

# **Non-medical Prescribing Policy for use in General Practice**

Date approved: April 2015

Date of review: April 2017

WF NMP policy V2



The purpose of this document is to:

- Summarise national guidelines regarding non-medical prescribing in general practice
- Clarify local interpretation of said guidance
- Describe a model of implementation that encompasses legal requirements and “good practice”

### Document revision history

Date	Version	Revision	Comment	Author / Editor
October 2013	1			NELCSU Medicine Management team
	1	To include a statement regarding utilising prescribing software and be aware of prescribing goals and policies e.g. Incentive Scheme  To include NMP and advise with respect to private prescriptions	These have been incorporated in to the document	Medicines Management Committee (MMC)
	1	Include statement on patient safety, incident reporting and safe guarding	The policy has been updated to include comments from Governance	Governance
	1		No revision advised by MMC. MMC happy to approve document	Medicines Management Committee
15/03/2015	V2	Amendments- Prescription pads can longer be requested from the Medicines Management team.	Ordering of prescription pads	NELCSU Medicine Management team

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## Document approval

Date	Version	Revision	Role of approver	Approver
	1		Clinical Director prescribing Lead WF CCG	Dr Mayank Shah
23 May 2014	1		Director of Nursing, Quality and Governance	Helen Davenport
8 <sup>th</sup> April 2015	2		Clinical Director prescribing Lead WF CCG	Dr Mayank Shah
13 <sup>th</sup> May 2015	2		Performance & Quality Committee.	Dr Dinesh Kapoor

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## **1. Introduction - The History of Non-Medical Prescribing**

The Department of Health introduced nurse prescribing nationally for District Nurses and Health Visitors in England in December 1998. The Nurse Prescribers' Formulary for Community Practitioners enabled community practitioner nurse prescribers to prescribe from a formulary of appliances, dressings and some medicines for patients in the community. In 1999, the Review of Prescribing, Supply and Administration of medicines group recognised the potential benefits to patients of extending prescribing responsibilities to healthcare professionals other than doctors, dentists and the then small number of district nurse and health visitor prescribers. As a result, a wider list: the Nurse Prescribers' Extended Formulary (NPEF) was introduced in 2002.

In April 2003, the Government enabled nurses and pharmacists to train to become supplementary prescribers (SP), where Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient specific clinical management plan. This was then expanded to include other health care professionals: physiotherapists, radiographers, chiropodists/podiatrists and optometrists.

In 2006 regulations allowed pharmacists and nurses to practice as Independent Prescribers and to prescribe, within their areas of competencies, licensed Prescription Only Medicine (POM), Pharmacy medicine (P) & General Sales List medicine (GSL) on FP10 prescriptions.

Since changes to legislation in April 2012, a variety of health professionals including Nurse and Pharmacist independent prescribers are able to prescribe controlled drugs (CDs) in schedules 2, 3, 4 and 5. This applies to all CDs, with the exception of diamorphine, dipipanone or cocaine when they are being used for the treatment of addiction.

## **2. Scope of this Policy**

This policy applies to Nurse and Pharmacist non-medical prescribers working in GP practices in Waltham Forest and aims to:-

- Cover the registration, practice and clinical governance of all non-medical prescribers;
- Improve patient care without compromising patient safety;

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- Make it easier for patients to get the medicines they need;
  - Increase patient choice in accessing medicines and introduce voluntary partnerships to include the patient as a partner in their care;
  - Make better use of the skills of health professionals;
  - Contribute to the introduction of more flexible team working across the NHS.

### **3. Aim of the guidance is to ensure:**

- Changes make tangible improvements to patient care;
- Prescribing practice is compatible with the service development plans of the CCGs and is an appropriate extension of a practitioner's role;
- New prescribers are appropriately qualified for their role, work within the agreed national and local policies, and are identified in the CCG so that they can be kept up to date on prescribing issues both locally and nationally;
- New prescribers are supported in their role and continued professional development.

