

Guidance for Non-Medical Prescribing Within GP Practices

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1.0 Policy Statement

This policy sets out a framework for the development and implementation of non-medical prescribing within GP Practice, and thus establishes a consistent approach for non-medical prescribing. This policy applies to all registered nurses, pharmacists and other allied health care professionals employed or engaged by the GP practice in accordance with their job descriptions, to undertake prescribing as part of their role.

This document is underpinned by, and should be read in conjunction, with the documents listed in Appendix 1

1.1 Purpose

The purpose of this policy is to:

1. Ensure professional and statutory obligations are met.
2. Contribute to the provision of holistic care.
3. Provide robust standards for non-medical prescribing.
4. Clarify accountability and responsibility.
5. Provide a framework and guidance under which potential applicants could determine eligibility to undertake an approved Prescribing Programme, in discussion with the lead GP.

Principles of non-medical prescribing

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need
- Increase patient choice in accessing medicine
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible team working within GP Practice

1.2 Policy and statutory obligations

The policy and statutory obligations are listed in Appendix 1

Definition of independent prescribing – The working definition of independent prescribing is prescribing by a practitioner (e.g. doctor, dentist, nurse, and pharmacist) who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, included prescribing. Within medicines legislation the term used is “appropriate practitioner”.

Definition of supplementary prescribing - a voluntary partnership between an independent prescriber (a doctor or dentist), who has made the initial assessment and diagnosis, and a supplementary prescriber who may prescribe any medicine, in accordance with the agreed patient-specific Clinical Management Plan (CMP), with the patient’s consent.

2.0 Categories of non-medical prescribers who may prescribe

The categories of nurses who can prescribe are:

- Nurse Independent Supplementary Prescribers (NISPs) (formerly Extended Independent and Supplementary Nurse prescribers) who are able to prescribe any licensed medicine for any medical condition including some controlled drugs. More detailed information is provided in the British National Formulary (BNF).
- Community Practitioner Nurse Prescribers (CPNPs) (formerly District Nurse/Health Visitor prescribers) who can prescribe only from the Nurse Prescribers' Formulary for Community Practitioners (NPF). More detailed information is provided in the BNF, NPF and Drug Tariff.

The categories of pharmacists who can prescribe are:

- Pharmacist Independent Prescribers who can prescribe similarly to Nurse Independent Prescribers, but currently cannot prescribe any Controlled Drug independently.
- Pharmacist Supplementary Prescribers who can prescribe any medicine under a Clinical Management Plan in partnership with an independent prescriber (doctor or dentist).

3.0 Selection criteria

Nurse Independent/Supplementary Prescribing programme

The Nurse Independent/Supplementary Prescribing course is delivered by Queen's University Belfast and University of Ulster, Jordanstown over one academic year.

The aim in selecting students to undertake the programme is to identify those who will successfully complete the course, demonstrate the necessary competencies, and be able to carry out the role of nurse prescriber within their speciality/area of expertise. The therapeutic area(s) in which nurses will be prescribing will need to be identified before they begin training. The admission criteria checklist is outlined in Appendix 2.

The NMC circular 29/2007 requires that all nurses have an up-to-date Criminal Records Bureau check i.e. within the last three years, before they commence the course. The Board will liaise with the practice to ensure

that the necessary Safeguarding of Vulnerable Groups (SVG) check has been completed.

Pharmacist Independent Prescribing Programme

The Pharmacist Independent Prescribing Programme is offered through the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) at Queens University Belfast.

Pharmacists should have at least two years experience practicing as a pharmacist in a clinical environment, in a hospital or community setting following their pre-registration year after graduation. Organisations who put forward pharmacists for independent prescribing should assure themselves that the pharmacist is competent to prescribe in the area in which they will prescribe following training.

It is imperative that the nurse / pharmacist has identified a GP mentor who will work with them, to maximise their practice learning and to provide support to them, as they develop their skills.

A useful reference source 'Training Non medical prescribers in practice' is a guide to help doctors prepare for and carry out the role of designated medical practitioner may be accessed at:

http://www.npc.co.uk/pdf/designated_medical_practitioners_guide.pdf

4.0 Registration of non-medical prescribers

All non-medical prescribers employed by GP Practices need to be registered with the Health Board and CSA as outlined below.

