Independent Prescribing Policy for Registered Nurses Allied Healthcare Professionals, Pharmacists and other Non-Medical Health Care Professionals.

Cornwall Partnership NHS Foundation Trust document reference code: MM/011/24

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: The policy outlines independent prescribing practice within the Royal Cornwall Hospitals NHS Trust and the Cornwall Partnership NHS Foundation Trust; the governance and continuing professional development that supports this. It has been developed to ensure that prescribing is safe and effective within both organisations.

Target audience: Staff from both Trusts

Document author and role: Jeremy Gilbert – Independent Prescribing Lead for Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust.
Document authors contact details: 07789 615 828

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Executive director responsible for the policy: Dual Chief Nurse

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Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
1.0	October 2024	Jeremy Gilbert		Replaces separate organisational policy. New joint policy

This document replaces: Royal Cornwall Hospitals NHS Trust Non-Medical Prescribing Policy and Cornwall Partnership NHS Foundation Trusts MM/011/21 Non-Medical Prescribing Policy

Summary

- The policy applies to all non-medical practitioners / independent prescribers engaged in prescribing practice who are employed by the RCHT and CFT or contracted to provide services for the organisations.
- The purpose of the policy is to support the development of independent prescribing across both RCHT and CFT and to set out the Clinical Governance frameworks which enables non-medical prescribing practices to take place.
- The policy also serves to provide the essential requirements and a framework of support and development for the practicing independent prescribing RCHT and CFT workforce.

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Data Protection Act 2018 (General Data Protection Regulation Legislation UK)

The Trusts have a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opted in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

1.1 This policy applies to all activity by qualified independent prescribers (IP) employed by the Royal Cornwall Hospitals NHS Trust (RCHT) or Cornwall Partnership Foundation Trust (CFT) or providing NHS services to the Trusts. This includes contingent workforce. It also applies to people who wish to undergo training to become an independent prescriber.

1.2 The aims of independent prescribing are to:

- Improve patient care without compromising patient safety.
- Make it easier and quicker for patients to get the medicines they need.
- Increase patient choice in accessing medicines.
- better use of the skills of health professionals.
- Contribute to the introduction of more flexible team working across the NHS.

1.3 The primary aim of this policy is to ensure that independent prescribing is delivered in a safe and effective manner across both RCHT and CFT services.

1.4 This policy should be read in conjunction with the policies, legislation, procedures, and guidance documented at the front of this policy which may also be referred to throughout this document:

1.5 The policy should be read in conjunction with the relevant professional standards from the NMC (Nursing and Midwifery Council) and NMC code of practice 2018, General Pharmaceutical Council of Great Britain (GPhC) guidance and the Single Competency Framework for Prescribers (Royal Pharmaceutical Society 2016) as well as any Health and Care Professions (HCPC) professional standards that are relevant to role.

This version supersedes any previous versions of this document.

Please Note: This policy does not cover patient group directives (PGDs); Please refer to the medicines policy.

2. Scope

2.1 This policy applies to all independent allied healthcare practitioners engaged in independent prescribing employed by RCHT and CFT or contracted to provide NHS services for both organisations and covers registration and contractual issues (inc. honorary contract arrangements); Independent prescribing practice within the Trusts; and the clinical governance framework for independent and supplementary prescribers.

2.2 Additionally, this policy addresses the recruitment / training process requirements for all practitioners hoping to become an independent Prescriber.

3. Definitions and glossary

3.1 Independent prescribing

- Prescribing by a practitioner (e.g., nurse, pharmacist or allied health professional) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Registered nurses, pharmacists and allied health professionals must have completed the necessary education and training to be authorised to prescribe independently and should only prescribe medicines appropriate to their scope of practice.
- There are specific prescriber restrictions for Independent Prescribers depending on their profession. For the most up to date list of prescribing restrictions, please refer to section 3.3.14 of the Royal Pharmaceutical Society- Medicines, ethics & practice guide
  3.3.14 Prescriber types and prescribing restrictions (rpharms.com)

3.2 Supplementary prescribing

- Supplementary Prescribing
- Supplementary prescribing is a voluntary prescribing partnership between an Independent Prescriber (doctor or dentist) and a Supplementary Prescriber (SP), who has completed the necessary education and training, to implement an agreed patient specific Clinical Management Plan (CMP) with the patient's agreement.

Supplementary Prescriber can only prescribe within the parameters set out in the CMP which has been agreed and signed by an Independent Prescriber (doctor) and agreed with the patient. There are specific prescriber restrictions for Supplementary Prescribers. For the most up to date list of prescribing restrictions, please refer to section 3.3.14 of the

Royal Pharmaceutical Society- Medicines, ethics & practice guide. 3.3.14 Prescriber types and prescribing restrictions (rpharms.com)

CMPs should follow the national template. A template for all CMPs is available on the document library CHA4522: Supplementary Prescribing CMP (cornwall.nhs.uk)

3.3 Nurse Prescribers' Formulary for Community Practitioners

- Community Practitioners, formerly known as District Nurses and Health Visitors, can prescribe independently from a more limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings. This list can be found in the BNF.

3.4 Physicians Associates

Physicians Associates (PAs) are not legally authorized to prescribe. Some PAs are dual qualified and may be qualified prescribers through their other profession (e.g. nurse, paramedic etc). It should be clearly described in job descriptions and scope of practice documents that any prescribing is undertaken through their eligible profession and not through their PA qualification. In such instances the individual must maintain their registration and competence for the profession under which they are prescribing e.g. NMC or HCPC.

4. Ownership and responsibilities

4.1 This independent prescribing policy requires approval at Board level. The Accountable Director is the Joint Chief Nurse, although the recommending committee is the RCHT Medication practice committee chaired by the Chief Medical Officer (or nominated deputy) and CFT Medication Optimisation Safety Committee.

