

RCHT Non-Medical Prescribing Policy

V4.0

MARCH 2016

Summary

- The RCHT Non- Medical Policy applies to all non-medical practitioners engaged in non-medical prescribing practice who are employed by the RCHT or contracted to provide services for this organisation
- The purpose of the policy is to support the development of non-medical prescribing across the RCHT 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 practising non-medical prescribing RCHT workforce

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1. Introduction

1.1. The aims of non-medical 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;
- Make better use of the skills of health professionals;
- Contribute to the introduction of more flexible team working across the NHS.

1.2. The non-medical healthcare practitioners currently enabled to prescribe are Nurses, Midwives, Health Visitors, Pharmacists and some Allied Health Professionals (AHPs) such as Chiropodists/Podiatrists, Physiotherapists, Therapeutic Radiographers, Dieticians, Orthoptists and Optometrists whose names appear on the appropriate professional registers with an annotation that signifies successful completion of a recognised prescribing course.

1.3. The primary aim of this policy is to ensure that non-medical prescribing is delivered in a safe and effective manner across Royal Cornwall Hospitals NHS Trust (RCHT) services.

1.4. Implementation of this policy will improve access to medicines without compromising patient safety and further utilise the skills of a range of practitioners resulting in increased flexibility of multidisciplinary working.

1.5. This policy should be read in conjunction with the RCHT Non-Medical Prescribing Strategy and the RCHT Medicines Policy.

1.6. This version supersedes any previous versions of this document.

2. Purpose of this Policy

2.1. To practically support the development of non-medical prescribing across the Trust in line with its non-medical prescribing strategic aims (RCHT NMP Strategy).

2.2. To set out the clinical governance framework that enables non-medical prescribing practices to take place within the Trust.

2.3. To set out the essential requirements and a framework of support and development for the practicing NMP workforce within the Trust.

3. Scope

3.1. This policy applies to all non-medical practitioners engaged in non-medical prescribing employed by the RCHT or contracted to provide NHS services for this organisation and covers: registration and contractual issues (inc. honorary contract arrangements); NMP practice within the Trust; and the clinical governance framework for independent and supplementary prescribers.

3.2. Additionally, this policy addresses the recruitment / training process requirements for all practitioners hoping to become a Non-Medical Prescriber.

4. Definitions / Glossary

4.1. There are three types of Non-Medical Prescribing:

- **Independent prescribing**

Independent prescribing by those detailed in 1.2 above and 4.3 to 4.5 below. Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing.

- **Supplementary prescribing**

Enables trained and registered nurses, pharmacists, physiotherapists, chiropodists or podiatrists, radiographers, dieticians and optometrists to prescribe any medicine including controlled drugs, within the framework of a patient- specific clinical management plan, agreed with a doctor.

- **Nurse Prescribers' Formulary for Community Practitioners**

Community Practitioners, formerly known as District Nurses and Health Visitors, are able to prescribe independently from a more limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.

4.2. To ease the burden on doctors and improve access to medicines, the Department of Health has enabled nurses, pharmacists, optometrists and some Allied Health Professions (AHPs) physiotherapists, chiropodists, dieticians, orthoptists or podiatrists and therapeutic radiographers to train as supplementary prescribers so that they can prescribe medicines, within an agreed Clinical Management Plan for a patient.

4.3. Qualified and registered **Nurse Independent Prescribers** can prescribe any medicine for any medical condition within their competence.

4.4. Qualified and registered **Nurse Independent Prescribers** can prescribe drugs are part of a research project or trial provided the trial sponsor has approved this through the scheme of delegation.

4.5. Qualified and registered **Pharmacist Independent Prescribers** can prescribe any medicine for any medical condition within their competence.

4.6. **Optometrist Independent Prescribers** can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue, but cannot prescribe any controlled drug independently.