Nurses

Registration of Nurse Independent/Supplementary Prescribers with the Health Board

On successful completion of the Nurse Prescribing Course, the University will forward this information to the NMC. The individual's entry on the NMC Professional Register will be annotated to indicate that the Nurse Prescriber is qualified as either (or both):

1. Community Practitioner Nurse Prescriber (V100)
2. Nurse Independent/Supplementary Prescriber (V300)

The NMC will write to the Nurse Prescriber and ask them to pay a fee for annotation on to the register.

The Nurse Prescriber will then forward a copy of the NMC 'Statement of Entry' and completed 'Health Board Notification of Non-medical prescriber' form (Appendix 3) which is available from the local Health Board, to the Board Nurse Prescribing Adviser.

When completing the 'Health Board Notification of Non-medical prescriber' form (Appendix 3), the nurse, clinical governance lead and employer (if different) will agree parameters of prescribing.

The original form should be retained by the GP Practice for their records.

The Board Nurse Prescribing Adviser will then verify the Nurse Prescribers annotation using the NMC confirmation services.

The Board Nurse Prescribing Adviser will then complete the relevant sections of the 'Health Board Notification of Non-medical prescriber' form (Appendix 3) and add the Nurse Prescriber to the Board Register. (see Registration section below)

Pharmacists

Registration of Pharmacist Independent/Supplementary Prescribers with the Health Board and CSA

On successful completion of the Pharmacist Prescribing Course, NICPLD will forward this information to the PSNI. The individual's entry will be annotated to indicate that the Pharmacist Prescriber is qualified as either (or both):

1. Supplementary Prescriber
2. Independent Prescriber

The PSNI will write to the Pharmacist Prescriber and ask them to pay a fee for annotation on to the register.

When completing the 'Health Board Notification of Non-medical prescriber' form (Appendix 3), the pharmacist, clinical governance lead and employer (if different) will agree parameters of prescribing.

The original form should be retained by the GP Practice for their records.

The Board Senior Prescribing Adviser will then verify the Pharmacist Prescribers annotation via the PSNI website.

The Board Senior Prescribing Adviser will then complete the relevant sections of the 'Health Board Notification of Non-medical prescriber' form (Appendix 3) and add the Pharmacist Prescriber to the Board Register.

Registration of Non-Medical Independent/Supplementary Prescribers with CSA

Once the non medical prescriber has been registered with the Health Board, registration with CSA can then take place. This is done electronically and within 2 days of completing the registration, CSA will send an email entitled 'Confirmation of prescribers'. This will contain the non-medical prescriber's cypher number, prescription ordering number and contact details for De La Rue Smurfit. The Board Nurse Prescribing Adviser or Senior Prescribing Adviser will then forward these details to the non-medical Independent/Supplementary Prescriber.

The non-medical Independent/Supplementary Prescriber should then become familiar with the GP Practice Prescription Security Policy which includes ordering of prescription pads and act in accordance with it.

The non-medical Independent/Supplementary Prescriber should receive the prescription pad within two weeks of ordering and if this does not occur telephone or email Mark Nelson at CSA:

Mark Nelson
Central Services Agency
2 Franklin Street, Belfast BT2 8DQ

Telephone No: 028 9032 4431
Fax No: 028 9053 2963
Email: nelsonm@csa.n-i.nhs.uk

4.1 Notification of change

In order to accurately maintain a register of non-medical prescribers, it is essential that any changes in non-medical prescriber details e.g. a nurse leaving a GP Practice, are notified in writing to the Board Nurse Prescribing Adviser or the Senior Prescribing Adviser, in the case of Pharmacist Independent Prescriber in a timely way. This is the joint responsibility of both the non-medical prescriber and the GP Practice Clinical Governance Lead.

5.0 Patient assessment

Non-medical prescribers can only prescribe for patients whom they have personally assessed for care. The non-medical prescriber and the GP

Practice Clinical Governance Lead should agree what form this assessment should take.