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

- Standards for Medicine Management Nursing & Midwifery Council:
- General Pharmaceutical Council (GPhC 2010)
- Health Profession Council

### **4. Responsibilities of Staff involved in Non-Medical Prescribing**

#### **4.1 The employing practice will have overall legal responsibility for the quality of care that patients receive and for securing patient safety which will also include to:**

- Ensure the practitioner has the skills and knowledge necessary to carry out the role;
- Provide accurate details of the NMP to register with the medicine management team prior to them starting in the post;
- Include an accurate summary of prescribing responsibilities in the practitioners' job description;
- Conduct an audit and review of prescribing annually, including an update of the scope of practice, usually at the appraisal, reflecting any change in clinical areas of responsibility and changing competencies. Details of your prescribing can be provided upon request by contacting the CCG Non-medical prescribing lead/Medicines Management team;

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- Support appropriate Continuing Professional Development (CPD)- the employing practice should ensure that nurses / pharmacists have access to continuing education through the support of the CCG NMP lead.

The Medicines Prescribing Centre, (MPC) formerly known as the National Prescribing Centre which merged with NICE has published competency frameworks for NMPs, which may be useful to assess competence to prescribe. The MPC also publish information for NMPs and provide regular therapeutic updates, which can be accessed via the web link below.

[http://www.npc.nhs.uk/improving\\_safety/improving\\_quality/resources/single\\_comp\\_framework.pdf](http://www.npc.nhs.uk/improving_safety/improving_quality/resources/single_comp_framework.pdf)

#### **4.2 The CCG Non-medical Prescribing Lead are responsible for:**

- NMP education and forums in addition to education sessions organised by Health Education North Central and East London (HE NCEL).
- Cascading information from the Department of Health (DoH) about changes relating to NMPs.
- Signing off the funding/application for the training and development of an NMP.

#### **4.3 The Medicines Management Team are responsible for:**

- Conducting the governance process surrounding the registration and validation of the NMP employed by the practice.
- Registration with the NHSBSA and being linked to a GP practices/s.
- Maintenance of the NMP database containing registration details, date of registration, registration number, practice/s they may work in, date employment started in the practice/s, details of lead GP clinician, details of scope of competence etc.
- Monitoring of prescribing and responding to prescribing/fitness to practice requests from the NHS England Local Area Team.

<http://www.nmc-uk.org>

<http://www.pharmacyregulation.org>

#### **5. Accountability of the NMP:**

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- Ensure that they provide appropriate, evidence based, safe, cost effective prescribing to their patients/ clients at all times in line with the local formulary;
  - Work in line with policies and guidelines ratified by their employing organisation including prescribing incentive schemes and prescribing dashboard;
  - The local guidelines available on the intranet should be referred to as well as use of evidence based guidance including NICE, NHS Evidence and any locally approved policies;
  - Adhere to their professional code of conduct as set out by their own regulatory bodies and to their employing / contracting organisation policy on non-medical prescribing;
  - Check medicine management updates including drug safety updates on the Intranet regularly;
  - Utilize prescribing software such as scriptswitch;
  - Accountability will also include decisions taken to recommend “over the counter” items and for the decision not to prescribe;
  - The prescriber must be able to justify any action or decision not to act, taken in the course of their professional practice;
  - The role of other persons in the delivery of health care to service users must be recognised and respected;
  - NMPs are required to keep accurate, legible, unambiguous and contemporaneous records of a patient’s care
  - Act only within and not beyond the boundaries of their scope of practice;
  - Ensure that prescriptions are written legibly and legally;
  - Hold appropriate indemnity insurance;
  - Maintain a portfolio of their Continuing Professional Development & identify individual training needs with the employing practice. It is the responsibility of the individual NMP to ensure they remain up to date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy. Guidance for prescribing practice and relevant standards are outlined by the NMC (for nurses) and the GPhC (for pharmacists) and can be accessed via the web addresses below.
  - NMP’s must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, or colleagues) that might result in inappropriate prescribing (DOH April 2006) and act accordingly.

