Birmingham and Solihull Mental Health NHS Foundation Trust

POLICY NON – MEDICAL PRESCRIBING

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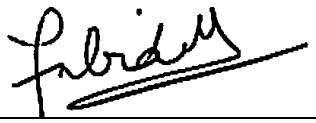
Version number and date	**5**	**November 2022**
Ratifying committee or executive director	**Clinical Governance Committee**	
Date ratified	**April 2023**	
Next anticipated review	**April 2026**	
Executive director	**Executive Director of Quality and Safety (Chief Nurse)**	
Policy lead	**Non-medical Prescribing Lead & Chief Pharmacist, Nigel Barnes**	
Policy author *(if different from above)*	**As Above**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

POLICY CONTEXT:

- The policy sets out the operational guidelines for registered non-medical independent and supplementary prescribing within Birmingham and Solihull Mental Health NHS Trust and is intended as a resource and reference document, primarily aimed at supporting non-medical prescribers in practice.

- All non-medical prescribers must have non-medical prescribing reflected in their job description and person specification.

POLICY REQUIREMENT (see section 2)

The policy defines

- The process of accessing training to become a non-medical prescriber
- Registration and annotation to the trust register following successful completion of the non-medical prescribing course
- The stepped approach from training to supplementary prescribing to independent prescribing
- Supervision arrangements

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1. INTRODUCTION

1.1 RATIONALE

1.1.1 The development of non-medical prescribing within the health service enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings involving:

- management of long term conditions
- medicines management / medication review
- emergency/urgent care/unscheduled care
- mental health services
- services for non-registered patients e.g. homeless
- palliative care

Currently registered nurses, pharmacists, optometrists, physiotherapists, chiropodists or podiatrists, radiographers, paramedics, dieticians and optometrists may undertake further professional training to qualify as non-medical prescribers.

Within BSMHFT, non-medical prescribing is embedded within may job roles, particularly nursing but also pharmacist roles, particularly within community settings but also some inpatient settings. Non-medical prescribers work closely with doctors to enable safe, effective but appropriate access to medicines for patients looked after by the teams within which they work.

This policy details the governance framework for non-medical prescribing and how appropriately qualified healthcare professionals can become a non-medical prescriber where a need has been identified.

1.2 SCOPE

1.2.1 Professionals/Clinicians who may access a recognized non-medical prescribing course include: registered nurses (RMN, RGN), pharmacists and Allied Health Professionals (AHPs) including physiotherapists, dieticians, radiographers, chiropodists/podiatrists, paramedics and optometrists.

1.2.2 Non-medical prescribers can prescribe in two ways:

I) As a Supplementary prescriber
II) As an Independent prescriber

Non-medical prescribers will prescribe in partnership with psychiatrists and other clinicians within their team.

1.3 PRINCIPLES

1.3.1 To enable non-medical prescribers to practice safely as independent and supplementary prescribers.

1.3.2 To provide advice on best practice for independent and supplementary prescribers and their independent prescriber partner (usually a doctor).

1.3.3 To develop non-medical prescribing within a clinical governance framework to encompass quality, education and training, records, patient and public involvement and clinical audit, in order to minimize risk and ensure that patients receive the best quality care.

1.3.4 To ensure that non-medical prescribers practice legally and safely within a supportive environment

2. POLICY

2.1 This policy sets out the operational guidelines for independent and supplementary non-medical prescribing within Birmingham and Solihull Mental Health NHS Trust by

- those clinicians who have successfully completed a recognized non-medical prescribing course
- are registered with their respective professional body
- have been annotated to the trust NMP register by the designated prescribing lead.

Non-Medical prescribing can only be undertaken by qualified clinicians who have successfully completed a recognized prescribing course, are registered as such with their professional body, and are subsequently annotated to the BSMHFT non-medical prescribing register by the designated prescribing lead.