4.2 Joint Chief Nursing Officer for RCHT and CFT.

4.3 The Joint Chief Nursing Officer has overall responsibility for delivering the policy and enabling its implementation.

4.4 The Chief Nursing Officers Clinical Cabinet.

4.5 To agree the policy is suitable for use within both RCHT and CFT.
Joint Independent Prescribing Lead for RCHT and CFT.

The joint IP Lead role oversees the development of the IP Policy reporting to the Chief Nurses Clinic Cabinet. Ensures the policy is championed, implemented and that its impact is monitored and reported.

4.6 The Medicine Practice Committee (MPC) at RCHT and the Medicines Optimisation and Safety Committee (MOSC).

The Medicine Practice Committee and Medicines Optimisation and Safety Committees will approve the policy and monitor its implementation and impact. It will receive reports from the Joint NMP/IP Lead annually or as otherwise requested.

4.7 The Independent Prescribing Lead Team.

The IP Leads Team will:

- Champion IP across the Trust.
- Compile and manage the IP database(s) ensuring that appropriate registration and annual declarations of competence are accurately recorded.
- Perform an audit of information on the IP database to ensure compliance and accuracy is being maintained. This will be reported to the RCHT Medicine Practice Committee and CFT Medicines Optimisation Safety Committee.
- On behalf of the Trust, ensure IPs support the development of localised, speciality specific continuing professional development (CPD) thereby ensuring the IPs meet their professional responsibility to maintain competency in this role.
- Co-ordinate NMP/IP recruitment and liaise with Higher Education Institutions, through the Trusts Learning and Development Team to ensure its IP training and education requirements are met; and
- Liaise and network with local, regional and national IP colleagues to ensure the Trust is represented and involved in leading this agenda.
- Provide confirmation to newly qualified IPs of their ability to prescribe within CFT/RCHT on presentation of their qualification.
- Approve scopes of practice and forward to the deputy medical director for sign off.

4.8 Chief Pharmacists of RCHT and CFT.

The Chief Pharmacists for both RCHT and CFT have a role to support the IP Leads in championing and implementing this policy. Providing access to medicines expertise to support the policy's implementation is one key element of this support.

4.9 Senior Management Teams.

Senior management Teams are responsible for ensuring the policy is promoted and disseminated to inform clinical and managerial teams of the IPs role and responsibilities and their line managers clarity on their role expectations and support required.

4.10 Line Managers of IPs.

Line Managers of IPs should identify a need for an IP in their department and ensure the candidate is band 6+. In addition, they may have a three-fold role:

- To support an IP applicant through the internal application process and subsequent training and registration. The line manager should ensure that student IP have the allotted time to complete the required study hours and work with their mentor to develop their clinical and examination skills and compile their portfolio of evidence.
- Following successful completion of the training the line manager should ensure they have an up-to-date job description and person specification in place and maintain the IPs access to appropriate clinical supervision and continuing professional development (CPD) to maintain prescribing competence in their clinical practice area.
- It is the line managers responsibility to ensure their IP staff are working within their sphere of competence and countersign the IPs annual declaration of competency at the time of their Personal Development Review and support any learning and development needs highlighted and consider any changes needed to the scope of practice.

4.11 Individual IPs.

Individual IPs will use and abide by this policy to fulfil and discharge their clinical duties and responsibilities as an IP.

Once the IP has been qualified for 12 months they will be expected to act as a designated prescribing supervisor (DPS) for students undertaking the independent prescribing course. They will be expected to take on the role designated prescribing practitioner (DPP) for students undertaking the independent prescribing course once the meet the competency criteria for DPPs as defined by NHSE.

Each individual IP or IP team must provide before approval to prescribe the following:

- An outline of their proposed prescribing role in the form of a scope of practice document
- The specific area of practice in which they will be prescribing, and the range of medicines that they may prescribe.

- Any specific criteria for their prescribing e.g., in what circumstances will they not prescribe or will refer to a doctor.
- Details of their prescribing supervisor.

A template to document this information is available from the IP prescribing leads for your area (Appendix 6).

5. Accountability and Continuing Professional Development

- Accountability is a key element of non-medical prescribing. All registered IPs are personally accountable for their practice and when prescribing medicines must work to the same standard or competence that applies to all other prescribers.
- IPs must only prescribe within their own level of experience and competence, acting in accordance with the professional and ethical frameworks described by their professional body.
- IPs should prescribe in accordance with local and national guidance and where possible adhere to the recommendations outlined in the local formulary.
- IPs are required to maintain a record of their continuing professional development as prescribers. It is the responsibility of the IP to keep up to date in their field of practice and any changes in national and local policy. Individual development needs must be discussed at appraisal and included in Personal Development Plans.
- An annual declaration of competence to prescribe must be submitted to the IP Lead and a copy kept in the prescribers Personnel File. This competency includes one short piece of writing to reflect on their current practice. This document should be completed as part of the personal development review process with the prescribers' line manager. Declarations should be submitted electronically via the independent prescribing intranet page.
- IPs should ensure separation of prescribing and administering or prescribing and dispensing activity whenever possible, in accordance with the Nursing and Midwifery Councils current 'Standards of proficiency for nurse and midwife prescribers', the RCHT current Medicines Policy and the CFT current Medicines Policy.
- The IP should work with other IPs within their specialist area to develop and deliver their own programme of continuing professional development to make it relevant and appropriate to their prescribing practice. Evidence of CPD and a signed register should be kept and supplied to the IP leadership team for audit purposes. The use of external speakers (pain team, pharmacists, diabetes team etc) is encouraged.