It is strongly advised that non-medical prescribers should avoid prescribing for themselves, and close family members, as a matter of good medical practice and common sense – judgment may be impaired and important clinical examination may not be possible. Further advice must be sought from the relevant regulatory body.

## **6. Professional Indemnity**

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

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## **7. Clinical Governance in Prescribing**

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

Employers have a duty to ensure that those training to prescribe are supported through their training programme.

For any safeguarding or child protection concerns, please refer to CCG Child Protection Guidelines and Safeguarding Children/Adult Policies, this will include issues identified around obtaining consent and the Mental Capacity Act.

For any patient safety concerns or incidents please report to your Line Manager in the first instance and refer to the CCG Incident reporting policy and guidelines.

## **8. Training**

Health Education North Central and East London (HE NCEL) has responsibility for ensuring high quality education and training is provided to all health professionals and can support in the training of a non-medical prescriber. Details of HE NCEL are:

Health Education North Central and East London  
4th Floor, Stewart House  
32 Russell Square  
London, WC1B 5DN

Tel: 0207 866 3100 general enquiries  
t. 0207 862 8601 for nurse prescriber training queries (between 2 and 5 pm)  
Website: [info@ncel.hee.nhs.uk](mailto:info@ncel.hee.nhs.uk)

Clinical Commissioning Groups may wish to consider providing training and support to the NMPs on a regular basis through nurse forums, which will be the responsibility of the CCG NMP lead.

## **9. Process for registering of a NMP**

It is the responsibility of the employing practice to check the registration & qualifications of the NMP with the authorised regulatory body. Certificates providing evidence of qualifications and

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CPD portfolio should be requested. A sample signature of the NMP should be obtained and kept on file.

The NMP must arrange to visit the Medicines Management Team with the paperwork listed in Appendix 1 (Standard operating procedure (SOP) for registering a NMP).

The scope of practice form (Appendix II) should be completed by the NMP and authorised by the line manager or senior clinician of the practice. In order to register/transfer the NMP with the National Health Service Business Services Authority (NHSBSA), the appropriate forms in Appendix III and/or Appendix IV may need to be completed:

Appendix III: NMP joining a new organisation form should be completed for new NMPs.

Appendix IV: NMP leaving an organisation notification form would only need completion where the NMP left a practice to join a new practice. This will prevent inappropriate prescription charges being made to the leaving practice

Appendix V: Change in details of non-medical prescriber form would only need completion where there has been a change in the personal details of the NMP such as a change in qualifications or a name change.

The delegated member of the medicines management team will complete and sign the relevant form as the authorised signatory and email it to the NHSBSA. Once confirmation has been received from the PPD, the applicant/ NMP must be informed in order that they can start prescribing.

The MMT/NMP Lead will keep a register of NMPs currently prescribing in the CCG.

It is the responsibility of the employing practice to advise the medicine management team of any change in a NMP leaving or joining their practice.

## **10. Care in prescribing**

### **10.1 Generic prescribing**

All NMP's are reminded to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.

This list below is not exhaustive but provides details of drugs that should not be prescribed generically.

<b>Medicine category</b>	<b>Generic name/group</b>	<b>Examples</b>	<b>Comments</b>
Drugs with narrow therapeutic index	Aminophylline	Phyllcontin Continus®	There may be differences in the