Non-medical prescribers may only prescribe within their clinical area/sphere of practice, experience and competence which will normally be within the overall treatment plan for the patient group within the multi-disciplinary team. All prescribing should be consistent with national and local guidance.

3. THE PROCEDURE FOR APPLICATION FOR NON-MEDICAL PRESCRIBING

3.1 Training and Registration

All applicants for a non-medical prescribing course will be voluntary, have clear ideas of how they will use this qualification (e.g., including type of care setting and estimates of patient numbers), how it will fit into current scope of practice and personal/practice development plans. They must have the support of their manager, healthcare team (as appropriate), notify the Trust NMP lead and have an identified Practice Assessor who should be a senior doctor with an understanding of the level of commitment required.

3.2 Criteria for Nurses

A nurse supplementary or independent prescriber must be a first level Registered Nurse whose name is held on the NMC professional register, with an annotation signifying that the nurse has successfully completed an approved program of preparation for non-medical prescribing.

3.3 Criteria for Pharmacists

A Pharmacist independent Prescriber must be a registered pharmacist whose name is held on the membership register of the General Pharmaceutical Council, with an annotation signifying that the pharmacist has successfully completed an education and training programme accredited by the General Pharmaceutical Council and is qualified as an independent prescriber.

3.4 Criteria for Allied Health Professionals

An allied health professional i.e., physiotherapist or dietician must be registered with Health and Care Professional Council with annotation as a prescriber. It is also recommended that they have membership of the Chartered Society of Physiotherapy or British Dietetic Association, indicating that they are a prescriber as this will include professional liability insurance.

3.5 **Selection of Nurses, Pharmacists and AHPs for training**

All registered nurses, pharmacists and AHPs who are nominated to undertake the non-medical prescribing course will have completed the trust based 5-day medication management module or equivalent, which provides a foundation in side effect management, mental state assessment and adherence therapy techniques.

3.6 The selection of staff who will receive training in prescribing is a matter for the team manager, clinical nurse manager and/or professional lead and consultant psychiatrist to decide in the light of potential benefits for patients and the local NHS service. No eligible healthcare professional shall be required to undertake training unless he/she wishes to do so. All individuals selected for prescribing training must have the opportunity to prescribe on completion of training.

3.7 Nurse applicants who are selected for prescribing preparation will also need to meet the following:

- They should have the ability to study at Level 6 (degree level)
- Understand and articulate the skills and attributes required by a prescriber
- Have sufficient post-registration clinical nursing experience including in their current role and their role post-qualification will include a prescribing capacity.
- The support of their nurse manager/non-medical prescribing lead who must confirm that their post is one in which they will have the need and opportunity to act as a non-medical prescriber.
- They are working at a level of practice commensurate with a prescribing role. This will be particularly relevant to practitioners undertaking advanced or specialist practice roles.
- They will have access to continuing professional development (CPD) opportunities and clinical supervision relating to their prescribing role on completion of the course.
- They will have a valid enhanced DBS clearance.

3.8 Pharmacist applicants who are selected for prescribing preparation will also need to meet the following

- Significant and relevant experience of working in clinical psychiatric pharmacy.
- Attained a general clinical diploma or a minimum of the Certificate in Psychiatric Therapeutics or demonstrate an advanced level of expertise in their chosen area of prescribing
- Understand and articulate the skills and attributes required by a prescriber
- The support of the Chief Pharmacist and a service manager within the program(s) that they will be working within.
- Their post is one in which they will have the need and opportunity to act as a non-medical prescriber.
- They are working at a level of practice commensurate with a prescribing role. This will be particularly relevant to practitioners undertaking advanced or specialist practice roles.
- They will have access to continuing professional development (CPD) opportunities and clinical supervision relating to their prescribing role on completion of the course.
- They will have a valid enhanced DBS clearance.

