
Policy for Non-Medical Prescribing

Solent NHS Trust policies can only be considered to be valid and up-to-date if Viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	The purpose of this policy is to provide a sound governance framework for the implementation and practice of non-medical prescribing within the Solent NHS Trust.
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Amend No	Issued	Page	Subject	Action Date
V1			Policy Rewrite	Nov 2019
V 2		8,9,10,12,14, and Appendix 3	Amendments to reflect the new process for designated medical prescribers and new process for annual declaration	April 2021
V3		Appendix 2	Royal Pharmaceutical Prescribing framework updated	May 2022

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
V1	Nov 19	NMP Clinical lead	Governance, NMP steering group, Policy Group	Policy Rewrite
V2	April 21	NMP clinical lead	NMP Steering Group, Policy Steering Group Chair's Action approved amends	Amends as detailed above
V3	May 2022	NMP Clinical lead	NMP steering group, Policy Steering Group, Clinical Executive Group	Standard 3 year review, key amends as detailed above

SUMMARY OF POLICY

This policy provides a robust framework for the development of non-medical prescribing throughout Solent NHS Trust where it is appropriate to patient need. It describes the administrative and procedural steps necessary to enable eligible healthcare professionals to acquire and exercise prescriptive authority in a way that ensures patients receive safe and cost-effective treatment. It provides information and guidance on good practice for non-medical prescribing, the legal and professional frameworks that govern non-medical prescribing, and how to implement non-medical prescribing in services provided by the Solent NHS Trust.

EXECUTIVE SUMMARY

Non-medical prescribers (NMP)'s have successfully completed an accredited V100 or V300 non-medical prescribing course and have an annotation signifying their non-medical prescribing status on their professional register entry.

This policy sets out the processes that NMP's are required to undertake to provide evidence that they are up to date and competent within their sphere of prescribing practice each year as part of the appraisal process.

NMPs are expected to maintain a professional portfolio demonstrating their competence in relation to prescribing within their sphere of practice to facilitate revalidation and to support the annual review of prescribing competence by the NMP lead.

They must agree their role and scope of duties with their line manager in the therapeutic area in which the Practitioner will prescribe.

Be included on the Solent NHS Trust register of non-medical prescribers via provision of a specimen signature and copy of their academic result to the non-medical prescribing lead.

Provide an annual declaration to the NMP lead to ensure retention on the Trusts non-medical prescribing register.

Notify the medicines management team of any change of details (e.g., Name, base, or contract details).

Comply with this policy, Medicines Management policy and the Controlled Drugs Policy.

Have access to a prescribing budget, if applicable and/or the opportunity to prescribe.

All NMPs should have a designated mentor in place for 6 months post qualifying.

Following a break in prescribing practice of 6 months or more the NMP must undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experience supervisor and assessment of competencies complete.

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POLICY FOR NON-MEDICAL PRESCRIBING

1. INTRODUCTION & PURPOSE

The purpose of non-medical prescribing is to give patients timely access to medicines, improve access to services and maximise the skills and expertise of nurses', pharmacists', and other health professionals.

To deliver this individual Trusts should develop a strategic plan for the implementation and practice of non-medical prescribing and identify methods to support and sustain the transition of staff to this extended role. This should include a clinical governance framework for non-medical prescribing to ensure that non-medical prescribing is practiced safely and competently (Royal Pharmaceutical Society 2021) Information about the benefits of non-medical prescribing and how to implement it should be communicated to all clinical and managerial staff.

This policy provides a robust framework for the development of non-medical prescribing throughout Solent NHS Trust where it is appropriate to patient need. It describes the administrative and procedural steps necessary to enable eligible healthcare professionals to acquire and exercise prescriptive authority in a way that ensures patients receive safe and cost-effective treatment. It provides information and guidance on good practice for non-medical prescribing, the legal and professional frameworks that govern non-medical prescribing, and how to implement non-medical prescribing in services provided by the Solent NHS Trust. Finally, it provides a structure that enables the Trust to meet Royal Pharmaceutical society requirements, as outlined above, and other national and local policies and procedures.