	<p>Ciclosporin</p> <p>Lamotrigine</p> <p>Lithium</p> <p>Phenytoin</p> <p>Sodium valproate</p> <p>theophylline</p>	<p>Neoral®</p> <p>Sandimmun®</p> <p>Lamictal®</p> <p>Priadel®, Camcolit®, Liskonum®</p> <p>Epilim®, epilimchrom®</p> <p>Nuelin SA®, Slo-Phyllin®, Uniphyllin Continus®</p>	<p>bioavailability of the preparations and/or differences between the therapeutic and toxic plasma concentrations. Therefore the brand name should be prescribed.</p>
<p>Certain modified release preparations</p>	<p>Diltiazem®</p> <p>Mesalazine®</p> <p>Nifedipine®</p>	<p>Slozem®, Adizem XL®, Tildiem LA</p> <p>Asacol MR®, Pentasa®</p> <p>Coracten SR® or XL, Adalat®, Adalat Retard®</p>	<p>The BNF states that the brand names should be specified as different versions of these modified release (m/r) preparations may not have the same clinical effect.</p>
<p>Controlled drugs including patches (schedule 2 and 3)</p>	<p>Morphine</p> <p>Oxycodone</p> <p>Fentanyl</p> <p>Buprenorphine</p>	<p>MST®, Zomorph®, Morphgesic SR®</p> <p>Lynlor®, Longtec®</p> <p>Durogesic DTrans®, Matrifen®, Tilofyl®</p> <p>Butrans®, Transtec®</p>	<p>Caution due to different dosage regimes for SR and XL preparations. The BNF states that dosage should be reviewed if brand is altered.</p>

## 10.2 Unlicensed Medicines

NMPs may prescribe unlicensed medications within their competence, on the same basis as doctors but should only consider prescribing an unlicensed preparation when there is no

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licensed alternative. They will however accept full professional, clinical and legal responsibility for that prescription.

In order to do so the following conditions must be met:

- You are satisfied there is sufficient evidence base to demonstrate its safety and efficacy;
- You should explain to the patient in broad terms why the medicines are not licensed for their proposed use;
- You must make clear, accurate, and legible record of all medicines prescribed and the reason for prescribing off-label;
- Local policies for off-label medicines should be approved through mechanisms such as drug and therapeutic committee.

### 10.3 Controlled Drugs

Following the outcomes of the Shipman enquiry, there have been a number of significant changes to the rules regarding the management and use of controlled drugs. All health and social care organisations are accountable for ensuring the safe management of controlled drugs and will be subject to monitoring of controlled drug prescribing as part of the regular prescribing review. Appendix VI outlines the CDs that may and may not be prescribed by NMPs.

For guidelines on the prescribing of Controlled Drugs, healthcare professionals should refer to:

- Guidance from their respective professional bodies
- 'A guide to the good practice in the management of controlled drugs in primary care (England) [http://www.npci.org.uk/cd/public/docs/controlled\\_drugs\\_third\\_edition.pdf](http://www.npci.org.uk/cd/public/docs/controlled_drugs_third_edition.pdf)
- Part XVIIIB of the Drug Tariff
- Department of Health guidance available on the two sites below:

<https://www.gov.uk/search?tab=detailed-results&q=controlled+drugs+prescribing>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf)

Key points to note are:

- The quantity of any controlled drug prescribed (excluding those in schedule 5) should not exceed 28 days' supply per prescription. A new prescription is required where a patient/client has a continuing clinical need.
- You must not prescribe a controlled drug for yourself and may 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:
  - Save life
  - Avoid significant deterioration in the patient/clients health.

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- Alleviate otherwise uncontrollable pain.

You must be able to justify your actions and document your relationship and the emergency circumstances that necessitated you prescribing a controlled drug for someone close to you.

#### **10.4 Repeat Prescribing**

NMP s may issue a repeat prescription, but they do so in the knowledge that they are responsible as the signatory of the prescription and are professionally accountable for their practice. Before signing a repeat prescription the NMP must be satisfied that:

- It is safe and appropriate to do so and that secure procedures are in place to ensure that the patient /client are issued with the correct prescription.
- Each prescription is regularly reviewed and is only re-issued to meet clinical need.
- A regular review takes place, usually at either 3 to 6 monthly intervals or in line with practice prescribing policy.
- Suitable provision is in place for monitoring each patient/client's condition.

#### **10.5 Private Prescriptions**

NMPs may issue private prescriptions for any licensed medicines that they are competent to prescribe.

#### **10.6 Adverse Drug Reactions and Incidents**

If a NMP suspects that a patient is/has experienced an adverse drug reaction (ADR) to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P), herbal medicine or combination of medicines, they should inform the GP responsible for the patient's continuing care and follow local policy with regard to incident reporting.