3.9 Physiotherapist applicants who are selected for prescribing will also need to meet the following

- Attained a minimum of the BSc in Physiotherapy
- The support from Associate Director of AHPs and Head of Physiotherapy.
- Their post is one in which they will have the need and opportunity to act as a non-medical prescriber.
- They are working at a level of practice commensurate with a prescribing role.
- They will have access to continuing professional development (CPD) opportunities and clinical supervision relating to their prescribing role on completion of the course.
- They will have a valid enhanced DBS clearance

3.10 Dietician applicants who are selected for prescribing will also need to meet the following

- Attained a minimum of the BSc in Dietetics
- The support from Associate Director of AHPs and the professional lead for dietetics.
- Their post is one in which they will have the need and opportunity to act as a non-medical prescriber.
- They are working at a level of practice commensurate with a prescribing role.
- They will have access to continuing professional development (CPD) opportunities and clinical supervision relating to their prescribing role on completion of the course.
- They will have a valid enhanced DBS clearance

3.11 Where the registrant is not undertaking a module to prepare them in diagnosis and physical assessment alongside the supplementary prescribing program, then the line manager/professional lead is responsible for confirming that the applicant has been assessed as competent to take a history, undertake a clinical assessment, and diagnose, before being put forward.

3.12 It will be for the non-medical prescribing lead in conjunction with the supporting clinical nurse manager or chief pharmacist to determine whether selected nurses, pharmacists or AHPs are put forward for the program of training and preparation. Before commencing non-medical prescribing training, the candidate must have an agreement for non-medical prescribing to be adequately reflected in their Job Description and person specification. Appendix 4 outlines the additional clauses that should be included in job descriptions.

3.13 There are likely to be many practitioners within the Trust who meet these criteria. The key principles that should be used to prioritize potential applicants for non-medical prescribing are:

- it supports of the strategic direction for trust services.
- it is likely to maintain or improve patient safety.
- it maximizes benefit to patients and the NHS in terms of quicker and more efficient but safe access to medicines for patients.
- it makes better use of individual's professional skills.

3.14 Applicants must then:

- Successfully complete the specified training and preparation for non-medical prescribing, including all assessments and the period of learning in practice.
- Ensure that their non-medical prescribing competency is recorded on relevant professional register (e.g., Nursing and Midwifery Council, General Pharmaceutical Council or Health and Care Professions Council)
- For supplementary prescribing, agree with the independent prescriber(s) to enter a prescribing partnership with them and record that agreement in each patient's electronic care record.
- For supplementary prescribing, agree the clinical management plan (CMP – see Appendix 2 for further details) for each patient with the independent prescriber(s) and maintain an up-to-date copy in the patient's notes
- Make arrangement with BSMHFT Chief Pharmacist for access to FP10 prescription pads if appropriate
- Notify the non-medical prescribing lead at the BSMHFT with details of where they are going to work as an independent/supplementary prescriber. These details will be entered onto the BSMHFT's non-medical prescribing database.
- After progression to independent prescribing, agree to continue to work within a team approach regarding prescribing practice.

3.15 Supplementary prescribing will normally be the initial mode of practice for all non-medical prescribers within BSMHFT as part of a stepped approach, before moving on to full independent prescribing, where eligible to do so. Where individual prescribers can demonstrate competence to prescribe independently, they will be approved to prescribe independently. This may apply to, for example, experienced non-medical prescribers who join the Trust or specialist practitioners with highly specialised knowledge of medicines when they become qualified, registered prescribers.

The normal stepped approach will be:

i) Initial probationary period of supplementary prescribing followed by an assessment with the medical supervisor and non-medical prescribing lead
ii) Gradual augmenting of independent prescribing into practice during a further probationary period under medical supervision.
iii) Sign off by medical supervisor and non-medical prescribing lead when competency framework met.
iv) Non-medical prescriber then assumes full independent prescribing following sign off.