6.0 Prescription writing

Before writing a prescription the non-medical prescriber should have assessed the patient and have knowledge of:

- Patient's full medication (this should include all prescribed and non-prescribed medication including over the counter and alternative remedies)
- Past medical history
- Patient's current health status
- Allergy status
- A thorough knowledge of the item to be prescribed, i.e. dosage, therapeutic action, side effects, and interactions, frequency of use
- The current British National Formulary (BNF) or Nurse Prescribers Formulary (NPF) for reference

The non-medical prescriber should refer to the BNF / NPF for guidance on prescription writing. All non-medical prescribers are recommended to prescribe generically except where this would not be clinically appropriate (in line with local guidance) or where there is no approved generic name. Local formularies should be adhered to where applicable.

In GP Practice non-medical prescribers will use the appropriate prescription form.

- Non-medical prescribers should only write on a prescription pad bearing his/her unique cypher number.

If the non-medical prescriber is using **computerised records** he/she must ensure that they receive adequate and relevant training.

- Non-medical prescribers should only use computer generated prescriptions if the soft ware has been appropriately configured (please contact the Board Nurse Prescribing Adviser/ Senior Prescribing Adviser in the first instance).
- These prescriptions must be annotated with appropriate strap line (Nurse Independent/Supplementary Prescriber/ Pharmacist Independent /Supplementary Prescriber) and bear the unique cypher number of the non-medical prescriber once generated.
- A non-medical prescriber cannot sign a prescription bearing the GP cypher number and details.

Patient Information - the non-medical prescriber will explain to the patient:

- The dosage, frequency, duration and method of administration.
- The common side effects.

- Any precautions they should take.
- What to do if they have any concerns or adverse reactions.
- How to store medicines safely.
- What to do with any left over medicines at the end of treatment.

6.1 Security and safe handling of prescription forms

For non-medical prescribers employed in GP Practice, the security of prescription forms is the responsibility of both the GP Practice and the non-medical prescriber.

Non-medical prescribers must ensure absolute compliance with the GP Practice policy on prescription security.

6.2 Record keeping

Non-medical prescribers should ensure records are accurate, comprehensive, contemporaneous and accessible by all members of the prescribing team. The non-medical prescriber will record details of the prescribing and relevant consultation details into the patient record at the time of writing.

The record must clearly indicate:

- Indication for prescription
- Date of prescription
- Name of prescriber and if the clinical system permits, the category of prescriber
- Name of item prescribed, quantity, dose, frequency, and treatment duration

6.3 Repeat Prescribing

Adequate systems are in place with the practice to ensure that appropriate monitoring is carried out before repeat prescriptions can be issued.

Non-medical prescribers should be familiar with the GP Practice's Repeat and Acute Prescribing Protocols and act in accordance with these.

6.4 Prescribing of Controlled drugs by Nurses

Non-medical prescribers who prescribe controlled drugs as part of their prescribing role must specify them individually (schedules 1-5) on the parameters of prescribing section of the 'Notification of non-medical prescriber' form (Appendix 3). It is important that the parameters of prescribing are reviewed on an ongoing basis and as part of the annual

appraisal process. Any changes to the parameters of prescribing should be recorded on the Parameters of Prescribing template (Appendix 4).

The clinical governance lead should forward a copy of any changes to Board Nurse Prescribing Adviser (for information purposes only), using the form in Appendix 4.

Detailed advice on writing a prescription for Controlled Drugs is contained in the BNF.

Nurse prescribers should refer to 'NMC Standards of Proficiency for Nurse and Midwife Prescribers' Practice standard 16: Prescribing Controlled Drugs.

The quantity of any controlled drug (excluding those in schedule 5) prescribed by a nurse should not exceed 28 days supply per prescription. (Ref NMC standards 2006)

Prescribing of Controlled drugs by Pharmacists

Currently pharmacists cannot prescribe controlled drugs in an independent capacity. (subject to legislative changes)

Pharmacist prescribers should refer to 'PSNI Ethics and Practice A guide for Pharmacists in N.Ireland 2004' (section 1.4) and the 'RPSBG Professional Standards and Guidance for Pharmacist Prescribers August 2007' standard 3.2.

6.5 Prescribing unlicensed medicines

Non-medical prescribers cannot prescribe unlicensed medicines as an independent prescriber.