The NMP should evaluate the suspected adverse drug reaction(s) in accordance with the guidance issued by the Committee on Safety of Medicines (CSM) and decide if he/she needs to complete a "Yellow Card" to notify the CSM of a suspected adverse drug reaction. Hard copies of the form can be found at the back of the BNF, electronic copies can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

If an appliance or dressing is involved in an adverse incident then it must be reported to the Medicines & Healthcare products Regulatory Agency (MHRA).

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## 11. Ordering Prescription pads

**Practice based NMP:** the practice that the NMP is based in will be able to enter the details of the NMP onto the Emisweb system, which will generate prescriptions with the NMP's registration number and have the practice code on the prescription. Where this is not possible due to different IT systems used in practices, the medicines management team will be able to order prescription pads on behalf of the practice on request.

**NMP working across more than one practice:** the NMP must ensure that they enter the correct prescribing code for the individual practice. If the work is part of a commissioned service by the CCG, the NMP must use a cost centre code that the NHSBSA have assigned to that service; this can be validated with the NHSBSA when required.

**Replacement prescription pads:** On the rare occasion, where the practice is not able set the non-medical prescriber on to the practice system, the medicines management team can order pre-printed prescription pads from Iron Mountain (UK) Limited when requested.

Please note: The prescription pads can take up to 2 weeks to arrive.

**Private prescription and controlled drug prescription** pads will need to be ordered by the practice by contacting the NHS England (London region) Area Team via:

[england.londondaaccountableoffice@nhs.net](mailto:england.londondaaccountableoffice@nhs.net)

### 11.1 Stolen prescriptions

In the event of loss or suspected theft, the NMP must report this **immediately** to their line manager, the NMP Lead and the NHS England (London region) Area Team in line with the locally agreed process. Information surrounding the theft/loss of prescriptions should be shared with:

- Shared Business Services via e-mail to [sbs-l.contractsnel@nhs.net](mailto:sbs-l.contractsnel@nhs.net) or via telephone on 020 8536 3000.

The NMP lead /MMT should also contact NHS Protect (formerly the Local Counter Fraud team) on 0207 895 4686/020 7895 4571.

## 12. Gifts and Benefits

Please refer to the Conflict of interest policy.

## 13. Meeting Representatives from the Pharmaceutical Industry

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Please refer to the Working with industry guidance.

#### **14. Free Samples**

NMPs should not accept or use free samples or starter packs. Representatives who wish to provide samples or starter packs should be referred to the NMP lead/MMT. Gifts of minimal value may be accepted e.g. pens, diaries, post-it pads.

#### **15. Contacts for Help & Support**

CCG Non-Medical Prescribing Lead: Lorraine Smailes

Medicine Management,  
Secure generic email address:  
nelcsu.walthamforestmedicinesmanagement@nhs.net  
Telephone: 0203 688 2654

## **Appendix I: Standard Operating Procedure (SOP) for registering a NMP**

Process	Complete?
<p>Service lead confirms request in writing to give access to prescribing budget and accepts responsibility for verifying HR processes including qualifications for candidate.</p> <p>Manager/employer to ensure IP is in job description</p>	
<p>Practitioner attends meeting with CSU Prescribing Adviser, bringing with them:</p> <ul style="list-style-type: none"> <li>• Work photo ID</li> <li>• Statement of entry from NMC or authorising body</li> <li>• PIN card from NMC (details of expiry). This is only accessible online since October 2012</li> <li>• Specimen signature</li> <li>• Completed scope of practice</li> <li>• Details of work base and contact details</li> </ul>	
<p>Project Manager to copy/scan the paperwork and obtain required information from NMP in order to complete PPD form.</p>	
<p>Check NMC status on <a href="http://www.nmc-uk.org">www.nmc-uk.org</a>, note expiry date of PIN (annual subscription)*</p> <p>Complete PPD form- online</p> <p><a href="http://www.nhsbsa.nhs.uk/PrescriptionServices/3974.aspx">http://www.nhsbsa.nhs.uk/PrescriptionServices/3974.aspx</a></p> <p>Need to set up a new code for the prescriber and indicate which service their prescribing needs to be linked to.</p>	
<p>Record scope of practice</p>	