3.16 **Practice Assessors and Practice Supervisors**

Although non-medical prescribers can now act as prescribing assessors for students undertaking prescribing courses, all students must have a medical supervisor (The Medical Supervisor/Practice Assessor) whilst undertaking the prescribing course. This supports multidisciplinary learning, enables the student to appreciate and learn medical approaches to prescribing as well as that of other prescribing colleagues. Non-medical prescribers will usually also support trainee non-medical prescribers both during and after their training and offer in partnership with the medical supervisor.

The Medical Supervisor should have at least three years recent clinical experience for a group of patients in the relevant field of practice. They should have experience or training in teaching and/or supervising in practice. The medical supervisor will normally work with the trainee prescriber throughout their period of training and may continue as their medical supervisor as a practicing non-medical prescriber.

3.17 Curricula for preparing non-medical prescribers include at least 12 days of learning in practice. The period of learning in practice is directed by the DMP who is responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired the relevant competencies. The DMP may arrange for other medical staff in the team to assist, to support optimal learning in practice.

3.18 The medical supervisor has an important role in educating and assessing non-medical prescribers including

- Planning a learning program that provides the trainee with opportunities to meet their learning objectives and meet their training objectives
- Facilitating learning by encouraging critical thinking
- Providing dedicated time for the trainee to observe how the DMP conducts consultations, interviews patients and develops management plans
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options which can then be discussed with the DMP
- Helping to ensure that trainees integrate theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management
- Assessing and verifying that by the end of the course, the trainee is competent to assume a prescribing role

3.19 The medical supervisor should discuss and agree their role with their clinical director so that the DMP role can be included in their job plan.

3.20 Where medical staff have non-medical prescribers working alongside them, they should provide appropriate supervision to such prescribers. This should be given adequate time, normally monthly, which should also be reflected in their job plan and agreed with their clinical director.

3.21 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

3.22 All non-medical prescribers have a professional responsibility to keep themselves abreast of clinical and professional developments. Independent and supplementary prescribers will be expected to keep up to date with best practice in the management of conditions for which they may prescribe, and in the use of the relevant medicines, dressings and appliances.

3.23 Nurses should use the learning from this activity as part of their Post Registration Education and Practice (PREP-CPD) activity. Pharmacists should use these as entries in the CPD portfolio record as required by the General Pharmaceutical Council. Physiotherapists and dieticians should use their learning within their CPD activity and portfolio advised by HCPC.

3.24 BSMHFT will ensure that the non-medical prescriber has access to relevant education and training provision, including a non-medical prescribing supervision group hosted by the Trust non-medical prescribing leads. All non-medical prescribers must attend a minimum of four sessions of this group (or equivalent) each year (see section 9.2).

3.25 Non-medical prescribers must be able to demonstrate they are complying with the Royal Pharmaceutical Society competency framework for prescribers.

3.26 Non-medical prescribers must demonstrate they work within the BSMHFT policy on working with commercial companies including the pharmaceutical industry.

3.27 Non-medical prescribers should demonstrate that their ongoing clinical supervision arrangements or equivalent provide adequate opportunities for reflection on prescribing, as well as other aspects of practice.

3.28 Non-medical prescribers should be able to demonstrate that they are prescribing within the Medicines Code, NICE guidance, BSMHFT prescribing guidance and other applicable Trust guidance or policies.

3.31 SUPERVISION

3.32 Non-medical prescribing needs to take place within a framework of clinical governance. Clinical supervision sessions for prescribers provide an excellent opportunity for reflection on prescribing, as well as other aspects of practice. The model of clinical supervision should be agreed, taking account of other staff support mechanisms and resources. It should be monitored and evaluated regularly.

3.33 Qualified non-medical prescribers should attend a minimum of four meetings of designated Trust non-medical prescribing supervision sessions. Failure to attend a minimum of four sessions will be raised with the relevant manager and medical supervisor. Together with the Trust non-medical prescribing leads, the activity and supervision arrangements will be reviewed to ensure there is adequate supervision and CPD on prescribing. Where there are significant concerns, suspension of prescribing activity may occur until such concerns are resolved.