6. Prescribing and Administration or Supply of Medicines by a Sole Practitioner

- In keeping with the principles of safe prescribing, IPs should ensure that prescribing and administering activities remain separate.
- It is recognised that some clinical situations will require the same practitioner to prescribe and administer the medicine- this should be in exceptional circumstances. In such cases the IP and service lead must complete a risk assessment and present it to RCHT Medicines Practice Committee / CFT Medicines Optimisation and Safety Committee (Appendix 5).
- In these exceptional circumstances the IP should, where possible, mitigate the risk by having a second suitably competent person involved in checking the accuracy of the medication provided.
- In the majority of cases IPs working in the community will be prescribing a medicine or dressing, the prescription will then be dispensed by the community pharmacist or dispensing practice, so involving another healthcare professional in the process. The interval in obtaining the dispensed prescription, even if administered by the IP, provides the opportunity to review the prescription with fresh eyes.
- In the case where the IP following an assessment of the patient, feels that it is necessary to change the dose of a medicine and then administer immediately i.e., insulin, using the patient or carer as a second checker is advisable (NMC Standards for Medicines Management).

7. Good Practice and Ethics

- An NMP/IP can only prescribe for a patient they have assessed. This assessment does not have to be face to face. In clinical situations such as repeat prescribing in long-term conditions, this assessment may be limited to a review of the blood results etc.
- IPs, who work in admitting areas can prescribe the patients medications after they have been assessed to enable their timely administration. This would include but not limited to prescribers working in admission units, within ward teams, community settings etc. If a prescribing error is noted during this process the NMP must inform the previous prescriber immediately and discontinue the prescribing of that medication until reviewed. If a correction is made this will represent a prescribing decision and the IP will be responsible for that prescription.
- In face-to-face consultations, IPs should ensure that patients are aware they are being treated by an IP and the scope of their prescribing practice may mean referral onto another health care professional if necessary.
- As outlined in professional guidance - IPs must not prescribe for themselves.
- As outlined in professional guidance – IPs should never prescribe for anyone with

whom you have a close personal or emotional relationship, other than in exceptional circumstances.

- If a prescription is necessary for people with whom you have a close personal or emotional relationship, you should refer them to another registered prescriber wherever possible.
- As outlined in professional guidance – IPs should only prescribe a controlled drug for someone close to you if:
- No other person with the legal right to prescribe is available.
- And only then if that treatment is immediately necessary to:
- You must be able to justify your actions and must document your relationship and
    - Save life.
    - Avoid significant deterioration in the patients/client's health.
    - Alleviate otherwise uncontrollable pain.
- the emergency circumstances that necessitated your prescribing controlled drugs for someone close to you.
- An IP (nurse, pharmacist, or optometrist) can prescribe any licensed medicine within their clinical competence. Nurse and pharmacist IP can also prescribe unlicensed medicines and off-label medicines.
- Supplementary prescribers may prescribe any medicine including unlicensed medicines and licensed off-label medicines within their clinical competence, in accordance with the CMP.
- IPs should refer to the relevant section of their Trust's Medicines Policy for the prescribing of unlicensed and off-labelled medicines and be aware of their duty to inform the patient when a drug is being used in this manner.
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8. Documentation and Record Keeping

- All prescribing must be carried out using the Trusts' approved forms, FP10s or electronic systems including GP systems.
- All IPs are required to keep accurate, legible, unambiguous, and contemporaneous records of patient care. All records should be maintained and stored in line with Trust and professional standards. All records will be maintained and stored as per the Trusts' Policy and in line with professional regulations.
- Access to and use of the Summary Care Record for registered IPs will aid history taking.
- All handwritten prescriptions should be annotated by the IP with their job role and IP (Independent Prescriber) along with their registration or PIN number and signature.
- All electronic prescriptions should identify the prescriber on interrogation if needed.
- If prescribing is being undertaken within primary care the IP must update the GP record either directly or an email should be sent to the GP within 48hrs of writing the prescription so that their records can be updated. For inpatient or outpatient

prescribing a letter will be sent detailing treatment / intervention and medication changes to the GP on discharge or after each outpatient attendance.

9. Indemnity Insurance and Legal Liability

- For RCHT employed staff the employer (RCHT) will hold vicarious liability for NMPs treating RCHT patients and for CFT employed staff the employer (CFT) will hold vicarious liability for IPs treating CFT patients where the following criteria is met:
    - The IP is registered with their professional body as a prescriber.
    - The role of the IP is approved by their line manager and their prescribing role is included within the individual's job description and person specification.
    - The IP is registered on the CFT or RCHT IP database and has an up-to-date annual declaration of competence logged in their 'personnel-file'.
    - The IP must work within the legal framework of the role, within their Clinical Management Plan if appropriate and within agreed policies (e.g., The RCHT Medicine Policy).
    - IPs who are not employed by but work at RCHT or CFT (e.g., RCHT employees working within CFT or vice versa), but who have a role that provides care to our patients with a direct prescribing role, are required to hold an honorary contact (a specific IP honorary contact has been developed for this purpose). This will require them to abide by this policy, so requirements set out in this section should be adhered to. These non-RCHT employed IPs with have liability covered by their employing Trust, but circumstances may mean this is ultimately shared.

9.1 The Independent Prescribing Community of Practice

The IPs Community of Practice will

- Support and inform the development of the Joint IP policy development.
- Support the Trust's obligation to support the continuing professional development of IPs.

9.2 Prescribing for detained patients

- For patients detained under the Mental Health Act (MHA)or subject to MHA in the community, treatment for mental disorder must comply with the Part 4 of the MHA (see Consent to treatment under the mental health act policy and chapter 25 of the code of practice to the mental health

act). The clinician in charge of treatment for mental disorder must usually be an approved clinician. The MHS code of practice sets out when the person in charge of treatment under the act must be an approved clinician (25.5).

- Prescribing mental health medications for a mental disorder is lawful for any registered prescriber working within their scope of practice but under the direction of the patient's approved clinician, who remains in overall charge of a patients mental health care (i.e. junior doctor or prescriber working under guidance of approved clinician).
- These restrictions do not apply to treatments not related to mental health (i.e. for physical health medication).