Non-medical prescribers can prescribe unlicensed medicines as a supplementary prescriber as part of a Clinical Management Plan. Non-medical prescribers who prescribe unlicensed medicines as part of their prescribing must specify them individually on the parameters of prescribing section of the 'Notification of non-medical prescriber' form (Appendix 3). It is important that the parameters of prescribing are reviewed on an ongoing basis and as part of the annual appraisal process. Any changes to the parameters of prescribing should be recorded on the Parameters of Prescribing template (Appendix 4).

The clinical governance lead should forward a copy of the amended signed Parameters of Prescribing template to a Board Nurse Prescribing Adviser or Senior Prescribing Adviser using the form in Appendix 4 (for information purposes only).

Nurse prescribers should refer to 'NMC Standards of Proficiency for nurse and midwife prescribers' Practice standard 17: Prescribing Unlicensed medicines.

Pharmacist prescribers should refer to the 'RPSGB Professional Standards and Guidance for Pharmacist Prescribers August 2007' standard 3.3.

6.6 Prescribing medicines for use outside the terms of the licence

Non-medical prescribers may prescribe medicines independently off licence or off label i.e. for uses outside their licensed indications/ UK marketing authorisation. The non-medical prescriber must accept professional, clinical and legal responsibility for that prescribing and should only prescribe off licence where it is acceptable clinical practice and they are competent to do so.

Nurse prescribers should refer to 'NMC Standards of Proficiency for nurse and midwife prescribers' Practice standard 18: Prescribing medicines for use outside the terms of their licence (off-label).

Pharmacist prescribers should refer to the 'RPSGB Professional Standards and Guidance for Pharmacist Prescribers August 2007' standard 3.4.

6.7 Discontinuing Medication

Non-medical prescribers may discontinue medication if they have assessed a patient and in their clinical judgement think this is the best course of action for the patient. Non-medical prescribers should always consider themselves part of the team and not undertake actions without considering the prescribing actions of others.

6.8 Prescribing and administration/supply/dispensing

Non-medical Prescribers must ensure separation of prescribing and administering/dispensing activities whenever possible. In exceptional circumstances where the prescriber is involved in both prescribing and dispensing a patient/client's medication:

- Clear accountability arrangements must be in place to ensure patient safety and probity
- Audit and clinical governance arrangements must be in place which can track prescribing and dispensing by non-medical prescribers
- A second suitably competent person should be involved in checking the accuracy of the medication provided.
- Nurse prescribers must consider the 'NMC Standards of Proficiency for nurse and midwife prescribers' Practice standard 9 in relation to this point.

- Pharmacist Prescribers must consider the RPSGB Professional Standards and Guidance for Pharmacist Prescribers, Standard 2.6.

7.0 Parameters of prescribing (for Nurse and Pharmacist Independent and Supplementary prescribing)

All GP practices must ensure that non medical prescribing is included in their overall clinical governance framework. One aspect of this framework is the assurance that parameters of an individual's prescribing are agreed between the prescriber, their clinical governance lead, manager and employer (if different) before the individual begins to prescribe. Parameters of prescribing should be recorded on the Board 'Notification of non-medical prescriber' form (Appendix 3).

It is important that the parameters of prescribing are reviewed on an ongoing basis and as part of the annual appraisal process.

Any changes to the parameters of prescribing should be recorded on the Parameters of Prescribing template (Appendix 4), signed by the GP and retained for reference by the practice.

The clinical governance lead should forward a copy of the amended signed Parameters of Prescribing template to a Board Nurse Prescribing Adviser / Senior Prescribing Adviser using the form in Appendix 4 (for information purposes only).

The parameters of prescribing form an agreement between the non-medical prescriber, their employer/manager (if different) and the clinical governance lead.

7.1 Continuing Professional Development (CPD)

Non-medical prescribers will be expected to ensure continuous professional development and to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of relevant medicines.

Non-medical prescribers must be provided with the opportunity to access continuing professional development on completion of the relevant programme. The non-medical prescriber must discuss learning needs and provide evidence of learning and development as a prescriber, as part of the appraisal process.

The National Prescribing Centre (NPC) (www.npc.co.uk) has produced the following documents which may be used as a tool to reflect on practice and identify CPD needs.

1. "Maintaining Competency in Prescribing: an outline framework to help nurse prescribers"

2. “Maintaining Competency in Prescribing: an outline framework to help pharmacist prescribers”

8.0 Clinical Governance and audit

GP Practices must ensure that non-medical prescribing is included within their overall clinical governance framework, to ensure that non-medical prescribers practice safely and competently.