3.34 In addition to attendance at the trust non-medical prescribing supervision group, non-medical prescribers should meet regularly with senior medical staff to discuss prescribing issues including patient specific issues as well as to periodically evaluate the safety, effectiveness,

appropriateness and acceptability of their prescribing. This may be as part of normal clinical supervision arrangements where appropriate or specific prescribing supervision arrangements.

3.35 CLINICAL EFFECTIVENESS

3.36 The Clinical Management Plan (CMP) reflecting current evidence-based medicine (including NICE guidance) helps to ensure clinical effectiveness for supplementary prescribing.

3.37 Templates for Clinical Management Plans will be developed between supplementary prescribers/independent prescriber. The BSMHFT Non-Medical Prescribing Lead can advise on these where necessary. It is good practice for any general CMP templates intended to be used by supplementary prescribers to be shared with the Non-Medical Prescribing Supervision Group, prior to use. A Clinical Management Plan template is included in Appendix 3. There is also a template on RiO within the Pharmacy menu.

3.38 CMPs should be consistent with any Trust prescribing guidelines and the Trust Medicines Code.

3.39 CLINICAL AUDIT

3.40 Non-medical prescribers will participate in clinical audit and consider the BSMHFT's Clinical Audit Programme. There should be audit of any clinical management plans to ensure that prescriptions conform with the CMP. Non-medical prescribers should undertake at least one additional clinical audit associated with their prescribing practice at least every two years.

3.41 LEGAL AND CLINICAL LIABILITY AND PROFESSIONAL INDEMNITY

3.42 Where a non-medical prescriber is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. In addition, all non-medical prescribers are individually and professionally accountable to the NMC/GPhC/HCPC for this aspect of their practice, as for any other, and must act at all times in accordance with their respective Code of Professional Conduct/ Code of Ethics and Standards/Standards of Conduct Performance and Ethics.

3.43 All non-medical prescribers should ensure that their current job description and person specification adequately covers their prescribing role. See Appendix 4 for further details.

3.44 All non-medical prescribers should ensure that they have additional professional indemnity insurance, for instance by means of membership of professional organisation or trade union.

3.45 PRESCRIPTION PADS

3.46 On qualifying as a prescriber, a new non-medical prescriber must notify details of their registration to the Trust non-medical prescribing lead and chief pharmacist.

3.47 The prescription forms should be stored and used according to the BSMHFT's procedure for controlled stationary. Prescribers should obtain a new prescription pad(s) from Central Pharmacy when they feel the prescriptions are down to a level where they are likely to run out within two weeks. Further details on prescription security can be found in the Medicines Code.

3.48 TERMINATION OF NON-MEDICAL PRESCRIBING DUTIES

3.49 The BSMHFT NMP lead and Trust Pharmacy Dept must be informed if a health professional stops prescribing.

3.50 Prescribers who no longer carry out prescribing duties must return any named prescription pads to the BSMHFT pharmacy department who will destroy them and complete the relevant documentation

3.51 If a non-medical prescriber is no longer carrying out prescribing duties, e.g., has left Trust employment, been suspended, or had their approval as a prescriber withdrawn for some reason, it is the responsibility of the BSMHFT Pharmacy Dept. to ensure that no further prescription pads are ordered for the prescriber.