9.3 Ordering Prescription Forms

- FP10 prescriptions:
  IP prescription pads must be ordered according to the FP10 procedure.
- Outpatient prescriptions:
  Outpatient prescriptions can be used using the electronic prescribing system.
  Approved community drug charts for use by CFT staff can be used by IPs to authorise qualified staff, or carers with completed competencies to administer medications they have prescribed.

9.4 Prescribing within Community Hospitals

- There may be occasions when a community-based IP will be involved in a patient's care during their stay in a community hospital.
- IPs prescribing within a community hospital setting should ensure that they provide appropriate contact details to allow effective communication between other members of the medical and nursing team providing care for the patient.
- For inpatients the prescribing activity carried out by the IP must be limited to:-
  - Clerking in a patient to a community hospital bed as part of the patient's care pathway.
  - Prescribing for patients who are already known to that IP and the prescribing is in line with the patient's ongoing care pathway.
  - Being referred by the community hospital medical or nursing staff to attend to provide specialist prescribing advice i.e. Specialist Nurse. Any prescribing undertaken must be part of the full assessment and ongoing care of the patient.

- IPs are expected not to prescribe for patients outside of their area of competence. All inpatient consultations made by an IP must be documented in the medical notes. The IP must record their name and designation, date, time and sign the entry.

10. The Designated Medical Practitioner / Designated Prescribing Practitioner (DMP/DPP) and Designated Prescribing Supervisor (DPS)

10.1 The Designated Prescribing Practitioner (DPP)

All IPs are expected to carry out the role of the DPP once they meet the competency requirements to do so (with the expectation this should be within 3 years of qualifying).

The DMP/DPP assesses competence to prescribe of the student independent prescriber.

- DMPs are usually medical colleagues at Consultant or Registrar level.
- DPPs are regulated healthcare professionals (practice educator, nurse, midwife or pharmacist).

The DMP/DPP has a critical and highly responsible role in educating and assessing the non-medical prescriber and assuring competence in prescribing. Guidance on their role responsibilities are set out in Appendix 2.

10.2 The Designated Prescribing Supervisor (DPS)

*All IPs are **expected** to carry out the role of the DPS once they have had one year of prescribing practice.*

The Designated Prescribing Supervisor will work alongside the NMP student and DMP/DPP to support education and training. The academic institutions provide additional support and training to support IPs undertaking this role (Appendix 2).

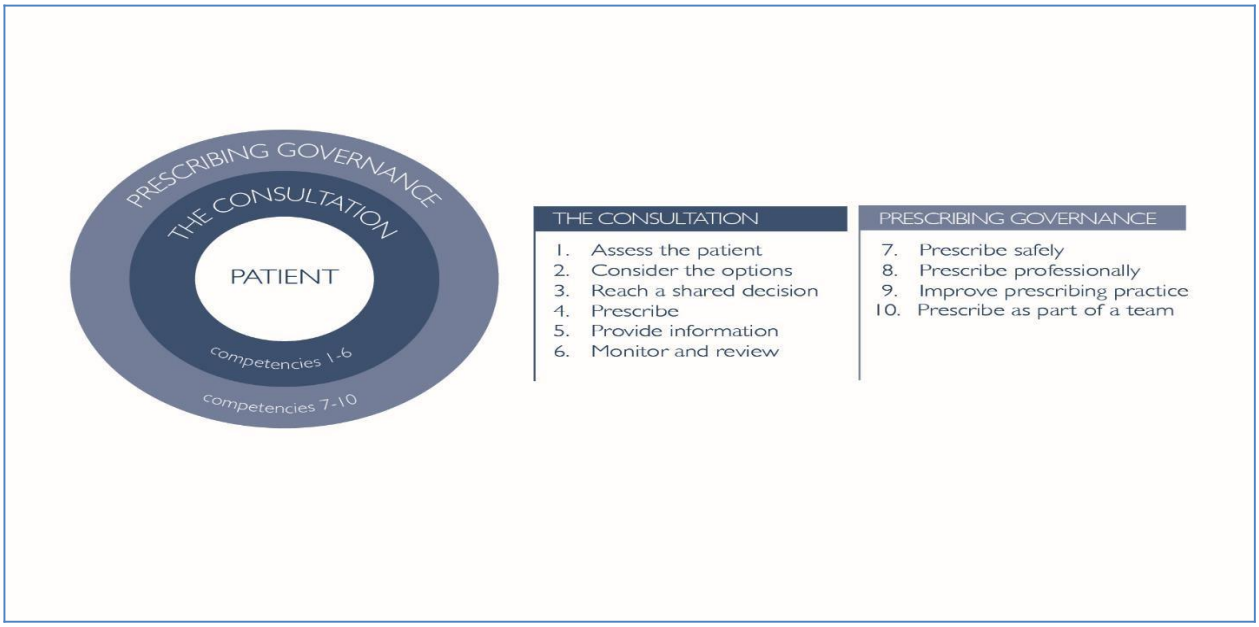
10.3 The Prescriber (Doctor/Dentist) within the Supplementary Prescribing Agreement

- The Independent Prescriber must ensure that the qualified Supplementary Prescriber has the necessary skills, knowledge, and experience to prescribe in the defined clinical area in accordance with the Clinical Management Plan (CMP).
- The Independent Prescriber is responsible for the initial assessment and diagnosis of the patient and agrees the CMP in consultation with the supplementary prescriber and patients.

- The Independent Prescriber should review the patient at timely intervals so that the condition is appropriately monitored with appropriate prescribing maintained.
- The Independent Prescriber should be available to advise and support the Supplementary Prescriber where required.

11. Standards and practice

11.1 The Prescribing Competency Framework



The Royal Pharmaceutical Society (RPS) has a competency framework for all prescribers.