In addition to the areas outlined in this policy, the GP Practice, clinical governance lead must ensure that arrangements are in place for assessment of practice, clinical supervision, audit and CPD for non-medical prescribers.

Non-medical prescribers along with their clinical governance lead must develop a risk management plan to ensure that potential risks associated with extending clinical practice are recognised and minimised.

Review of non-medical prescribing is part of the overall prescribing monitoring arrangements. In GP Practice, prescribing information is available from CSA.

9.0 Incident reporting

Non-medical prescribers must act in accordance with the GP Practice adverse incident/untoward incident policy.

10.0 Adverse drug reactions

Adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Authority (MHRA) via the Yellow Card Scheme. The electronic Yellow Card, together with instructions on how to use it, is available at www.yellowcard.gov.uk. Alternatively non-medical prescribers can use hard copy Yellow Cards which can be found at the back of the BNF. All non-medical prescribers should notify the GP/consultant accordingly.

11.0 Drug and appliance alerts

In the event of a drug or appliance alert being received, the non-medical prescriber is responsible for taking immediate and appropriate action. GP Practices must ensure that all non-medical prescribers employed by the practice are on the circulation list to receive such alerts.

12.0 Prescribing support and communication

The Board Nurse Prescribing Adviser/ Senior Prescribing Adviser, as part of the Prescribing Support Team, will support and assist Nurse/ Pharmacist Prescribers and their practices in ensuring safe, cost effective and rational prescribing.

Relevant information e.g. legislative changes, training events etc will be communicated to the nurse/pharmacist prescribers in a timely way.

Legal liability

Non-medical prescribers who have successfully completed an approved training programme require the consent of their employer before they prescribe as part of their professional duties.

The prescriber should ensure that their job description includes a clear statement that prescribing is required as part of the duties of that post or service.

Non-medical prescribers are accountable for all aspects of their prescribing decisions. They must be able to recognise and deal with pressures that might result in inappropriate prescribing. Non-medical prescribers are individually accountable to their professional body for this aspect of their practice, as for any other, and must act at all times in accordance with same.

Non-medical prescribers are advised to ensure that they have sufficient professional indemnity, for instance by means of membership of a professional organisation or trade union which provides this cover.

GP practices must also ensure that their indemnifying company is aware that a non medical prescriber is working within the practice and seek advice on their responsibilities and indemnity cover.

The employer is held vicariously liable for all employees' actions.

14.0 Prescribing for self, family and friends

Non-medical prescribers will **not** prescribe any medicine for themselves or for anyone with whom they have a close personal or emotional relationship other than in exceptional circumstance

Nurse prescribers should refer to NMC Standards; Practice standard 11: Prescribing for family and others.

Pharmacist prescribers should refer to the 'RPSBG Professional Standards and Guidance for Pharmacist Prescribers August 2007' standard 2.6.

15.0 Patient Group Directions (PGDs)

A Patient Group Direction is defined as a written instruction for the supply and/or administration of medicines to a group or groups of patients who may not be individually identified before presentation of treatment. It is **NOT** a form of prescribing.

16.0 Patient Specific Directions

A patient specific direction is a direct written instruction and can be used when an individual patient is assessed by a prescriber, including a non-medical prescriber. The instruction allows another health care professional to supply or administer a medicine directly to a patient.

17.0 Pharmaceutical industry

Non-medical prescribers need to be familiar with and comply with GP Practice Policy and professional standards, on interface with the pharmaceutical industry.