5. Ownership and Responsibilities

5.1. This Non-Medical Prescribing Policy requires approval at Board level. The Accountable Director is the Executive Director of Nursing, Midwifery and Allied Health Professionals, although the recommending committee is the RCHT Medicines Practice Committee chaired by the Medical Director.

5.2. This section defines the operational responsibilities of individuals and groups within the organisation for the Strategy to be implemented.

5.3. Executive Director of Nursing, Midwifery and Allied Health Professionals has overall responsibility for delivering the strategy and enabling its implementation.

5.4. RCHT Non-Medical Prescribing Lead, reporting to the Accountable Executive Director, will ensure the policy is championed, implemented and that its impact is monitored and reported.

The NMP lead will:

- champion NMP across the Trust;
- compile and manage the NMP database ensuring that appropriate registration and annual declarations of competence are accurately recorded;
- perform an annual audit of information on the NMP database to ensure compliance and accuracy is being maintained. This will be reported to the Medicine Practice Committee;
- on behalf of the Trust, must make available to NMPs access to continuing professional development (CPD) thereby ensure they meet their professional responsibility to maintain competency in this role;
- co-ordinate NMP recruitment in line with an up-to-date NMP strategy and liaise with Higher Education Institutions , through the Trusts Learning and Development Team to ensure its NMP training and education requirements are met; and
- liaise and network with locally, regionally and nationally NMP colleagues to ensure the Trust is represented and involved in leading this agenda.

5.5. RCHT Chief Pharmacist has a role to support the NMP Lead in championing and implementing the policy. Providing access to medicines expertise to support the policy's implementation is one key element of this support.

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

5.7. Line Managers of Non-Medical Prescribers should identify a need for a NMP in their department (refer to the NMP Strategy). In addition they may have a three-fold role:

- To support a NMP applicant through the internal application process and subsequent training and registration. The line manager should ensure that student NMP 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 NMP's access to appropriate clinical supervision and continuing professional development (CPD) in order to maintain prescribing competence in their clinical practice area.
- Annually, on an ongoing basis, the line manager of a NMP will countersign- the NMP's Annual Declaration of Competency and support any learning and development needs identified.

5.8. Individual Non-Medical Prescribers will use and abide by this policy to fulfill and discharge their clinical duties and responsibilities as a NMP.

5.8.1. Accountability and Continuing Professional Development

- Accountability is a key element of non-medical prescribing. All registered NMPs are personally accountable for their practice and when prescribing medicines must work to the same standard or competence that applies to all other prescribers.
- NMPs 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.
- NMPs should prescribe in accordance with local and national guidance and where possible adhere to the recommendations outlined in the local formulary.
- NMPs are required to maintain a portfolio of their continuing professional development as prescribers. It is the responsibility of the NMP 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.

5.8.2. Good Practice and Ethics

- A NMP can only prescribe for a patient they have assessed. NMPs must ensure that patients are aware they are being treated by a NMP and the scope of their prescribing practice may mean referral onto another health care professional if necessary.
- As outlined in professional guidance NMPs should not prescribe for themselves or for those with whom they have a close relationship.

5.8.3. Documentation and Record Keeping

- All NMPs 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 prescriptions should be annotated by the NMP with: NIP (Nurse Independent Prescriber); NSP (Nurse Supplementary Prescriber); PIP (Pharmacy Independent Prescriber) along with their registration or PIN number and signature.

5.8.4. Indemnity Insurance and Legal Liability

- For RCHT employed staff the employer (RCHT) will hold vicarious liability for NMPs treating RCHT patients where the following criteria are met:
 - The NMP is registered with their professional body as a prescriber.
 - The role of the NMP is approved by their line manager and their prescribing role is included within the individual's job description and person specification.
 - The NMP is registered on the Trust database and has an up to date annual declaration of competence logged in their

'personnel-file'. The NMP 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).

- NMPs who are not employed by the RCHT, 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 NMP 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 NMPs with have liability covered by their employing Trust, but circumstances may mean this is ultimately shared.