This 'single competency framework for all prescribers' sets out nine domains of competency. This framework sets out what good prescribing looks like, it describes the demonstrable knowledge, skills, characteristics, qualities and behaviours for a safe and effective prescribing role. Its implementation and maintenance are important in informing and improving practice, development, standard of care and safety (for both the prescriber and patient).

Further information of the framework can be found on the Royal Pharmaceutical societies website.

https://www.rpharms.com/resources/frameworks/prescribers-competency....

11.2 Applying to become a IP

Potential applicants for IP courses should register their interest with the IP lead / Deputy leads for RCHT / CFT via the NMP/IP page on the intranet.
On notification of the University course dates and the opening of the university application process notification will be sent to the candidates on the waiting list by the Trust's IP Lead / deputy to complete the universities online application form.
Generically, for guidance, an applicant should meet the following criteria:

- Pharmacists – Qualified Pharmacists will be selected by the Pharmacy Service management team to undertake a recognised independent prescribing course. From 2025/26, newly registered pharmacists will have completed their IP training as part of their undergraduate & pre-registration year training. However, there will be the legacy workforce and overseas pharmacists that may still require access to the course.
- Nurse, Midwife, ACP or AHP – must have been qualified for an appropriate length of time and have spent the last 12 months working in the speciality in which they intend to prescribe and have identified and agreed with their line manager and senior manager (i.e Senior Matron) that the completion of a non-medical prescribers' qualification will support the role and department.

In addition

- The support of their line manager and Senior manager who will confirm that the candidate will have the need and opportunity to prescribe regularly enough to maintain competence, access to a budget in the post they will occupy on completion of training (as appropriate) and will have access to appropriate CPD opportunities.
- An identified designated medical prescriber or designated prescribing practitioner and a designated prescribing supervisor (DMP/DPP and DPS) willing and able to contribute and supervise the learning in practice element of training.

The Trusts independent prescribing lead and their team are available for support and advice to the candidate and the line manager over the role and responsibilities and the application process.

11.3 On Becoming a IP

On successful completion of the approved course the practitioner will proceed to register their prescribing qualification(s) formally on their professional bodies register.

On confirmation of this they are required to complete the internal administrative tasks before they can prescribe:

- The IP will need to register their qualification with the IP leads via the IP website.
- Supply a scope of practice that will be used to inform the individuals prescribing practice and be used for audit purposes (Appendix 6). The scope of practice will be reviewed by the independent prescribing leads and signed off by the deputy medical director.
- A letter acknowledging the qualification giving permission to prescribe (See Appendix 5) is to be emailed to the IP by the IP lead or Deputy which will be kept on their P File as evidence of their permission by the Trust to prescribe.

11.4 Post completion of the IP qualification, I agree to undertake the roles of Designated Practice Supervisor (DPS) and Designated Prescribing Practitioner being allocated a staff member to support in their completion of the IP qualification.

Repayment Of Financial Support
Repayment of funding received if a staff member leaves RCHT/CFT on completion (or partial completion if still actively studying) will be as follows:

	Time	Amount
Staff leaving	Within 12 months	Full Amount
	Between 12 and 18 months	50%
	Between 18 and 24months	25%

Repayment Terms

- Students to the best of their ability, will continue to work for CFT or RCHT for a minimum of three years after the completion of the module.
- A copy of the module certificate will be given to the Education and Training department on completion of the module.
- Should the module not be completed, or the above conditions not be able to be met, the student or NMP lead will inform the Education and Training in writing immediately and understand there **may be a requirement to pay back the amount awarded**.

11.5 Working within your Sphere of Competence / Scope of Practice

Ensuring that the IP is working within their Sphere of Competence is important to ensure patients are safe, care is effective and that any training needs are met to support the development of the IP role. Clinical teams with IP in them or individual IPs will need to develop their own Scope of Practice that can be used by all IPs to audit their practice and new IPs as they develop their prescribing role. A template scope of practice can be found in appendix 4.

11.6 IP Returning to Practice / Starting at the Trust with their IP Qualification

If returning to prescribing practice after a period of time away from prescribing in practice (Maternity leave, long term sick leave etc), it is advised that the individual appraise their prescribing practice with their line manager and IP Lead against the Royal Pharmaceutical Society single competency framework and complete the declaration of competence prior to recommencing a prescribing role. IP may need to complete a clinical update and or systems training/update prior to recommencing a prescribing role. It is recommended that the prescriber and line manager identify an appropriate personal development plan to achieve this.

New staff members commencing a position in the Trust with an IP prescribing qualification can prescribe if the requirement and authority to prescribe is clearly stated in the staff members job description and person specification. A declaration of competency will be required to be signed, and requirements set out for a new IP completed via the declaration of competence and evidence of the IP qualification.

11.7 Honorary Contracts for Non-employed IP Working in RCHT or CFT

IPs who are not employed by RCHT, but who have a role that provides care to our patients with a direct prescribing role, are required to hold an honorary contract Practitioners with signed off honorary Contracts that includes their prescribing role will sign a declaration of competency and fulfil the requirements set out for a new IP (Section 5.3 and 5.4). Additionally, they will take with them their honorary contract as proof of prescribing rights in RCHT or CFT so this can be logged.

IPs who are not employed by CFT, but who have a role that provides care to our patients with a direct prescribing role, are required to hold an honorary contract Practitioners with signed off honorary IP Contracts (ultimately by the IP Lead) will sign a declaration of competency and fulfil the requirements set out for a new IP (See Section 5.3 and 5.4). Additionally, they will take with them their honorary contract as proof of prescribing rights in CFT so this can be logged.

11.8 Role change, terminating employment or contracted service.

All IPs should inform the IP Lead / deputy lead that they are no longer prescribing in the Trust so that they can be removed from the live register and be removed from all prescribing systems via email.

CFT = cft.nmpgroup@nhs.net
RCHT = rcht/trnmp@nhs.net

Any prescription pads must be returned by hand to the pharmacy department. Individual IPs and their line managers are responsible for ensure the FP10 pads are returned.