2. SCOPE & DEFINITIONS

This policy applies to all non-medical prescribers directly employed by Solent NHS Trust, including Bank and Agency staff assigned to the Trust, managers of services utilising or seeking to utilise non medical prescribing, service leads and practitioners seeking to expand their practice, to include non medical prescribing in accordance with their business plan. It can also be used by commissioning General Practitioners' practices as a guide on how to implement non-medical prescribing in their localities.

2.1 **Non-medical prescribing**

Non- medical prescribing is prescribing by specially trained nurses, midwives, health visitors, and Allied health professionals (AHP's) optometrists, and pharmacists, who have successfully completed an accredited training Programme and who have had their qualification recorded on the relevant professional register.

2.2 **Community Practitioner Nurse Prescribers** are Health Visitors, District Nurses and Specialist Practitioner/Specialist Community Public Health Nurses holding the NMC V100 qualification and registered nurses holding the NMC V100 qualification. These nurses may prescribe independently from the Nurse Prescribers' formulary, included as an appendix in the current British National Formulary (BNF) and Drug Tariff.

2.3 **Independent Prescribing:** Independent prescribing is prescribing by a Practitioner (e.g.) dentist, doctor, midwife, Allied health Professional or pharmacist who is accountable for the

assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is “appropriate practitioner.” Within Solent NHS Trust a non-medical prescriber may currently be a specially trained nurse, health visitors, pharmacist, or Allied health professions.

2.4 Supplementary Prescribing: Supplementary prescribing is a voluntary partnership between doctor or dentist and a supplementary prescriber to implement an agreed patient specific clinical management plan with the patients’ agreement. A supplementary prescriber may currently be a specially trained nurse, midwives, pharmacist, or Allied health Professional (AHP) who can prescribe any medicine within their clinical competence, according to the patient specific clinical management plan agreed with a doctor or dentist and the patient. The clinical management plan must relate to the named patient and to that patients’ specific conditions to be managed by the supplementary prescriber and must be included in the patients’ clinical record. It is recommended that CMP’ are reviewed formally at appropriate time intervals, usually within 12 months. Supplementary prescribers are allowed to mix medicines including controlled drugs, prior to administration and provide written instruction for others to do ONLY when that prescription forms part of the clinical management plan.

3. LEGAL AND PROFESSIONAL RESPONSIBILITIES OF NON-MEDICAL PRESCRIBERS AND THEIR MANAGERS

3.1 Legal and Professional frameworks

- Non-medical prescribing is legislated by the Medicines Act 1968 which can be accessed on the UK Statue Law Database at www.statutelaw.gov.uk. The legal frameworks for Non-Medical Prescribing are detailed in the following documents:

5.1a Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. Gateway reference: 4941

5.1b Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, DH/Medicines, Pharmacy & Industry/Clinical & Cost Effectiveness. Gateway Ref: 6429

5.1c Royal Pharmaceutical society (2021) A Competency Framework for all Prescribers

- The Trust acknowledges that where a non-medical prescriber is appropriately trained and qualified, prescribes as part of their professional duties, with the consent of their manager and within the parameters of their job description the Trust is vicariously liable for their actions.

4. ROLES AND RESPONSIBILITIES

The Trust Board has a legal responsibility for governance of trust policies and for ensuring that they are implemented effectively.

4.1 **Chief Executive Officer**-has overall responsibility for the implementation of this policy, and in turn this responsibility is delegated to the Operational Directors and Service Managers within the Trust.

4.2 **The Accountable Executive** for this policy is the Chief Nurse; the accountable executive is responsible for:

- The completion of the annual declaration of compliance for commissioners and publication of this on the Trust website.