APPENDIX 1 POLICY AND STATUTORY OBLIGATIONS

- Cumberledge Report (1986).
- Crown Report (1989).
- Crown Report 11 (1999).
- Nurse prescribing guidance for implementation. Nursing Midwifery Advisory Group. DHSS&PS 2000.
- Supplementary Prescribing by Nurses and Pharmacists within the HPSS in Northern Ireland. A Guide for Implementation (April 2004).
- Extending Independent Nurse Prescribing within the HPSS in Northern Ireland. A Guide for Implementation (April 2004).
- Use and Control of Medicines - DHSSPS (April 2004).
- Guidelines for records and record keeping. NMC (January 2005).
- ABPI Code of practice for the pharmaceutical industry (2006)
- Best Practice Guidance for Supplementary Prescribing by nurses within the HPSS in Northern Ireland (April 2006).
- Standards of proficiency for nurse and midwife prescribers. NMC (June 2006). **NB** additional NMC guidance in relation to nurse prescribing can be accessed at www.nmc-uk.org.
- Improving Patients' Access to Medicines: A Guide to implementing Nurse and Pharmacist Independent Prescribing within the HPSS in Northern Ireland (December 2006).
- Standards for medicines management (NMC 2007).
- RPSBG Professional Standards and Guidance for Pharmacist Prescribers (August 2007)
- PSNI Ethics and Practice: A Guide for Pharmacists in Northern Ireland (2008)
- The NMC Code: Standards for conduct, performance and ethics for nurses and midwives- NMC (May 2008).

Legislative changes that facilitated the implementation of nurse prescribing are:

- Misuse of Drugs Act (1971).
- The Medicine Act (1968).
- The Health and Personal Social Services - N.I. Order (1972).
- The Medicinal Products: Prescription by Nurses etc Act (1992).
- The Pharmaceutical Services - N.I. Order (1992).
- The Pharmaceutical Services (1992 Order) Commencement Order N.I. (1997).
- The Pharmaceutical Services Regulation N.I. (1997).
- Health and Social Care Act - Section 63 (2001).
- Prescriptions Only Medicines Order 2003.
- The Medicines for Human Use (Prescribing) Order 2005 Statutory Instrument 2005 No 765.
- The Misuse of Drugs (Amendment) Regulations (NI) 2005 No.119.
- HPSS (Primary Medical Services) (Miscellaneous Amendments) Regulations (NI) 2005 No 368.
- The Misuse of Drugs and the Misuse of Drugs (Notification of & Supply to Addicts) (Amendment) Regulations (NI) 2005 No 564.
- The Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order 2006 Statutory Instrument 2006 No. 915.

- The Nurses and Midwives (Parts of and Entries in the Register) Amendment Order of Council 2006 Statutory Instrument 2006 No. 1015.
- The Medicines (Sale or Supply) (Miscellaneous Amendments) Regulations 2006 Statutory Instrument 2006 No. 914.
- The Misuse of Drugs (Amendment) Regulations 2006 Statutory Instrument 2006 No. 986.
- The National Health Service (Miscellaneous Amendments Relating to Independent Prescribing) Regulations Statutory Instrument 2006 No. 913.
- The Misuse of Drugs (Amendment) (No.2) Regulations (NI) 2006 No.214.
- The HPSS (Primary Medical Services) (Miscellaneous Amendments) Regulations (NI) 2006.

Appendix 2 Admission to the Nurse Independent Supplementary Prescribing Programme (criteria checklist)

Admission criteria checklist Ref: NMC standards	Criteria met Y/N
Registered first level nurse, midwife and/or specialist community public health nurse	
At least three years experience as a practising nurse	
The year immediately preceding application must have been in the clinical field in which the applicant intends to prescribe	
Part time workers must have practised for a sufficient period to be deemed competent by their employer	
The nurse has been identified through individual performance review/ appraisal, the suitability to prescribe before they apply for a training place.	
The applicant is in a role that enables them to prescribe	
The prospective candidate must either be deemed competent in Health Assessment by his/her professional lead or have successfully undertaken a relevant module in Health Assessment.	
Demonstrated ability to study at degree level through:	
<p>1. <u>Undergraduate level (60 credits)</u> Successful completion of three modules (60 credits) of study at level 2 with a mark of at least 50%. This will include evidence of the skills necessary for the implementation of evidence based practice</p> <p style="text-align: center;">Or</p> <p>2. <u>Postgraduate level</u></p> <ul style="list-style-type: none"> • Pre-registration degree in Nursing or Midwifery • Post-registration degree in Nursing, Midwifery or Health Studies/ Sciences • Degree in any other relevant subject area. 	
In addition written confirmation will be required from	
1. The employer of their support for the nurse to undertake the preparation programme	
2. A designated medical practitioner who meets eligibility criteria for medical supervision of nurse prescribers, and who has agreed to provide the required term of supervised practice.	
SVG check within three years of starting the programme (SVG - Safeguarding Vulnerable Groups)	