All IPs changing role should discuss their new role and their prescribing qualification with their line manager and the IP lead or deputy lead to ensure they have the correct support and knowledge prior to taking on a prescribing role.

11.9 Prescription Pads

IPs can use the standard outpatient hospital prescription when prescribing (annotating the prescription accordingly).

FP10s should be used in line with the Medicines Policy.

11.10 Commercial Representatives

Prescribers should act within their professional code of conduct and ensure adherence to the RCHT Commercial Sponsorship Policy and CFT Code of Conduct Policy and any other guidance on working with the pharmaceutical industry to ensure that choices of medicinal products are made on the basis of evidence, clinical suitability, cost effectiveness and formulary status alone.

12. Related legislation, national and local guidance

Links to key external standards:

- Royal Pharmaceutical Society Prescribing Competency Framework (2016) https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

13. Training requirements

There are no training requirements to use this policy.

Training is required to become a IP are run by universities. Current providers include University of the West of England (Bristol), University of Plymouth, University of Exeter and University of Bath.

14. Implementation

This policy will be added to the document libraries, forwarded to current IPs and Line Managers for potential IP Candidates.

15. Document Monitoring arrangements

As a minimum, detail the arrangements for the following:

- Monitoring arrangements for compliance and effectiveness should be reviewed ever three years when the policy is due for renewal.
- Responsibilities for conducting the monitoring or audit lies with the joint NMP/IP Lead and the NMP/IP Leadership Team.

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	
Lead	
Tool	
Frequency	
Reporting arrangements	
Acting on recommendations and lead(s)	
Change in practice and lessons to be shared	

16. Updating and review

This policy will be reviewed no less than every 3 years. Where appropriate, the author may set a shorter review date.

Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

Where the revisions are minor, such as amended job titles or changes in the organisational structure, approval can be sought from the executive director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.

Any revision activity is to be recorded in the version control table as part of the document control process.

17. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Independent Prescribing Policy for Registered Nurses, Allied Health Professionals, Pharmacists and other Health Care Professionals.

Document library section: Clinical/Pharmacy/

Is this a new or existing document? New

Date of assessment: 6 July 2023

Person responsible for the assessment: Jeremy Gilbert

What is the main purpose of the document?
To support potential non-medical prescribers to understand the process to apply to become a non-medical prescriber and to support qualified non-medical prescribers with their role.

Who is affected by the document?
☒ Staff ☐ Patients ☐ Visitors ☐ Carers ☐ Other ☐ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns
Are there concerns that the procedural document could have a differential impact on the following areas? None

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?
None

Signature of person completing the equality impact assessment:

Name: Jeremy Gilbert
Date: 13-11-2024

Appendix 2: The roles and responsibilities of the DPP and DPS

*All Non-Medical Prescribers or Independent Prescribers are **expected** to undertake the roles of DPS and DPP as per the criteria below.*

> Full guidance on the role of the Designated Prescribing Practitioner (DPP), Designated Medical Practitioner (DMP) and Designated Prescribing Supervisor (DPS) can be found at https://www2.uwe.ac.uk/services/Marketing/what-can-i-study/Professionaldevelopment/DPP_DPS-Guidance.pdf

The criteria to undertake the roles of the Designated Prescribing Supervisor (DPS) and Designated Prescribing Practitioner (DPP)

The Criteria to undertake the role and processes in place supports a fair and objective assessment to take place and upholds public protection thus ensuring assessment is evidenced based, objective, and fair.

UWE provides supervisor and assessor training if required. The training can be accessed here https://courses.uwe.ac.uk/Z51000122/supporting-students-in-practice it is free to undertake but does require you to register with the university.

The training includes.

- Creating an inclusive culture of learning in practice, including different models of supervision, (including the framework of coaching)
- Professional accountability for all aspects of student supervision and assessment Practice Assessor role and responsibilities
- Practice Supervisor role and responsibilities
- Academic Assessor role and responsibilities
- How to give reflective feedback and feed forward
- Utilising the role to inform own CPD and practice.
- Decision making in assessment (including confidence to fail and confirmation of achievement of proficiency)
- Reviewing and assessing evidence from a range of sources/ Practice Supervisors including developing efficient systems of supervisor feedback to the Practice Assessor.
- Sound knowledge of the prescribing programme and the assessment process

The application process and the supervisor preparation will ensure supervisors (DPS) are well equipped for effective supervision and to raise and escalate any concerns as appropriate.

Requirements for training for DPPs varies between universities. Students going through the advanced clinical Apprenticeship with University of Plymouth are required to undertake the training that they provide.

The criteria to undertake the role of Designated Prescribing Supervisor

Clinicians are required to comply with their Regulators Code of Conduct

The requirement of 1 year experience of prescribing independently and deemed appropriate from the organisation supports the requirement that the supervisor (DPS) has the competence, experience and academic ability to support the student in practice.

Confirmation of an active practice placement audit confirms the requirement that the applicant is working in a suitable environment to support the assessment of practice learning.

Practitioners may find themselves working with students who may be working with vulnerable clients therefore a declaration of character and confirmation of adherence to organisational DBS policy is required.

A declaration of the tripartite relationship recognises that the students practice learning is not seen in isolation to the university learning and that student feedback will inform individuals development within the role.

The criteria to undertake the role of the Designated Prescribing Practitioner

Clinicians are required to comply with their Regulators Code of Conduct, with a duty of candour.

Academic and / or evidence of competence and the requirement active prescriber confirms the requirement that that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and the assessment of students within the area of prescribing practice.

Confirmation of an active practice placement audit confirms the requirement that that the applicant is working in a suitable environment to support the assessment of practice learning.

Practitioners may find themselves working with students who may be working with vulnerable clients therefore a declaration of character and confirmation of adherence to organisational DBS policy is required.