4.3 **Operational Directors**-are responsible for:

- The effective implementation of this policy in their areas of responsibility.
- The implementation of any action plans arising from audits of the policy and service user feedback.
- Identifying training needs of staff that fall within the remit of this policy

4.4 **Service Managers**-are responsible for:

- Advising and instructing staff on the policy requirements via local induction.
- Arrangements and on-going communication mechanisms, such as team brief, staff meetings, supervision etc.
- Making necessary arrangements to enable staff to attend any training in respect of this policy.
- Making staff aware of this policy, its content and how to access the policy.

Each registered prescriber is accountable for his/her own conduct and practice in accordance with the professional standards of their regulatory body.' (e.g., NMC standards of conduct, Performance and ethics for nurses and midwives. General Pharmaceutical Council's Standards of Conduct, Ethics and Performance, HCPC Standards for Conduct, Performance and Ethics)

4.5 Non –Medical Prescribers will: -

- Have successfully completed an accredited V100 or V300 non-medical prescribing course and have an annotation signifying their non-medical prescribing status on their professional register entry
- Provide evidence to their line manager that they are up to date and competent within their sphere of prescribing practice each year as part of the appraisal process.
- NMPs are expected to maintain a professional portfolio demonstrating their competence in relation to prescribing within their sphere of practice in order to facilitate revalidation and to support the annual declaration of prescribing competence by the NMP lead
- Agree their role and scope of duties with their line manager in the therapeutic area in which the Practitioner will prescribe
- Be included on the Solent NHS Trust register of non-medical prescribers via provision of a specimen signature and copy of their academic result to the non-medical prescribing lead.
- Provide an annual on-line declaration to the NMP lead to ensure retention on the Trusts non-medical prescribing register (Appendix 3)
- Notify the medicines management team of any change of details (e.g., Name, base, or contract details)
- Comply with this policy, Medicines Management policy and the Controlled Drugs Policy
- Have access to a prescribing budget, if applicable and/or the opportunity to prescribe

- All NMPs should have a designated mentor in place for 6 months post qualifying
 - Following a break in prescribing practice of 6 months or more the NMP must undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experience supervisor and assessment of competencies complete (Appendix Two)
- **Non- medical prescribers are responsible for prescribing medications correctly in accordance with the Medicines Management Policy. When a non-medical prescriber is not confident of his/her own competence to prescribe a particular medicine, he/she shall not do so until he/she has sufficient working knowledge of it**

4.6 All Prescribers are responsible for:

- Adhering to Solent NHS Trusts Prescribing Formulary
- Using up to date information and guidance on all pharmaceutical aspects of drug therapy
- Obtain consent for non-medical prescribing
- Discuss the aims and side effects of drug treatment with the patient or their representative, if possible
- Conforming to legal requirements
- Individualising patients' therapy
- Documenting the treatment plan, including how the response to drug therapy is to be monitored, clearly in the patients' clinical notes
- Checking the patients' medical record before a new prescription is written
- Practitioners who work in specialist clinics and who request medication to be prescribed by GPs must remember that they are perceived as experts and commissioners expect that any medicines request considers, local formularies, departmental guidelines, NICE guidance, or Map of Medicines care pathways. Any deviation from such standard guidance must be highlighted to the prescriber when the request is made, and reasons clearly stated to allow the prescriber to make an informed choice. Wherever possible clinics should use standard clinic letters for GPs with medication requests pre-printed to mitigate the risk of errors. These letters should be approved by the service clinical lead or pharmacist.
- Non-medical prescribers should prescribe according to national and local evidence-based guidelines, and whenever reasonably possible from the relevant joint formulary within the Solent service areas and cumulative updates (available in the prescribing folder of the electronic documents library on the Trust's intranet. Non-medical prescribers are welcome to contact the Medicines Management Team (MMT) directly if they need further advice. The non-medical prescribers should follow local agreement regarding the number of days acceptable to prescribe to patients or the manufacturers on a course of treatment.
- Nurse, Pharmacist and Optometrist Independent Prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called 'off-licence' or 'off-label'). They must, however, accept professional, clinical, and legal responsibility for that prescribing, and should only prescribe 'off-label' where it is accepted clinical practice. The prescriber must explain the situation to the patient/guardian, where possible, but where a patient is unable to agree to such treatment, the prescriber must act in accordance with best practice in the given situation and within local policy.