4. RESPONSIBILITIES

This chart summarizes the responsibilities of staff:

Post(s)	Responsibilities
All non-medical prescribers	• prescribe within the scope of their professional competence, non-medical prescribing legislations, professional codes of conduct etc. • prescribe in line with the trust & APC formularies, trust prescribing guidelines, NICE guidance • comply with the requirements for clinical supervision, continuing professional development • report adverse drug reactions in line with the Medicines Code and MHRA guidance • store any prescription pads securely
Service, clinical and corporate directors	• identify staff whose role is commensurate with prescribing status and where the service provided will benefit from prescribing status • ensure that all non-medical prescribers have an updated job description that includes non-medical prescribing
NMP Lead(s)	• Keep policy up to date • Ensures the principles underlying the policy are kept up to date and are recognized on good practice, national and local policies • Ensure all staff put forward for prescribing training meet the minimum requirements for prescribing courses and will have the ability to prescribe on completion of training • keep an up-to-date register of non-medical prescribers for the trust • advise the trust on non-medical prescribing issues • monitor implementation of the policy
Executive Director	• To support the implementation and recognition of Trust-wide non-medical prescribing policy to standardize trust-wide practice regarding non-medical prescribing, ensuring compliance with legal and professional requirements.

5. DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary	
Date policy issued for consultation	November 2022

Number of versions produced for consultation		One
Committees or meetings where this policy was formally discussed		
Pharmacological Therapies Committee		November 2022
Non-Medical Supervision Group		November 2021, March 2022, and November 2022
Where else presented	**Summary of feedback**	**Actions / Response**
Consultation response	Suggestions for improvement	Most accepted and policy updated

6. REFERENCES

DoH (2005) Improving mental health services by extending the role of nurses in prescribing and supplying medication. Good Practice Guide. Produced jointly by National Prescribing Centre, The National Instituted for Mental Health in England and DoH.

https://webarchive.nationalarchives.gov.uk/20130105033522/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf

DoH (2006) A guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England

https://webarchive.nationalarchives.gov.uk/20130105033522/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf

Specialist Pharmacy Services (2018) Medicines Matter. A guide to mechanisms for the prescribing, supply and administration of medicines.

https://www.sps.nhs.uk/wp-content/uploads/2018/10/Medicines-Matters-september-2018-1.pdf

National Prescribing Centre (2012) A single competency framework for all prescribers, http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework.pdf

Royal Pharmaceutical Society (2016): A competency Framework for all Prescribers

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf

Home Office (2012) Circular: nurse and provisions pharmacist independent prescribing for Schedule 4 Part II drugs

https://www.gov.uk/government/publications/nurse-and-pharmacist-independent-prescribing-mixing-of-medicines-possession-authorities-under-patient-group-directions-and-personal-exemption-provisions-for-schedule-4-part-ii-drugs/circular-0092012-nurse-and-provisions-pharmacist-independent-prescribing-for-schedule-4-part-ii-drugs

NMC (2015) The Code: Standards of Professional Conduct and Behavior for Nurses, Midwives and Nursing Associates. *Updated October 2018 to reflect the regulation of nursing associates*

https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

NMC (2010) Nurse and Midwife prescribing of unlicensed medicines

https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2010circulars/nmccircular04_2010.pdf

GPhC (2017) Standards for Pharmacy Professionals

https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf

7. BIBLIOGRAPHY

None

8. Glossary

8.1 WHAT IS NON-MEDICAL SUPPLEMENTARY PRESCRIBING?

8.1.1 Definition:
"A voluntary partnership between an independent prescriber (IP) and a supplementary prescriber (SP) to implement an agreed patient-specific clinical management plan with the patient's agreement"

8.1.2 Note there are three partners to this agreement. If one of the three does not agree with the terms of the Clinical Management Plan (CMP) at the outset, then supplementary prescribing does not take place. Further details on CMPs can be found in Appendix 3.

8.1.3 The independent prescriber (doctor) determines with the supplementary prescriber (SP) which patients may benefit from supplementary prescribing, and which medicines may be prescribed by the SP. The independent prescriber should take account of the professional relationship between themselves and the SP, including experience, therapeutic area, and degree of expertise of the SP.

8.1.4 On-going review and adverse event reporting should be agreed in advance, and set Out as part of the Clinical Management Plan.