5.8.5. Handling Adverse Drug Reactions and Medication Incidents

- The Medicines and Healthcare Products Regulatory Agency (MHRA) and Commission on Human Medicines (CHM) encourage the reporting of **all** suspected adverse drug reactions to newly licensed medicines that are under intensive monitoring. These drugs are indicated by the following symbol ▼ in the product information and in the BNF.
- The MHRA and CHM encourage the reporting of all serious suspected adverse drug reactions to all other established drugs and herbal remedies in adults, and all serious and minor adverse reactions in children (under 18 years). (Serious equates to reactions that are fatal, life threatening, disabling, incapacitating or result in prolonged hospitalisation and/ are medically significant).
- The NMP must report any medication incidents in accordance with incident reporting guidance set out in The RCHT Medicines Policy.
- If a NMP suspects that a patient is experiencing or has experienced an adverse drug reaction (ADR) to a medicine or combination of medicines the NMP should inform the clinician responsible for the patients continuing care. The NMP will evaluate the suspected ADR in accordance with the guidance issued by the Commission on Human Medicines and decide if a "yellow card" needs completing to notify the CHM/MHRA of the suspected drug reaction.
- In addition a DATIX is required to be completed.
- Advice can be sought from the Trust's Medicines Management Team.
- Where appropriate the patient specific CMP should be updated to list the suspected /observed adverse drug reaction and details documented in the patient's record.

5.9. Designated Medical Practitioner (DMP) The assessment of competence to prescribe will be undertaken by an appointed mentor (DMP) who will be a Medical Practitioner, usually a Consultant or Registrar, who will work closely with the non-medical prescriber in their daily practice ensuring that they are competent in all areas of prescribing. The DMP 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 a Medicines and Prescribing

Centre (formerly the National Prescribing Centre) publication, available on their website.

5.10. The Independent Prescriber (Doctor/Dentist) within the Supplementary Prescribing Agreement

5.10.1. The Independent Prescriber must ensure that the qualified Supplementary Prescriber has the necessary skills, knowledge and experience to prescribe in the defined clinical area and in accordance with the Clinical Management Plan (CMP).

5.10.2. 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 patient.

5.10.3. The Independent Prescriber should review the patient at timely intervals so that the condition is appropriately monitored with appropriate prescribing maintained.

5.10.4. The Independent Prescriber should be available to advise and support the Supplementary Prescriber where required.

5.11. The Screening Pharmacist

5.11.1. The screening Pharmacist is responsible for checking the legal validity of the prescription and the clinical appropriateness of the prescribed product for the individual patient. This will include checking the legal status of the prescriber and clinically checking for interactions with other medication and that the dosage and frequency of administration along with the route if this is not obvious from the prescription. Where any of these matters cannot be determined from the written prescription clarification will be sought, usually from the prescriber.

5.11.2. Pharmacist independent or supplementary prescribers should have **no** involvement in the screening process of prescriptions written by them. In exceptional circumstances where this may compromise patient care the standard operating procedure for dispensing self-generated prescriptions must include steps to ensure governance arrangements so that no allegations of misuse of the facility, for example allegations of fraud, can be upheld.

5.11.3. It is suggested that the Pharmacist should record all such events and report formally to their Governance Supervisors within a reasonable time frame.