Appendix 3

Health Board Notification of Non-medical Prescribers

Details of non-medical prescriber	
Forename	Surname
Title	Work telephone no:
DOB	Work Email Address
GP Practice number	GP Practice Address
Delivery address for BNF	
<p>REGISTRATION DETAILS</p> <p>NMC Pin No/Pharm Soc Reg No -----</p> <p>Current NMC / Pharm expiry date -----</p> <p>Date of new prescribing registration with professional body -----</p> <p>Please tick as appropriate:</p> <p>Community Practitioner Nurse Prescriber (V100) <input type="checkbox"/></p> <p>Nurse Independent/Supplementary Prescriber (V300) <input type="checkbox"/></p> <p>Pharmacist Independent Prescriber <input type="checkbox"/></p> <p>Pharmacist Supplementary Prescriber <input type="checkbox"/></p>	<p>FOR OFFICE USE ONLY</p> <p>Verification of prescribing status Please tick as appropriate</p> <p>1. Copy of NMC statement of entry attached <input type="checkbox"/></p> <p>2. Copy of certificate of completion of pharmacist independent prescribing course attached <input type="checkbox"/></p> <p>Signature -----</p> <p>Designation-----</p> <p>Date -----</p> <p>Cypher Number -----</p> <p>Prescription order Number -----</p>

PARAMETERS OF PRESCRIBING (ONLY TO BE COMPLETED BY INDEPENDENT/SUPPLEMENTARY PRESCRIBERS)

Therapeutic area	Groups of drugs to be prescribed (alternatively list exceptions) Controlled drugs schedules 2,3,4 and 5 must be listed individually	Nature of prescribing (independent/supplementary)	Evidence based prescribing – state local/national guidelines	Experience Training to enable delivery of service

Will prescribing include the prescribing of unlicensed medicines **Yes/No**

If **Yes** , please specify:

Please sign appropriately

Non medical Prescriber	Signature _____ Block Capitals _____ Date
GP	<ul style="list-style-type: none">• I am satisfied that the non-medical prescriber is appropriately qualified to undertake this role.• I will ensure that the non-medical prescriber conforms to the standards of proficiency for non-medical prescribers particularly in relation to prescribing only in his/her area of competence.• I confirm that I agree for the above named non-medical prescriber to prescribe in an Independent/Supplementary capacity for this GP practice.• I confirm that the employee's job description / contract includes a clear statement that prescribing is required as part of the duties of that post or service and the practice is, therefore, vicariously liable. Signature _____ Block Capitals _____ Date

A copy of this form should be forwarded to Nurse Prescribing Adviser/Senior Prescribing Adviser at local Health Board (for information purposes only).

The original form should be retained by the GP Practice for their records

Appendix 4

Parameters of Prescribing template (Update)

Name of Non-medical Independent Supplementary Prescriber: _____

Date: _____

Review Date: _____

PARAMETERS OF PRESCRIBING REVIEW TEMPLATE (ONLY TO BE COMPLETED BY INDEPENDENT/SUPPLEMENTARY PRESCRIBERS)				
Therapeutic area	Groups of drugs to be prescribed(alternatively list exceptions) Controlled drugs schedules 2,3,4 and 5 must be listed individually	Nature of prescribing (independent/ supplementary)	Evidence based prescribing – state local/national guidelines	Experience Training to enable delivery of service

Will prescribing include prescribing of unlicensed medicines: **Yes/No**

If **Yes**, please specify:

1. _____
2. _____
3. _____
4. _____
5. _____

The above named non-medical prescriber will prescribe from the areas listed above within his/her level of competence.

Signature of Non-medical Prescriber: _____

Designation: _____

Date: _____

Signature of GP Lead: _____

Date: _____

Signature of employer (if different): _____

Date: _____

A copy of this form should be forwarded to Nurse Prescribing Adviser/Senior Prescribing Adviser at local Health Board (for information purposes only).

The original form should be retained by the GP Practice for their records

Contact Details

EHSSB

Nurse Prescribing Adviser

Oriel Brown
Champion House
12-22 Linenhall Street
Belfast BT2 8BS

Ph: 02890553782

Email: obrown@ehssb.n-i.nhs.uk

Senior Prescribing Adviser

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