8.1.5 Once agreement has been reached, the supplementary prescriber then has responsibility for the prescription of medicines and monitoring of the clinical condition of the patient, as stipulated in the *CMP.*

8.1.6 Patient safety is paramount. To this end, good communication between all prescribers and access to a common patient medical record (i.e., the electronic Care Record) is mandatory.

8.1.7 The partnership is voluntary, and any of the three parties can withdraw at any time.

Further details on the responsibilities associated with supplementary prescribing can be found in Appendices 1 and 3.

8.2 WHAT IS NON-MEDICAL INDEPENDENT PRESCRIBING?

8.2.1 It is presumed that the registered non-medical prescriber would have successfully

completed the probationary period of supplementary prescribing or have been signed off as a competent independent prescriber by an independent prescriber and non-medical prescribing lead before undertaking full independent prescribing.

8.2.2 In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for ongoing monitoring. The independent prescriber is responsible and accountable for at least this element of a patient's care. Normally prescribing would be carried out in the context of practice within a multidisciplinary healthcare team, either in a hospital or in a community setting, and within a single, accessible healthcare record.

9. AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared
Non-medical prescribers have regular supervision	Non-medical prescribing leads	Questionnaire plus attendance at NMP Supervision Group	Annual	Annual		Via NMP supervision group and Pharmacological Therapies Committee
Non-medical prescribers are registered with their professional body	Non-medical prescribing leads	Professional body websites	Annual	Annual		N/A
Non-medical prescribers prescribe within their competence	Non-medical prescribing leads	Questionnaire/prescribing data/Pharmacy	Annual	Annual		Pharmacological Therapies Committee

10. Appendices

APPENDIX 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Policy	**Non-Medical Prescribing Policy**		
Person Completing this policy	Nigel Barnes	**Role or title**	Chief Pharmacist
Division	Corporate	**Service Area**	Medical
Date Started	18th November 2022	**Date completed**	18th November 2022
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
The policy sets out the operational guidelines for registered non-medical independent and supplementary prescribing within Birmingham and Solihull Mental Health NHS Trust			
Who will benefit from the policy?			
Patients, non-medical prescribers, and the wards/teams they work with			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
Yes, as this policy enables specific healthcare professionals to be trained to prescribe medic9iens for service users.			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
This policy affects how medicines may be provided to patients			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			

Yes – but already planned for				
Does the policy relate to an area where there are known inequalities? (e.g., seclusion, accessibility, recruitment & progression)				
None known				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this policy promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*			*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	X			It is anticipated that age will have no impact in terms of discrimination as within this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner regardless of their age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	X			It is anticipated that disability will have no impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of their disability.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				

Gender	X			It is anticipated that gender will have no impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of their gender identity.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	X			It is anticipated that marriage or civil partnership will have no have an impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership. This is dependent on staff feeling comfortable about being open about their Marriage or Civil Partnership
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			It is anticipated that pregnancy and maternity will not have a negative impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of this. However, the Trust will provide necessary support and reasonable adjustment for an employee who is pregnant or on maternity, paternity or adoption leave and this may be pausing the procedure for a temporary time. This is dependent on staff feeling comfortable about being open about their or their partners pregnancy, including miscarriage. The trust has a perinatal service that can support

				women who are planning to become pregnant, undergoing pregnancy or are breastfeeding.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity	X			It is anticipated that Race or Ethnicity will have no impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their heritage or refugee status
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			It is anticipated that religion or belief will have no impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their religion or belief.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			It is anticipated that sexual orientation will have no impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of this
Including gay men, lesbians and bisexual people				

Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			It is anticipated that Transgender or Gender Reassignment will have impact in terms of discrimination as this policy ensures that all non-medical prescribers and service users should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their being Transgender or undergoing Gender Reassignment There is also a Trans and Non Binary Policy to support this
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	X			This policy is not expected to adversely affect anyone's human rights. This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed. This is keeping in line with our Trust values, the NHS People's Plan commitment to equality, diversity and inclusion and reflects the provisions of the Equality Act 2010.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No X**		
	High Impact	**Medium Impact**	**Low Impact**	**No Impact**

