs in Shetland is the Director of Pharmacy.

It is illegal to prescribe Controlled Drugs for yourself. All NMPs and other prescribers will ***not*** prescribe a controlled drug for members of their own family.

When making decisions about prescribing controlled drugs, consider:

- The benefits of controlled drug treatment

- The risks of prescribing including dependency, overdose and diversion
- All prescribed and non prescribed medicines the person is taking and whether the person may be opioid naive
- Evidence based sources, such as NICE and BNF for prescribing decisions when possible

25. Record keeping

All health care professionals are required to keep accurate, legible, unambiguous and contemporaneous records of patient care.

Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the shared patient record immediately, or failing that as soon as possible after the consultation. **Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription**.

In supplementary prescribing, the doctor/dentist and supplementary prescribers must share access to, consult and, wherever possible, use the same common patient/client record (NMC May 2006).

It is recommended that the record indicates clearly:

- The date of the prescription
- The name of the prescriber (and that they are acting as a Nurse or Pharmacist Independent or Supplementary Prescriber)
- The name of the item prescribed, together with the quantity or dose, frequency and treatment duration
- The route of administration

26. Remote prescribing

It is increasingly common to consult patients over distance consulting methods i.e. telephone or asynchronous consulting. Telephoned prescriptions may only be given or accepted in approved areas, where local processes are in place to support this.

The Nursing and Midwifery Council states in its guidance that telephoned prescribing is not acceptable for new medicines or CD's. However current practice and circumstances in some clinical settings mean that telephoned prescriptions need to be used or there would be a detrimental effect on patient care. A risk assessment must be undertaken for areas concerned, and the situation must be continuously monitored acknowledging the added risk associated with prescribing in this way.

As the prescriber you must ensure you:

- Have access to patient's current medication history including allergies
- Have sufficient information regarding the patient's medical condition
- Ensure arrangements are in place to provide follow – up and continuity of care
- Ensure a clearly documented record is made of the prescribing decision and the method of remote prescribing instruction (telephone, email)

The responsibilities of the prescriber remain unchanged from any other situation where they prescribe medicines. They must be sure of the information supplied by the clinical staff and of the source of the information given.

The prescriber's name must be entered in the 'prescribed by' column and a prescriber must countersign it within 24 hours unless in a continuing care area or community hospital where 7-day medical staff are not available, then this is within 72 hours.

27. Clinical Governance, audit and evaluation

27.1. Clinical Governance

Non-medical prescribing is a sub group of ADTC and aligned to the wider clinical governance structure.

Governance arrangements are in place to support non-medical prescribing including:

- Role development and training;
- Clinical effectiveness and research;
- Audit and evaluation;
- Standards of practice e.g. policy (including this one) and registration arrangements to support safe practice

Members of the local NMP group, agreed with the chair and vice chair, will represent the board on the national NMP Leads Group and ensures that the Board takes account of national recommendations and accesses national resources including training and funding opportunities.

The Director of Pharmacy will include within a dedicated area of the NHS Shetland Area Drug and Therapeutics Committee annual report, non-medical prescribing arrangements and the work of the non-medical prescribing group which is received by the Clinical Governance Committee as part of the quality assurance role it holds on behalf of the Board.

27.2. Reflective Review and Audit

As a minimum, a prescriber's practice must be audited annually to determine that clinical management plans meet the criteria specified and prescriptions meet legal criteria. The audit must also provide assurance that the prescribers practice is appropriate and that they reach clinical decisions through the application of good clinical practice.

Professions will work collaboratively to develop tools and approaches to inform arrangements for auditing prescribing practice and report the results within the clinical governance framework of NHS Shetland through the NMP Group and onwards to ADTC.

Where prescribing analysis is done it will be done for all prescribers, irrespective of whether medical or non-medical.

Recurring issues should be brought to the attention of the NMP Group and Area Drug and Therapeutics Committee by any member of staff.

27.3. Evaluation

All newly qualified NMPs must meet with the Designated Prescribing Practitioner who supervised their training and the senior operational lead for the area or profession (i.e. Chief

Nurse, Lead Pharmacist) to discuss their area of competency and agree their area of practice within which they will prescribe.

On completing the programme, all new NMPs must complete a prescriber preparation session which can be organised via Staff Development. This is part of the induction arrangements for all newly qualified NMPs.

As part of the appraisal and revalidation process for NMC registrants – all nurses and midwives must discuss non-medical prescribing performance as part of the reflective discussion with your manager or professional lead. Nurses and midwives should also write at least one reflective account for their portfolio each year about their prescribing practice and audit results. All NMPs must complete the annual notification of intent to practice form (LINK) annually, to be maintained on the register held by the PA to the Director of Nursing & Acute Services.

Evaluation should be facilitated with the use of a recognised competency framework (see 27.4).

All NMPs have a responsibility to maintain their CPD in line with their professional regulatory bodies (the requirements will vary) e.g. through NHS Education Scotland learning resources.

27.4. Competency Framework

"A Competency Framework for All Prescribers" is a multi-professional framework that has been developed to support all prescribers to prescribe safely and effectively for patients. The framework can be used by any prescriber of any profession to help underpin the competencies needed for them to prescribe.

28. Other associated topics relevant for non-medical prescribers

28.1. Prescribing blood transfusion products

Blood, including the cellular elements that are packaged for use as 'packed cells' and platelets, are not considered to be a medicinal products. Therefore blood transfusion products are outwith the ambit of the Medicines Act and its subsequent amending Regulations and outwith the scope of the guidance set out in the NMP policy.

28.2. Antimicrobial stewardship

The Scottish Antimicrobial Prescribing Group (SAPG) and NHS Education for Scotland (NES) identified the benefits of involving front line nursing and midwifery staff in stewardship but also identified a possible lack of knowledge and understanding of antimicrobial stewardship amongst nurses and midwives.

NES have produced a full range of educational resources to support antimicrobial prescribing and resistance and these are outlined in the leaflet **Enhancing the quality of antimicrobial prescribing through education in NHSScotland and within the following resource page on TURAS:** https://learn.nes.nhs.scot/3890.

Non-medical prescribers are expected within their role to promote effective prescribing in line with antimicrobial prescribing guidelines.

All NMPs therefore, should complete the learning resources available via NES to support safe and effective antimicrobial stewardship and this should be reflected in their CPD (see Chapter 23 of this policy).

28.3. Oxygen prescribing

Oxygen is a drug and requires a prescription by an independent prescriber.

Oxygen should only be prescribed by those experienced in the prescription of oxygen and who are registered Oxygen prescribers. Further information relating to the prescribing of oxygen is within other local guidance documents.

Appendices

1. **Annual intention to practice notification for NHS Shetland**
2. **Lost or stolen prescription stationery**
3. **Prescribing audit tools and suggested resources**