Inform Head of Medicines Management of any changes to employment/NMP leaving the organisation, prescribing etc.  Need to follow TH prescribing policy if accessing primary care budget  Need to regularly audit  Act as novice for year one	
Complete spreadsheet – record details of applicant, scope etc. so this information can be monitored against epact.	
Once confirmation has been received from the PPD inform the applicant/ NMP and then they can start prescribing (Practice need to add NMP onto prescribing system)	

**Appendix II:**

**Intention To Prescribe: Scope Of Practice Agreement**

To be completed by all non-medical prescribers (independent and supplementary) working in GP practices

Name:..... Date:.....

Job title:.....

Base/Practice:.....

NMC PIN & Expiry (for Registered Nurses).....exp:.....

Date prescribing qualification registered with professional body and which prescribing qualification is held: .....

Please complete the form electronically, enlarging where necessary, then print and sign

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<b>Disease area to be prescribed for and/or types of medicines to be prescribed:</b>	<b>Evidence of competence to prescribe in this area:</b>	<b>Recent CPD supporting prescribing in this area: (include dates)</b>	<b>Please state guidelines or attach protocols worked to</b>

How do you intend to audit your prescribing?			
Do you receive clinical supervision? <b>Yes</b>  If 'yes', please give details type/frequency etc.			
<b>Prescribing CPD Requirements</b>			
Area of CPD identified <i>e.g. Prescribing for the elderly, dilemmas, electronic prescribing</i>	How you are going to address this? <i>e.g. through training, shadowing, supervised practice etc.</i>	Date this CPD needs to be met.	

**My intended scope of practice has been discussed with the practice GP prescribing lead/clinical manager.**

Independent/Supplementary Prescriber signature:

.....

GP lead/Clinical Manager (print name)

Signature:.....

**Please forward a copy of the completed document to the Medicines Management team [NELCSU.WalthamForestMedicinesManagement@nhs.net](mailto:NELCSU.WalthamForestMedicinesManagement@nhs.net)**

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This Agreement must be updated, on an annual basis or when the prescriber's scope of practice changes.

**Appendix III: NMP joining a new organisation**

<http://www.nhsbsa.nhs.uk/searchpage.aspx?terms=NMP>

(Click on hyperlink to access the form)

## Non-medical prescriber joining a GP practice or cost centre

Authorised signatory should complete form and send to: [nhsbsa.prescriptioninformation@nhs.net](mailto:nhsbsa.prescriptioninformation@nhs.net)

Parent Org  
name

Parent Org  
code

### Non-medical prescriber (NMP) type

Nurse/midwife <input checked="" type="checkbox"/>	Optometrist <input type="checkbox"/>	Pharmacist <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Podiatrist <input type="checkbox"/>	Radiographer <input type="checkbox"/>

### NMP details

<b>NMP code</b> (e.g. NMC/regulatory body code)						
<b>NMP name</b> (max. 28 characters including spaces)	Surname:				Initial(s):	
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Sister <input type="checkbox"/>	Doctor <input type="checkbox"/>
<b>Type of qualification held</b> (nurse prescribers only)	Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>			Nurse Independent Prescriber Formulary <input type="checkbox"/>		
<b>GP practice/cost centre code(s)</b>	GP practice code:			Cost centre code:		
<b>Start date</b>						

Authorised signatory: .....

Contact number: .....

Print name: .....

Date: .....