4.7 Prescribing Mentorship

4.7.1 The Designated Prescribing Practitioner (DPP)

- For nurses, pharmacists and AHPs this role may be undertaken by a suitably qualified NMP.
- Ensuring that the DPP meets the competency requirements in sections 1-3 of the RPS Competency Framework for DPPs (2019) prior to undertaking the role. They should normally have been qualified as a prescriber for at least three years. Working within competency requirements 4-8 of the RPS Competency Framework for DPPs (2019) whilst undertaking the role.
- Establishing a learning contract with the student prescriber following the university approved template
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing.
- Agreeing the appropriateness of the Designated Prescribing Supervisor (Where this role is required by the University), thus ensuring relevant feedback and evidence gives an objective evidence-based assessment.
- Facilitating learning by encouraging critical thinking and reflection
- Provide dedicated time and opportunities for the student/NMP to observe how the
- DPP conducts a consultation / interview with patients and / or carers in the development of a management plan.
- Allowing opportunities for the student to carry out consultations and suggest clinical management and prescribing options which are then discussed with the DPP.
- Helping ensure the student prescriber integrates theory with practice
- Taking opportunities to allow in depth discussion and analysis of clinical management using a random case analysis approach when patient care and prescribing behaviour can be examined further.
- Link with academic assessors and Designated Prescribing Supervisor (where this role is required by the University), to review student progression, raising concerns if needed.
- Assessing and verifying that by the end of the course, the student is competent to assume the prescribing role

4.7.2 The Designated Prescribing Supervisor (DPS)

This role is a requirement for all nurses undertaking the NMP course, and may be a requirement set for other professions by some Universities.

Responsible for:

- Acting as a role model to support practice learning within scope of practice
- Providing appropriate supervision and feedback by periodically recording relevant observations on the conduct, proficiency, and achievement of the Student/NMP
- Maintaining and developing current knowledge and expertise relevant to the proficiencies and programme outcomes being supervised.
- Helping ensure the student prescriber integrates theory with practice.
- Linking with the DPP to provide feedback on student/NMP progression, raising concerns if needed.

4.8 Nurse Independent and Supplementary Prescribing for children

Only nurses with relevant knowledge, competence, skills, and experience in nursing children should prescribe for children. This is particularly important in primary care, e.g., out-of-hours

services, walk-in-clinics, and general practice settings. Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence (NMC 2015). The trust has specific competencies which nurses who do not have a registered paediatric qualification but who will be prescribing for children are required to complete BEFORE they prescribe for children. These can be undertaken alongside the prescribing programme, if necessary, but must be completed before the prescriber is registered with the National Health Service Business Service Authority. There may be circumstances when some of the listed competencies are not relevant for the service that the nurse will be prescribing in. In these circumstances it must be stated clearly and why this is the case.

4.9 Role of the Prescribing Administrator:

4.8.1 The prescribing administrator will:

- a) Agree availability of prescribing budget to line manager of any member of staff wishing to undertake this qualification before signing off by learning and development
- b) Enter the practitioner's details (newly registered or new NMP recruits joining the Trust) on the Non-Medical Prescriber register.
- c) Register Solent NHS Trust employed practitioner's details with the NHSBSA and order FP10s, if required
- d) Add the practitioner's details to the Non-Medical Prescriber essential updates database.
- e) Keep a specimen signature for record.
- f) Store details and share completed preceptor ship forms with the Clinical Lead for Non-Medical Prescribing.
- g) Send welcome Pack to new prescribers
- h) Ensure disclaimer received and stored on NMP database

*NB the registration of commissioning GP employed nurses with the NHBSA is the responsibility of the Practice, via the CCG Prescribing Admin Team

4.10 Role of the Clinical Lead for Non-Medical Prescribing:

The clinical lead for non-medical prescribing will:

- a) Support the Associate Director of Professional Standards and Regulation
- b) Assist with identifying a preceptor for the new prescriber, if required
- c) Organise and chair forums/conference and ensure all documentation up to date and that appropriate governance around non-medical prescribing is maintained
- d) Chair Non-Medical Prescriber Steering Group
- e) Respond to direct queries from non-medical prescribers
- f) Work closely with the medicines management team and core members of the Medicines Management Committee.
- g) Lead the implementation of NMP competencies

4.11 Role of the Non-Medical Prescribers' Manager:

The practitioner's manager must:

- a) Review the practitioner's job description to ensure that prescribing practice is contained within it.

- b) Ensure that form 4 is reviewed and updated at appraisal and agree a scope of practice. (Appendix 3)
- c) Document the agreed scope and competence in the practitioner's personal file held by the manager
- d) Agree a process for reviewing the practitioner's prescribing practice using the annual appraisal and nurse revalidation process, or equivalent for allied health professionals, pharmacists, and podiatrists. A record should be saved and documented electronically in the prescriber's personnel file held by manager.
- e) Support the practitioner in enabling access to continued professional development including Forums and relevant conferences, annual CPD activity, to maintain competence and currency of prescribing activity.
- f) If the non-medical prescriber should de-register their prescribing qualification, or upon resigning from their post, the line manager must inform the non-medical prescribing administrator so that the relevant section of the 'Notification of Non-Medical Prescribers Amendment form' is completed for submission to the NHSBSA to update the prescriber's status. Furthermore, any unused prescription pad/s, if issued to the prescriber, must be returned to the administrator for safe disposal
- g) When a registered non-medical prescriber is recruited to a post, with a prescribing role, the line manager must inform the non-medical prescribing administrator so that the NHSBSA can be notified and generate up-to-date records for future use, in particular, attributing prescribing costs to the appropriate employer.

5. Training

5.1 Continuing Professional Development

All non-medical prescribers have a professional responsibility to keep themselves updated in clinical and professional developments (CPD). Prescribers are also expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines.

- The managers of non-medical prescribers are required to ensure that the practitioner has access to relevant education and CPD opportunities. Specific development needs relevant to prescribing should be identified in the usual way through the annual appraisal process.
- Nurses should record the details of their CPD activities in their personal professional portfolio for revalidation purposes, which may be requested for inspection when renewing their registration with the NMC. NMPs must adhere to all requirements for revalidation, templates to assist recording of information for revalidation can be found on the NMP section of the Solent Intranet. It is mandatory to record prescribing CPD activity at annual appraisal
- The GPhC's new statutory requirements for CPD require pharmacist prescribers to demonstrate CPD in their area of prescribing practice.
- AHPs must meet the requirements of the 'Standards for Continuing Professional Development' of the HPC. This consists of a self-declaration that they have kept up to date with practice within their current context and scope of practice. It is subject to periodic audit, requiring the AHP to submit evidence of their CPD to the HPC for scrutiny to support their claim.

- CPD will be discussed and evidenced through the annual appraisal process. When a person fails to maintain their CPD, prescribing rights will be removed by the appraiser until such time they are able to demonstrate they are up to date. In such circumstances, the appraiser must inform the Trusts non-medical prescribing lead of the suspension and any subsequent reinstating of prescribing rights.
- For maintenance of the non-medical prescribing register, an annual non-medical prescriber declaration (Appendix 3) must be completed and sent the prescribing administrator following the annual appraisal. Failure to complete and send the declaration on an annual basis will lead to the clinician being referred to the chief nurse or their deputy for consideration of the removal of prescribing rights and removal of the prescriber from the trusts register until the annual governance declaration has been received.
- The NMP must undertake online Mandatory training identified for the NMP on a 12 monthly basis
- The Trust will actively support the activities of the Non-Medical Prescribers Forum as a means of CPD for V300 prescribers. In the Terms of Reference (Medicines management folder) members are expected to attend at least 1 of the meetings organised per annum in addition to the NMP conference or demonstrate equivalent CPD activity.
- Clinical update sessions for V100 prescribers will be planned by the Public Health and Health Visiting leads in conjunction with members from the NMP Steering Group. Training will be provided annually; this will be supplemented by a 6 monthly Master class. Attendance should be recorded formally, and individuals should ensure that this evidence is retained for revalidation purposes.
- The NMP Steering Group reports to the MMG, consists of a broad spectrum of membership including Trust's Quality Directorate, Chair from each Forum, Medicines Management Team pharmacists and Learning and Development manager, reflective of the needs of the Prescribers it serves. The MMG in turn reports to the Quality Improvement and Risk Group (QIR) who in return reports to the Assurance Committee, which is affiliated to the Trust Board. This provides a clear line of responsibility and communication that is reflective of the organisation's management structure