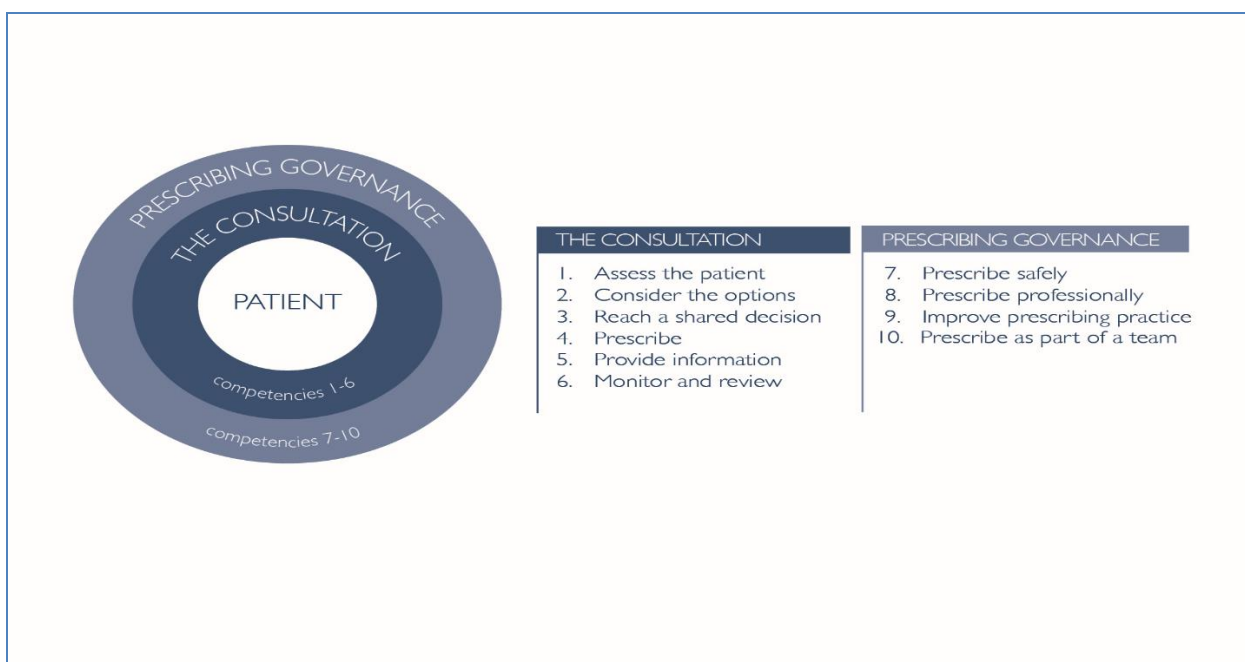
5.12. RCHT Medicine Practice Committee will approve the policy and monitor its implementation and impact. It will receive reports from the NMP Lead at six monthly intervals or if otherwise requested.

5.13. RCHT Non-Medical Prescribing Group is chaired by the Trust's non-medical prescribing lead and exists as a forum to support meeting the Trust obligation to support the continuing professional development (CPD) of NMPs. The group meets bi-monthly for two hours and has 90 minutes dedicated to CPD. The last 30 minutes deal with operational and business issues: including evaluation, education, policy and practice reviews. The group also contributes to the ongoing development and review of this Policy and champions its implementation.

6. Standards and Practice

6.1. The Single Competency Framework for all Prescribers. Launched in May 2012 this 'single competency framework for all prescribers' (see 6.2 below) sets out nine domains of competency. For NMPs this framework aims to support them to continually identify their strengths and their areas for further development as they prescribing career progresses. It plays a role in their annual appraisal and as part of their annual declaration of competence. It is used to structure the Trust NMP CPD session and this aims further to promote the framework as central to each NMPs prescribing practice. Further information of the framework can be found on the National Prescribing Centres website.

6.2. The Prescribers Competency Framework Diagram



6.3. Applying to become a Non-Medical Prescriber in RHCT

6.3.1. Potential applicants for NMP courses should register their interest with the RCHT NMP lead (for nurses and AHP's) or the chief pharmacist (for pharmacists) where their name will be added to the waiting list. It is expected that verbal approval will have been obtained by the individual's line manager / senior nurse/AHP lead/Pharmacy lead prior to registering their intent.

6.3.2. For Nurses and AHP's on notification of the University course dates applications forms (Internal and University forms) will be sent to the candidates on the waiting list by the Trust's NMP Lead (for nurses) and the chief pharmacist (for pharmacists).