A declaration of the tripartite relationship recognises that the students practice learning is not seen in isolation to the university learning and that student feedback will inform individuals development within the role.

The application process and the assessor preparation will ensure assessors (DPP) have the required personal characteristics (RPS Framework for DPP) and are well equipped for effective assessment and to raise and escalate any concerns as appropriate.

The application process will require the assessor to declare the suitability of the practice supervisor to ensure that practice learning is suitable and that learning undertake by the student with the supervisor is accepted by the assessor as appropriate to support final assessment.

There is a risk that any change in the DMP paperwork and entry criteria will overburden and overcomplicate a process that works well and is familiar. Any sudden reduction in the DMPs will not support the growth of the prescribing workforce.

Appendix 3. NMP Qualification Letter of Confirmation

Insert name: ……
Independent Prescribing Lead for RCHT and CFT (Delete as appropriate)
Independent Prescribing Lead for Acute Community Services / Mental Health and Child Services (*Delete as appropriate)*
Deputy Independent Prescribing Lead for RCHT (Delete as appropriate)

Dear

LETTER OF AUTHORITY TO PRESCRIBE

I am writing to inform you that you have been approved to prescribe independently within your role **at CFT (Cornwall Partnership NHS Foundation Trust) / RCHT (Royal Cornwall Hospitals NHS Trust)** *(delete as appropriate).* The approval covers those included in your individual or team scope of practice. If you wish to extend your practice, outside of your job description and scope of practice, or move role you will need to inform the NMP lead for your area and work within your new job description and scope of practice.

Generally, the Trust, supports independent prescribing practice and endorses the implementation of independent prescribing, providing that the prescriber only ever prescribes within their own level of expertise and competence, acting in accordance with British Pharmaceutical Society's "A Competency Framework for all Prescribers" prescribing-competency-framework.pdf, with their regulatory body's code of professional conduct – Standards for Conduct, Performance and Ethics, and undertake continuing professional development in line with Trust guidelines / policy.
The joint CFT/RCHT Independent Prescribing Policy is available on the Trust Intranet. It details the Trust's CPD requirement's, please make sure you are familiar with the policy and requirements.

You will be covered by the Trusts Vicarious Liability scheme when prescribing as part of your role, however all prescribers should ensure that they have sufficient professional indemnity insurance, for instance by means of membership of a professional organisation or trade union which provides this cover. You should consider how you will monitor and audit your own prescribing practice to ensure that you are working to the appropriate standards and that patient safety is maintained.

All the best in your prescribing role.

Yours sincerely

Appendix 4 Scope of Practice Template

INDEPENDENT PRESCRIBING SCOPE OF PRACTICE

Name / Team
Job title
Base
Speciality area(s)

Section A:
Scope of practice statement

I / The xxxxxxxxxxxxxxx **team** propose to undertake prescribing for in-patients on **xxxxxxxxxxx** and **xxxxxxxxxxxxxxx**, ***(delete / include as appropriate out-patients, acute care at home (ACAH) patients, and Homecare patients)*** within my / their competency and scope of practice. All prescribing will be carried out in line with the Non-Medical / Independent Prescribing Policy and the Medicines Policy. The focus of **my / the teams** prescribing will be in, but not restricted to:

- ***Include Ward / Unit / Care Area***
- ***Include Speciality*** (***General Medicine / Critical Care / Surgery / Orthopaedic***) on mostly an inpatient basis.
    - This includes (***enter specific speciality areas***).
- *Medicines Reconciliation* ***(Pharmacists Only) delete if not applicable***

Examples of names of wards where such prescribing is likely to take place on are:

- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx
- xxxxxxxxxx

Aside from the in-patient setting I will on occasion, when needed, undertake prescribing in the out-patient setting. However, this will only be in certain circumstances to prevent unintended treatment breaks and as dictated by the needs of the Trust.

To prevent unnecessary delay, addition of legal particulars for controlled drugs on TTOs will ensure a seamless discharge to the benefit of the patient and Trust.

All prescribing will be carried out in line with the Non-Medical Prescribing / Independent Prescribing Policy and the Medicines Policy.

The prescribing is intending to be performed in the following situations: ***(This section will need to be changed/adapted in accordance with your teams' roles and responsibilities).***

1. Continuation of previous drug therapy initiated by GPs or hospital doctors. This would include writing up medicines that have been omitted unintentionally on admission clerking and rewritten or transcribed drug charts. This includes the strength, route, frequency, timing, regular to prn and vice versa. This can be carried out in all areas and for all drugs included in the BNF plus unlicensed medications not in the BNF but used in common practice.
2. (a) initiating prescriptions according to the BNF, local policies/guidelines or local accepted practice within my competency. This would include discontinuation of inappropriate drug therapy, including antibiotics, anaesthetic agents, analgesia, and anti-emetic therapy post-op.
   (b) initiating dose adjustments of drugs which may or may not have been initiated by me, according to the patient's renal or liver function and the drug therapeutic levels.
   (c) changing formulations and/ or dose /frequency of drugs which may not have been initiated by me to enable continued administration.
   Points (a), (b), and (c) can be carried out in all areas and for all drugs included in the BNF plus unlicensed medications not in the BNF but used in common practice.
3. Review of certain aspects of prescribing as highlighted on clinical review:
   - Use of alternative medication as per the formulary substitution policy.
   - Amendment of medication against the patient's weight.
4. Prescribing after verbal discussion with clinical team, consultant and/or specialty registrars or equivalent. This can be carried out in all areas and for all drugs included in the BNF plus unlicensed medications not in the BNF but used in common practice.
5. Prescribing discharge medicines when doctors have confirmed that a patient is clinically stable for discharge. This can be carried out in all areas and for all drugs included in the BNF plus unlicensed medications not in the BNF but used in common practice.
6. ***Include if appropriate -*** Transcribing JAC drug charts from Philips CareVue (critical care drug charts) to ensure continuity of care when a patient steps down from critical care, only when a doctor has confirmed the patient is clinically stable for discharge from critical care.
7. Prescribing high-cost and/or specialist-initiated medication on outpatient prescription or homecare prescription to prevent an unintended treatment break. The medication will have been initiated by an appropriate specialist and be under review by a specialist within the Trust (RCHT). Prescribing the renewal prescription will be according to BNF, local guidelines or local accepted practice.
8. In discussion with the specialist doctor preparing patients for Acute Care at Home management; changing inpatient antibiotic prescriptions, writing TTOs and writing community drug charts for administration against by acute care at home.