A Non-Medical Prescribing Information and Application Pack are available for managers and potential non-medical prescribers in the Non-medical Prescriber section of SolNet.

6. EQUALITY AND IMPACT ASSESSMENT

In line with Trust policy, an Equality Impact Assessment has been completed. It is understood that no employee will receive less favourable treatment on the grounds of disability, age, sex, race, religion or belief, gender reassignment, pregnancy or maternity, marriage, or civil partnership, working patterns or Trade Union membership or non-membership in relation to the application of this policy. The Equality Impact Assessment is included in Appendix 1.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 The Deputy Chief Nurse will with the support of the non-medical prescribing clinical lead and administrator, maintain an accurate register of Non-Medical Prescribers, their specific prescribing qualification, non-medical prescribers who are not currently utilising their prescriptive authority and practitioners undergoing training. This will be provided to the Trust Board as requested.
- 7.2 A review of non-medical prescribing activity will be carried out annually by the Clinical Lead for Non-Medical Prescribing in conjunction with a senior Trust pharmacist. This will include prescription and cost data from the NHS Business Services Authority and an analysis of significant events and complaints alongside learning from incidents related to non-medical prescribing. The report will be submitted to the Medicines Management Committee (MMC).

8. REVIEW

This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Clinical Audit Policy
Medicines Policy
Appraisal policy
Equality, diversity, and Human rights policy
Managing Conflict of interest Policy
Consent to Treatment Policy
Controlled Drugs Policy
Syringe Driver Policy
Incident Reporting, Investigation and Learning Policy

REFERENCES

- Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation.
- Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, DH/Medicines, Pharmacy & Industry/Clinical & Cost Effectiveness. Gateway Ref: 6429
- Nursing and Midwifery Council. (2015) Code of conduct
- Royal Pharmaceutical Society of Great Britain (2021) A Competency Framework for all Prescribers
- Guidance Document for Non-Medical Prescribers Employed in Wessex Community Trusts (2019) Wessex Local Medical Committees

- Royal Pharmaceutical Society of Great Britain (2019) A Competency Framework for Designated Prescribing Practitioners. London: RPS. Available at:
<https://www.rpharms.com/resources/frameworks/designated-prescribingpractitioner-competency-framework>

Appendix One

Equality Impact Assessment

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Corporate	
Title of Change:	Non-Medical Prescribing Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Updates to guidance	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			<input checked="" type="checkbox"/>	
Gender reassignment			<input checked="" type="checkbox"/>	
Disability			<input checked="" type="checkbox"/>	
Age			<input checked="" type="checkbox"/>	
Sexual Orientation			<input checked="" type="checkbox"/>	
Pregnancy and maternity			<input checked="" type="checkbox"/>	

Marriage and civil partnership			<input checked="" type="checkbox"/>	
Religion or belief			<input checked="" type="checkbox"/>	
Race			<input checked="" type="checkbox"/>	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Please select	N/A
Have you taken into consideration any regulations, professional standards?	Please select	N/A

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	N/A		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Suzi Graves	Date:	30 th June 2022
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Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3. Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4. Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5. Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6. Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7. Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8. Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9. Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team

Appendix Two

Prescribing Competency Framework

Adapted from

Royal Pharmaceutical Society: Prescribing Competency Framework

1. THE CONSULTATION

Competency 1: Assess the patient

Statements supporting the competency	Notes
1.1 Undertakes the consultation in an appropriate setting.	
1.2 Considers patient dignity, capacity, consent and confidentiality.	
1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.	
1.4 Assesses the communication needs of the patient/carer and adapts consultation appropriately.	
1.5 Demonstrates good consultation skills and builds rapport with the patient/carer.	
1.6 Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.	