6.3.3. A core group namely the RCHT NMP lead, RCHT Chief Pharmacist, The Associate Head of Learning and Development and the NMP group Educational lead review applications and make their recommendations (in line with the RCHT NMP Strategy) to the university.

6.3.4. Generically, for guidance, an applicant should meet the following criteria:

- Currently working in a Band 6 role or higher. A Band 5 applicant could be considered as an exception through discussion with line manager
- The ability to study at level 6 (degree level).
- Post registration experience in a clinical environment (minimum 2 years for Pharmacists and 3 years for Nurses and AHPs).
- Post-registration experience within the chosen therapeutic area sufficient to demonstrate appropriate experience and expertise in that field.

In addition:

- The support of their line manager who will confirm that the candidate will have the need and opportunity to prescribe regularly enough to maintain competency, 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 medical prescriber willing and able to contribute and supervise the learning in practice element of training.
- The Trust's non-medical prescribing lead is available for support and advice to the candidate and the line manager over the role and responsibilities and the application process.

6.3.5. The training for non-medical prescribing will take place at an approved Higher Education Institution (HEI). The course will deliver a specific academic level six or seven programme of variable duration and either as direct attendance or blended learning, (a mixture of direct attendance and distance learning). There will also be a set period of clinical practice hours. Students will be assessed in theory and practice. All non-medical prescribers must have completed the course and the assessment of practice before prescribing, and be registered with their professional body. The relevant professional bodies are responsible for approving outline curricula and accrediting courses provided by the HEIs.

6.4. On Becoming a Non-Medical Prescriber in RCHT

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

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

- Inform the NMP Lead via email.
- A letter acknowledging the qualification (See Appendix 4) is to be emailed to the NMP by the NMP lead which will be appended to their job description until the master copy has been amended.
- Take their proof of prescribing qualifications registration along with proof of registration and Trust ID to the Chief Pharmacist's office where their Personal Assistant will register the practitioners details and obtain their specimen signature.
- They, with their line manager, will need to amend their job description and add the following text:

- *To undertake the role of - (Nurse/ Pharmacist) Independent / (Nurse Pharmacist / Physiotherapist / Radiographer / Optometrist) Supplementary Prescriber) - within the clinical area / setting of [add speciality] and in line with Trust policy, professional regulatory and national guidance.*
- *To maintain competence in prescribing according to level of prescribing qualification and participate in regular continuing professional development in relation to the role.*
- *To prescribe in accordance with the Trust's Medicine Policy; it's Non-medical Prescribing Policy; The Cornwall & Isles of Scilly Formulary and other local and national prescribing guidance.*
- *To prescribe within the limits of their individual competence.*

For band 8a practitioners and above the additional statement should be added:

- *To lead the development of non-medical prescribing within the clinical area / setting of [add speciality]*
- They, with their line manager, will need to amend their person specification and add the following:
 - **Qualification:** *(Nurse/ Pharmacist) Independent and or (Nurse Pharmacist / Physiotherapist / Radiographer / Optometrist) Supplementary Prescriber – will be annotated in the **desirable** column of the person specification*

6.5. Annual declaration of competence Each new financial year all NMPs will be asked to complete a non-medical prescribing declaration of ongoing competence to prescribe (see appendix 3). This will give assurance that NMPs are safe and competent, a report of declarations made will be given to the Medicine Practice Committee.

6.6. Non-Medical Prescribers Returning to Practice / Starting at the Trust with their NMP Qualification

6.6.1. If returning to prescribing practice after a period of time from prescribing in practice, it is required that the individual appraise their prescribing practice with their line manager and NMP lead against the single competency framework and complete the declaration of competence prior to recommencing a prescribing role. Non-medical prescribers may need to complete a clinical 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.

6.6.2. New staff members commencing a position in the Trust with a NMP prescribing qualification can prescribe if the requirement and authority to prescribe is clearly stated in the staff member's job description and person specification. A declaration of competency will be required to be signed and requirements set out for a new NMP completed (see 6.4).