<b>For NHS Prescription Services use only</b>	
MDR input (date & initials)	

## Appendix IV: NMP leaving an organisation

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3974.aspx>

(Click on hyperlink to access the form)

## Non-medical prescriber leaving a GP practice or cost centre

Authorised signatory should complete form and send to: [nhsbsa.prescriptioninformation@nhs.net](mailto:nhsbsa.prescriptioninformation@nhs.net)

Parent Org name	<input type="text"/>	Parent Org code	<input type="text"/>
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### Non-medical prescriber (NMP) type

Nurse/midwife <input type="checkbox"/>	Optometrist <input type="checkbox"/>	Pharmacist <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Podiatrist <input type="checkbox"/>	Radiographer <input type="checkbox"/>

### NMP details

<b>NMP code</b> (e.g. NMC/regulatory body code)	<input type="text"/>					
<b>NMP name</b> (max. 28 characters including spaces)	Surname:				Initial(s):	
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Sister <input type="checkbox"/>	Doctor <input type="checkbox"/>
<b>Type of qualification held</b> (nurse prescribers only)	Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>		Nurse Independent Prescriber Formulary <input type="checkbox"/>			
<b>GP practice/cost centre code(s)</b>	GP practice/cost centre code(s):					
<b>Leaving date</b>	<input type="text"/>					

Authorised signatory:	.....	Contact number:	.....
Print name:	.....	Date:	.....

For NHS Prescription Services use only	
MDR input (date & initials)	<input type="text"/>

## Appendix V: Change of non-medical prescriber details.

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3974.aspx>

(Click on hyperlink to access the form)

## Change of non-medical prescriber details

Authorised signatory should complete form and send to:

[nhsbsa.prescriptioninformation@nhs.net](mailto:nhsbsa.prescriptioninformation@nhs.net)

Parent Org name	<input type="text"/>	Parent Org code	<input type="text"/>
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### Non-medical prescriber (NMP) type

Nurse/midwife <input type="checkbox"/>	Optometrist <input type="checkbox"/>	Pharmacist <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Podiatrist <input type="checkbox"/>	Radiographer <input type="checkbox"/>

### Type of change

Change of NMP code <input type="checkbox"/> (e.g NMC/regulatory body code)	Change of surname/title/ <input type="checkbox"/> initials	Change of qualification <input type="checkbox"/> (nurse prescribers only)
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	Existing NMP details						New NMP details					
<b>NMP code</b> (e.g. NMC/regulatory body code)												
<b>NMP name</b> (max. 28 characters inc. spaces)	Surname:			Initial(s):			Surname:			Initial(s):		
<b>Title</b>	<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Sister</b> <input type="checkbox"/>	<b>Doctor</b> <input type="checkbox"/>	<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Sister</b> <input type="checkbox"/>	<b>Doctor</b> <input type="checkbox"/>
<b>Type of qualification held</b> (nurse prescribers only)	Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>						Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>					
	Nurse Independent Prescriber Formulary <input type="checkbox"/>						Nurse Independent Prescriber Formulary <input type="checkbox"/>					
<b>GP practice/cost centre code(s)</b>												
<b>Date of change</b>												

Authorised signatory: ..... Contact number: .....

Print name: ..... Date: .....

For NHS Prescription Services use only	
MDR input (date & initials)	<input type="text"/>

**Appendix VI: Summary Table of Controlled Drugs Which May or May Not be prescribed**

Type of Prescriber	Prescribing outside off-label	Prescribing unlicensed medicinal products	Controlled Drugs (CD's) all schedules	Borderline substances (ACBS)
<b>Independent Nurse Prescriber</b>	Yes	Yes	Prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). Nurse independent prescribers are able to requisition controlled drugs and are authorised to possess, supply, offer to supply and administer the drugs they are able to prescribe. Persons acting in accordance with the directions of a nurse independent prescriber are authorised to administer any schedule 2-5 drugs that the nurse can prescribe.	Yes See DH Guide 2006 p16-17*
<b>Independent Pharmacist Prescriber</b>	Yes	Yes	Pharmacist independent prescribers are able to prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (pharmacist independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). Pharmacist independent prescribers are able to requisition controlled drugs and are authorised to supply or administer the drugs they are able to prescribe. The existing authorities for pharmacists to possess, supply and offer to supply schedule 2-5 controlled drugs remain. Persons	Yes See DH Guide 2006 p16-17