1.7 Undertakes and documents an appropriate clinical assessment	
1.8 Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment.	
1.9 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.	
1.10 Requests and interprets relevant investigations necessary to inform treatment options.	
1.11 Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).	
1.12 Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment.	
1.13 Reviews adherence (and non-adherence) to, and effectiveness of, current medicines.	
1.14 Refers to or seeks guidance from another member of the team, a specialist or appropriate information source when necessary.	

Competency 2: Identify evidence-based treatment options available for clinical decision making

Statements supporting the competency	Notes
2.1 Considers both non-pharmacological and pharmacological treatment approaches.	

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing).	
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 pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors.	
2.5 Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.	
2.6 Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration.	
2.7 Accesses, critically evaluates, and uses reliable and validated sources of information.	
2.8 Stays up to date in own area of practice and applies the principles of evidence-based practice.	
2.9 Considers 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: Present options and reach a shared decision

Statements supporting the competency	Notes
3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences.	
3.2 Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence.	
3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice.	
3.4 Assesses adherence in a non-judgemental way; understands the reasons for non-adherence and how best to support the patient/carer.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	

Competency 4: Prescribe

Statements supporting the competency	Notes
4.1 Prescribes a medicine or device with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects.	

4.2 Understands the potential for adverse effects and takes steps to recognise, and manage them, whilst minimising risk.	
4.3 Understands and uses relevant national, regional and local frameworks for the use of medicines.	
4.4 Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product.	
4.5 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.	
4.6 Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste.	
4.7 Recognises potential misuse of medicines; minimises risk and manages using appropriate processes.	
4.8 Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines.	
4.9 Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements.	
4.10 Effectively uses the systems necessary to prescribe medicines.	
4.11 Prescribes unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	

4.12 Follows appropriate safeguards if prescribing medicines that are unlicensed, off-label, or outside standard practice.	
4.13 Documents accurate, legible and contemporaneous clinical records.	
4.14 Effectively and securely communicates information to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings.	

Competency 5: Provide information

Statements supporting the competency	Notes
5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information.	
5.2 Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan.	
5.3 Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment.	
5.4 Ensures 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 timeframe.	
5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.	

Competency 6: Monitor and review

Statements supporting the competency	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects.	
6.3 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	
6.4 Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems.	

2. PRESCRIBING GOVERNANCE

Competency 7: Prescribe safely

Statements supporting the competency	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 and prescribing errors, and knows how to minimise their risk.	
7.3 Identifies and minimises potential risks associated with prescribing via remote methods.	

7.4 Recognises when safe prescribing processes are not in place and acts to minimise risks.	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice to prevent recurrence.	

Competency 8: Prescribe professionally

Statements supporting the competency	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications.	
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice.	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal views.	
8.5 Recognises and responds to factors that might influence prescribing.	

8.6 Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.	
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Competency 9: Improve prescribing practice

Statements supporting the competency	Notes
9.1 Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.	
9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes.	
9.3 Understands and uses available tools to improve prescribing practice.	
9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role.	
9.5 Makes use of networks for support and learning.	
9.6 Encourages and supports others with their prescribing practice and continuing professional development.	
9.7 Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.	

Competency 10: Prescribe as part of a team

Statements supporting the competency	Notes
10.1 Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all 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 the patient's care.	
10.3 Agrees the appropriate level of support and supervision for their role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	

For further information, including the structure, further information, glossary terms, background, and supporting tools and resources, please see the Competency Framework for all Prescribers on the RPS website here: <https://www.rpharms.com/cfap>.