6.7. Honorary Contracts for Non-employed NMP Working in RCHT

NMPs who are not employed by the RCHT, 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 NMP honorary contact has been developed for this purpose and available for the NMP Lead). Practitioners with signed off honorary NMP contacts (ultimately by the NMP Lead) will sign a declaration of competency and fulfil the requirements set out for a new NMP completed (see 6.4). Additionally they will take with them their honorary contract as proof of prescribing rights in RCHT so this can be logged.

6.8. Role change, terminating employment or contracted service

6.8.1. All NMPs should inform the chief pharmacist's PA that they are no longer prescribing in the Trust so they can be removed from the live register.

6.8.2. Any prescription pads must be returned by hand to the pharmacy department.

6.9. Prescription Pads

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

6.9.2. FP10s should be used in line with appendix 4 of The Medicines Policy.

6.10. Commercial Representatives

Prescribers should act within their professional code of conduct and ensure adherence to the RCHT Commercial Sponsorship 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.

6.11. Guidance for NMP on prescribing unlicensed and licensed off-label medicines

6.11.1. An independent prescriber (nurse, pharmacist or optometrist) can prescribe any licensed medicine *within their clinical competence*. Nurse and pharmacist independent prescribers can also prescribe unlicensed medicines and licensed off-label medicines.

6.11.2. Supplementary prescribers may prescribe any medicine including unlicensed medicines and licensed off-label medicines within their clinical competence, according to the CMP.

6.11.3. NMPs should refer to the relevant section of The Medicines Policy for the prescribing of unlicensed medicines and be aware of their duty to inform the patient when a drug is being used in this manner.

7. Dissemination and Implementation

7.1. This Policy will be cascaded by the NMP Lead to Divisional Management Teams for further dissemination to their clinical areas where NMP is practiced or needs to develop.

7.2. Training and Development requirements will be identified by the Trust's NMP Lead and accessible continuous professional development will be provided via the NMP Group.

8. Monitoring compliance and effectiveness

Element to be monitored	<ul style="list-style-type: none"> ▪ Accuracy of NMP Register. ▪ Annual return of NMP's 'Declaration of Competency'. <p>Together these will give assurance that NMPs are competent to practice, are being supported in their prescribing role and that the Trust has its processes in place to ensure maximum patient safety with regards to NMP practices.</p>
Lead	NMP Lead
Tool	Audit of NMP Register against annual return of 'Declaration of Competency'.
Frequency	Annually.
Reporting arrangements	Annual report to the Medicine Practice Committee.
Acting on recommendations and Lead(s)	The NMP Lead will use networks and structures across Nursing, Pharmacy and Allied Health Professionals to respond to audit findings.
Change in practice and lessons to be shared	These will be communicate practice change requirements and shared learning through its established CPD meetings.

9. Updating and Review

9.1. The policy will be kept under review by the Trust's NMP Lead, supported by the Chief Pharmacist.

9.2. At a minimum this will be reviewed each three years.

9.3. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

10.2. Equality Impact Assessment

10.2.1. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1: Governance Information

Document Title	RCHT Non-Medical Prescribing Policy		
Date Issued/Approved:	26 th August 2016		
Date Valid From:	5 th October 2016		
Date Valid To:	5 th October 2019		
Directorate / Department responsible (author/owner):	Heather Newton Consultant Nurse / RCHT NMP Lead		
Contact details:	01872 252673		
Brief summary of contents	The primary aim of this policy is to ensure that non-medical prescribing is delivered in a safe and effective manner across Royal Cornwall Hospitals NHS Trust (RCHT) and its services.		
Suggested Keywords:	Non-Medical Prescribing		
Target Audience	RCHT ✓	PCT	CFT
Executive Director responsible for Policy:	Medical Director		
Date revised:	09.03.16		
This document replaces (exact title of previous version):	RCHT Non-Medical Prescribing Policy V 3.0 February 2013		
Approval route (names of committees)/consultation:	RCHT NMP Group RCHT Medicines Practice Committee		
Divisional Manager confirming approval processes	Heather Newton Consultant Nurse / RCHT NMP Lead		
Name and Post Title of additional signatories	Not Required		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Pharmacy		
Links to key external standards	CQC Outcomes: 1, 2, 4, 6, 9, 12, 13, 14, 21, 25		
Related Documents:	RCHT The Medicine Policy The National Prescribing Centre's 'Single		