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			acting in accordance with the directions of a pharmacist independent prescriber are authorised to administer any schedule 2-5 drugs that the pharmacist can prescribe.	
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**APPENDIX VII: Checklist for registration of a NMP or making changes regarding registration status**

Requirement	By whom	Action
Qualifications of NMP are checked, including all certificates & registration with the NMC	The employing practice	Photocopies are kept in NMP's personnel file and a set is also provided to the Medicines Management Team (MMT)
Electronic sample signature of the NMP is obtained	The employing practice	A pdf signature is kept on file and is also provided to the MMT
Scope of practice form is completed by the NMP (Appendix II)	Authorised by the employing practice /line manager/senior clinician	A copy is also forwarded onto the MMT
A visit is arranged with the MMT (bringing paperwork listed in Appendix I: Standard Operating Procedure)	The registering NMP	The paperwork is checked and scanned by the MMT, also checking the registration status on <a href="http://www.nmc-uk.org">www.nmc-uk.org</a> , (noting expiry date) and then completing the PPD form online.
NHSBSA form for a NMP joining the organisation must be completed (Appendix III)	The registering NMP/practice must inform the MMT.	The MMT authorised signatory must then complete the NHSBSA form and e-mail it.
If the NMP is leaving the organisation the form in Appendix IV must be completed	The NMP leaving the organisation/practice must inform the MMT.	The MMT authorised signatory must then complete the NHSBSA form and e-mail it.
If the NMP is leaving one organisation (practice) to join a different organisation (practice), the form in Appendix III must be completed as well as the form in Appendix IV	The NMP leaving one practice to join a different practice (or the NMP's previous practice and new practice)	The MMT authorised signatory must then complete the NHSBSA form and e-mail it.

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## **APPENDIX VIII: Useful Websites and References**

- The Non-Medical Prescribing Programme - Department of Health  
<http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NonmedicalPrescribing/fs/en>
- Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4133743&chk=HSz11/](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4133743&chk=HSz11/)
- Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a guide for implementation - Department of Health  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4110032&chk=c4V6nR](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4110032&chk=c4V6nR)
- Supplementary Prescribing by Optometrists  
[http://www.optical.org/index\\_files/education/therapeutics.doc](http://www.optical.org/index_files/education/therapeutics.doc)
- Medicines Matters: A Guide to current mechanisms for prescribing, supply and administration of medicines - Department of Health  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4105222&chk=VvkUdE](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4105222&chk=VvkUdE)
- Non-medical prescribing - National Prescribing Centre Competency frameworks and other publications [http://www.npc.nhs.uk/non\\_medical.htm](http://www.npc.nhs.uk/non_medical.htm)
- Training non-medical prescribers in practice - National Prescribing Centre  
[http://www.npc.nhs.uk/pdf/designated\\_medical\\_practitioners\\_guide.pdf](http://www.npc.nhs.uk/pdf/designated_medical_practitioners_guide.pdf)
- Standards of proficiency for nurse and midwife prescribers
- [http://www.nmc-uk.org/Documents/NMC-Publications/238747\\_NMC\\_Standards\\_for\\_medicines\\_management.pdf](http://www.nmc-uk.org/Documents/NMC-Publications/238747_NMC_Standards_for_medicines_management.pdf)
- National Electronic Library for Medicines (formerly known as DrugInfoZone)  
<http://www.druginfozone.nhs.uk/home/default.aspx>
- Pharmacy regulation  
<http://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>
- The DoH guidance , Improve patients' access to medicines – A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (gateway ref: 6429) (April 2006) [www.dh.gov.uk](http://www.dh.gov.uk)
- Health and social care information centre <http://systems.hscic.gov.uk/>
- Changes in Controlled prescribing for NMP nurses and pharmacists  
<https://www.gov.uk/government/news/nurse-and-pharmacist-independent-prescribing-changes-announced>
- <http://www.nmc-uk.org/documents/standards/nmcstandardssofproficiencyfornurseandmidwifeprescribers.pdf>
- <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-proficiency-nurse-and-midwife-prescribers.pdf>