Appendix 3

Non-Medical Prescribers Annual Declaration Form

BEFORE YOU START, you may wish to refer to the NMP SolNet page where you can view the

NMP Annual Appraisal Guidance video, NMP Policy Wording and other useful links:
<https://solenttrust.sharepoint.com/sites/NMP>

Hi, when you submit this form, the details will be sent automatically to the NMP Admin Team

and to the Manager/NMP or Mentor who carried out this appraisal with you.

Please keep long text answers under 250 characters as this may cause the submission process to fail.

1. Full Name *

2. Service Line? *

- Adults Portsmouth
- Adults Southampton
- Child & Family
- Corporate
- Dental
- Mental Health
- Pharmacy and Medicines Management
- Primary Care & MPP
- Sexual Health

3. Has any of your information changed in the last year? *

this would include – change in name or title (getting married), change in location, change in Managers change in Service Line/job description. As per the NMP Policy, you are required to keep the NMP administrator updated on any changes so we can ensure the NMP database is accurate. (If not type 'No')

- YES
- NO

4. Date of Appraisal? *

5. Prescribing Registration PIN Number?

Please read the following confirmation Statement and select the appropriate answer.

6.

I can confirm I have adhered to the Solent NHS trust NMP policy, Medicines formulary and medicines policy. I have worked within my own professional codes of conduct (Optometrists, Pharmacists, Physiotherapists, Podiatrists, Radiographers and NMC) NICE guidance, the BNF and DoH guidelines to maintain my competency as a practitioner with an additional prescribing qualification. *

Prescribing Information

7. Patient Group (who do you prescribe for)? *

8. How do you ensure safe prescribing? (Please include any recent CPD, seminar and conference attendances).

9. How often do you prescribe? *

The NMP policy states that for any prescriber who has had a break in prescribing for more than 6 months will be required to have these competencies reassessed which is a recommendation of the Royal pharmaceutical societies guidelines. These have been included as an appendix in the NMP policy and are required to be signed off by another experienced NMP practicing in the same field or with the same formulary. Note: Prescribing can include writing a FP10, giving verbal or other written prescribing advice or electronic prescribing

- Daily
- Weekly
- Monthly
- Every few months
- Not regularly
- Not within 6 Months
- Yearly

10. If you don't prescribe regularly, do you make prescribing recommendations to other Healthcare professionals such as GPs? *

- YES
- NO

11. Have you read, and do you follow the Prescription Pad Security guidance as set in the following Aide Memoire? *

<https://solenttrust.sharepoint.com/:w:/s/NMP/EUV9os-GE2dOr7EQZv5NB0QBt9eJB2JJYucAGOUNv7DVBw?e=6A7VBf>

- YES
- NO

12. How do you prescribe? *

- Electronic prescriptions
- inpatient charts
- prescription recommendations
- FP10

Development

13. What are your current continuing professional development needs?

14. How will you meet these continuing professional development needs?

15. Have you identified any gaps in your CPD?

IMPORTANT: signing off

Please sign (Entering your email below constitutes signing off) this section of the appraisal. Please note that these forms will be collated and audited.

You will need to keep a copy of your completed appraisal in your Personal file. You should click the box that says, "send me an email receipt of my responses" below, or you also have the option to print your appraisal once you have pressed "Submit".

16. Your Email *

This should be the email address of the Manager, Prescriber or Mentor who carried out this Appraisal with you and who has the relevant clinical knowledge to undertake your declaration sign-off

17. Please insert your Line Manager or Appraisers full email address (please ensure

all '-.-@solent.nhs.uk' *

NMP Competency Wording (Updated July 2020)

As a V100/V300/AHP autonomous practitioner, utilise higher level advanced practice skills to clinically assess and treat, and independently prescribe where clinically indicated. Extending patient choice and easing access to medicines to manage their conditions. Working in conjunction with the guidance provided by the HCPC and Royal Pharmaceutical Society.