	Competency Framework for All Prescribers' RCHT Records Keeping Policy RCHT NMP Strategy
Training Need Identified?	Yes

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
July 2007	V1.0	Final amendments approved; EIA Completed; document published	Mike Thomas NMP Lead
August 2010	V2.0	Early review required; updates on coversheet and in body of policy	Mike Thomas NMP Lead
June 2011	V2.1	Reformatted to be compliant with the Trust's Policy on Policies.	Iain Davidson Chief Pharmacist
February 2013	V3.0	Major overall of policy reflecting national and local changes to NMP agenda	Frazer Underwood Consultant Nurse / Associate Director of Nursing and RCHT NMP Lead
July 2016	V4.0	Reformatted policy to be compliant with RCHT policy template Updated NMP lead name and contact details Addition to section 4 (4.4) to include prescribing of drugs as part of research projects Updated section 5.8.4 to reflect regulations in respect of professional indemnity Updated section 6.3 to reflect application process Updated section 1.2 to reflect additions to prescribing responsibilities Update App 3 Declaration of competence to reflect updated National framework Addition of App 4 to reflect Letter to be appended to Job description Recommended Banding of Band 6 or above added Added new competency framework	Heather Newton Consultant Nurse / RCHT NMP Lead

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2: Initial Equality Impact Assessment Screening Form

Name of service, strategy, policy or project (hereafter referred to as <i>policy</i>) to be assessed: RCHT Non-Medical Prescribing Policy	
Directorate and service area: Corporate Nursing	Is this a new or existing Procedure? Existing
Name of individual completing assessment: Heather Newton Consultant Nurse / RCHT NMP Lead	Telephone: 01872 252673
1. Policy Aim*	The primary aim of this policy is to ensure that non-medical prescribing is delivered in a safe and effective manner across Royal Cornwall Hospitals NHST Trust (RCHT) services.
2. Policy Objectives*	Safe and effective prescribing by qualified and competent practitioners.
3. Policy – intended Outcomes*	Safe and effective prescribing by qualified and competent practitioners.
4. How will you measure the outcome?	<ul style="list-style-type: none"> ▪ Accuracy of NMP Register. ▪ Annual return of NMP's 'Declaration of Competency'. <p>Together these will give assurance that NMPs are competent to practice, are being supported in their prescribing role and that the Trust has its processes in place to ensure maximum patient safety with regards to NMP practices.</p>
5. Who is intended to benefit from the Policy?	Patients, staff members and the organisation.
6a. Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	No
b. If yes, have these groups been consulted?	
c. Please list any groups who have been consulted about this procedure.	

*Please see Glossary

7. The Impact

Please complete the following table using ticks. You should refer to the EA guidance notes for areas of possible impact and also the Glossary if needed.

- Where you think that the *policy* could have a **positive** impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, tick the 'Positive impact' box.
- Where you think that the *policy* could have a **negative** impact on any of the equality group(s) i.e. it could disadvantage them, tick the 'Negative impact' box.
- Where you think that the *policy* has **no impact** on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, tick the 'No impact' box.