Section B:

For hospital settings: **I / the prescriber** will only prescribe for patients who have been assessed by ***doctors/the prescriber*** beforehand and only after reviewing assessments documented in a patient's medical record. Before undertaking any prescribing, **I / the prescriber** will review a patient's biochemistry and haematology results and any necessary observations where relevant. Thus, ensuring that each medication prescribed on the in-patient chart, TTO, or outpatient prescription, for each patient is completely accurate and appropriate.

Section C:

Where applicable, ***I / the prescriber*** will adhere to national and local guidelines or, where there are no written guidelines, ***I / the prescriber*** will follow local practice. These include:

- *Guidance on the administration of medicines via nasogastric tubes*
- *National infection management guidelines*
- *Adult antimicrobial guide*
- *Anticoagulant policy*

Section D:

Where **I / the prescriber *have / has*** prescribed or adjusted medication, this will always be documented in the patient's medical record and on the electronic prescribing system. Other prescribing which may also need to be explained in more detail for the safety of the patient, governance and/or communication to the wider clinical team, will also be noted in the patient's record.

Section E: (What will you be prescribing)

Personal Prescribing Formulary (BNF)
a.
b.
c.

Section F:
Clinical Skills

I / The prescriber will/ will not be expected to take samples from patients. Below is a list of investigations which I must be able to interpret or request if necessary.

- Haematological – ***(specify)***
- Biochemistry – ***(specify)***
- Microbiology – ***(specify)***
- *Pathology* ***- (specify)***
- Clinical Imaging – ***(specify)***

I / The prescriber will / will not be undertaking ***(any)*** physical examinations ***(or)*** perform patient observations ***(or)*** clinical examinations. I however will be expected to be able to interpret the following observations/examinations in order to prescribe safely:

- Observations – **(Please Specify)**
- Physical examination – ***(Please specify)***

I / The prescriber will be expected to interpret medical documentation using paper and electronic records available, including but not limited to the patient's notes, ***(include the appropriate systems e.g., Philips CareVue, Maxims clinical system, Nervecentre, VitalData, and the JAC EPMA system***).

Section G:

Audit

I / The prescriber will be required to record all my amendments as an intervention on the ***(include the appropriate systems e.g., JAC EPMA system or Philips CareVue system)***. These interventions will be reviewed as part of the medication safety process by ***(include job role of reviewer (line manager / colleague with an NMP/IP qualification))***. ***I / The prescriber*** will also be required to review my prescribing activity on an annual basis and submit this information as part of my non-medical prescribing declaration.

Clinical supervision

I / The Prescriber will be required to have a consultant mentor that I / they meet with as a minimum annually. Each speciality worked within must authorise the activity for their patient group.

Speciality approval	Prescribing type (continuation, initiation, discharge)	Signed by	Consultant Name

Renewal

This scope of practice document must be reviewed by the NMP/IPs and their line manager every 2 years.

Date	PIP Signature	Line Manager Signature

This document must be appended to the prescriber's job description and included in their personnel file.

Adapted from King's College Hospital NHS Foundation Trust template

Onatade R, Wong A (2012) Adaptable "scope of practice" template for hospital pharmacist prescribers. *The Pharmaceutical Journal*. Vol. 288, p720

Approved by Clinical Lead for ***xxxxxxxxxxxxx***	Print Name
Signed: Date:	

Declaration

As a NMP/IP working within the ***xxxxxxxxxxxxxxxxxx*** team I confirm that I will prescribe within this scope of practice. Any changes needed to this scope of practice will be discussed within the team, documented and agreed with the clinical lead for the speciality.

Date	IP Name	Signature	Clinical Supervisor Name	Clinical Supervisor Signature

Appendix 5: Independent Prescribing Self – Assessment Risk for Undertaking Prescribing & Administration

Department/ speciality service ----------

Description of requirement/ service need ----------
-

Risk assessment completed by ----------

		Yes/No	Evidence/Comments
A	Have the risks to a NMP administering and prescribing been considered and discussed with the line manager?		*What risks are there to the prescriber/patient/others?*
B	Has the assessment taken into account the circumstances that require both administration and prescribing to take place and any other measures that would be considered?		*Why are alternatives to prescribing and administration not appropriate?*
C	Has the department/team put in place control measures to mitigate the risks of prescribing and administering being undertaken by the NMP?		*What measures are there?*
E	Does the department/team provide competent supervision and a point of referral/ escalation for the NMP when undertaking this action?		*What supervision is in place?*
F	Does the department/team provide the right working environment and equipment to support the NMP?		*What further support is needed?*

Signed: _____

Name: _____ Date: _____

Form should be returned to cft.pharmacycft@nhs.net (CFT) or rcht.trnmp@nhs.net (RCHT) to be added to the correct agenda.

Outcome of risk assessment approved by Medicines Practice Committee (RCHT) / Medicines Optimisation and Safety Committee (CFT)

Recommendation for NMP to prescribe & administer	Accept ☐	Accept with action plan ☐	Reject ☐

Risk category:	High ☐	Medium ☐	Low ☐

Signed:_____

Name:_____ Date: _____

Adapted from Royal Devon and Exeter NHS Foundation Trust