Equality Group	Positive Impact	Negative Impact	No Impact	Reasons for decision
Age			✓	
Disability			✓	
Religion or belief			✓	
Gender			✓	
Transgender			✓	
Pregnancy/ Maternity			✓	
Race			✓	
Sexual Orientation			✓	
Marriage / Civil Partnership			✓	

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- **A negative impact and**
- **No consultation (this excludes any *policies* which have been identified as not requiring consultation).**

8. If there is no evidence that the <i>policy</i> promotes equality, equal opportunities or improved relations - could it be adapted so that it does? How?	Full statement of commitment to policy of equal opportunities is included in the policy
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Please sign and date this form.

Keep one copy and send a copy to Matron, Equality, Diversity and Human Rights,
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Chyvean House,
Penventinnie Lane, Truro, Cornwall, TR1 3LJ

A summary of the results will be published on the Trust's web site.

Signed Heather Newton

Date 09.03.16

Appendix 3: Annual Declaration of Competency

RCHT Non-Medical Prescribers Annual Declaration of Competency v3.0

Name:	
Position:	
Work Address / Base:	
Contact Number	
Registration / PIN Number:	

Over the last twelve months I have undertaken the following activities:

Area to self-certify	Response YES / NO	If no, your intended action
Registered and received updates from the National Prescribing Centre / RPS		
Read and discuss prescribing based articles with colleagues		
Read and understand evidence based literature relevant to my prescribing		
Receive clinical supervision in relation to my prescribing		
Have taken part in a clinical audit relating to my prescribing area		

I have reviewed any learning and development needs in relation to the ten competency areas if the RPS Competency Framework for all Prescribers (2016):

The Consultation	1. Assess the patient	No learning needs Learning needs:
	2. Consider the options	No learning needs Learning needs:
	3. Reach a shared decision	No learning needs Learning needs:
	4. Prescribe	No learning needs Learning needs:
	5. Provide information	No learning needs Learning needs:
	6. Monitor and Review	No learning needs Learning needs:
Prescribing Governance	7. Prescribing safely	No learning needs Learning needs:

	8. Prescribe professionally	No learning needs Learning needs:
	9. Improve prescribing practice	No learning needs Learning needs:
	10. Prescribe as part of a team	No learning needs Learning needs:

Declaration

- I confirm I have an up-to-date job description and person specification reflecting my prescribing role and duties. ✓
- I confirm that I have reviewed my competency and accurately reflected my on-going development needs above which will be transferred across to my Personal Development Plan. ✓
- I confirm I have the knowledge and skills to safely prescribe within the my level of experience and competence, and that I will act in accordance with the professional and ethical frameworks described by my professional body ✓
- I confirm I have read the Royal Pharmaceutical Society (RPS) publication 'A Competency Framework for all Prescribers 2016' ✓
- I confirm I have read the RCHT Non-Medical Prescribing Policy and RCHT NMP strategy. ✓
- I confirm I have attended the mandatory minimum of 50% of the RCHT CPD session provide through the RCHT NMP Group. ✓

Prescribers Signature:

Date:

Acknowledged by Line Manager

Line Managers Printed Name:

Line Managers Signature:

Date:

- Copy of Declaration to P-file
- Copy of Declaration to NMP Lead

Appendix 4: Letter to be appended to job description

Non-Medical Prescribing qualification to be appended to Job Description

Name:

Job Title:

Department:

I am pleased to advise that (enter name) has successfully completed the Non-Medical Prescribing course and that the details of this have been registered with their regulatory body.

To enable (enter staff name) to immediately undertake this additional duty could you please:

Append this letter to their existing Job Description, as confirmation of the following accepted amendment to their role:

'Henceforth the post holder will incorporate the use of the Non-Medical Prescriber (NMP) qualification within their current role and area of expertise as outlined in the RCHT NMP policy'.

The individual has also agreed to abide by local Governance arrangements and CPD expectations.

A record of their usual signature has been logged with the hospital pharmacy department.

This extension to their role will automatically be discussed annually as part of the appraisal process.

Signature:

(NMP staff member): Date:

Signature:

(NPM lead):

Name: Date.....