What do you consider the level of negative impact to be?				X
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
N/A				
How will any impact or planned actions be monitored and reviewed?				
N/A				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
All appropriate healthcare professionals can become non-medical prescribers if their role is commensurate with a prescribing role and they are prepared to undergo the training and assessment, regardless of background				
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis				

APPENDIX 2

Professional responsibilities and supplementary prescribing

The independent prescriber is responsible for:

The initial clinical assessment of those patients considered being suitable for entering into a supplementary prescribing agreement and the formulation of the diagnosis.

Reaching an agreement with the supplementary prescriber about the limits of their responsibility for prescribing and review – which should be set out in the clinical management plan (CMP).

Providing advice and support to the supplementary prescriber as requested

Carrying out a review of patient's progress at appropriate intervals, depending on the nature and stability of a patient's condition.

Sharing the patient's medical record with the supplementary prescriber. If the patient does not agree that their full medical record should be made available to the SP, then this individual should not be considered suitable candidate for a supplementary prescribing arrangement.

Reporting adverse incidents within the Trust incident reporting procedures (This is separate from Adverse Reaction Reporting, which should also be undertaken – see later).

The supplementary prescriber is responsible for:

- Prescribing for the patient in strict accordance with limits set out in the CMP and altering the medicines prescribed, exactly as agreed in the CMP
- Monitoring and assessing the patient's progress, if the CMP indicates that this is clinically appropriate to the patient's condition and the medicines prescribed.
- This may include blood pressure monitoring, biochemical monitoring, and physical health monitoring etc.
- Working at all times within their clinical competence and their professional Code of Conduct, and consulting the independent prescriber as agreed on the CMP.
- Accepting professional accountability and clinical responsibility for their prescribing practice
- Passing prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval, or if they feel that, the patient's condition no longer falls within their competence.
- Recording prescribing and monitoring activity contemporaneously in the shared patient record or as soon as possible - ideally within 24 to 48 hours.

In the case of supplementary prescribers, it is essential that they are always clear which prescribing regime they are operating under.

APPENDIX 3

The Clinical Management Plan (CMP)

The Clinical Management Plan is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, it is *obligatory* for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record. Regulations specify that the CMP must include the following:

- The name of the patient to whom the plan relates
- The illness or conditions which may be treated by the supplementary prescriber
- The date on which the plan is to take effect, and when it is to be reviewed by the doctor who is party to the plan
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.
- Relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances.
- Suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan, and
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.
- The CMP should be kept as simple as possible. It may refer to national or local evidence-based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage; frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor need the CMP repeat detailed patient information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.
- Following diagnosis by the independent prescriber, the independent and supplementary prescriber will probably need to discuss the CMP before the document itself is prepared. Either the independent or supplementary prescriber may draft the CMP; however, both must formally agree to the CMP and sign it before supplementary prescribing can begin.
- The independent prescriber and supplementary prescriber must share access to, consult and use the same common patient record. Shared electronic records are ideal, but existing paper records or patient-held records can also be used. The CMP may need to contain different levels of detail, if the independent and supplementary

prescriber work in different locations (e.g., a hospital-based independent prescriber and an outreach supplementary prescriber in the patient's home).

- BSMHFT will continue to adopt the Clinical Management Plan (Appendix 2) for use within the Trust.

- It is for the independent prescriber to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP. The independent prescriber will clearly need to take account of the experience and areas of expertise of the supplementary prescriber, and the professional relationship between the independent and supplementary prescriber(s), when coming to this decision.

The CMP comes to an end: -

- At any time at the discretion of the independent prescriber.

- At the request of the supplementary prescriber or the patient.

- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time).

- Where the independent prescriber is replaced for whatever reason. In these circumstances, the CMP must be reviewed by their successor.

CLINICAL MANAGEMENT PLAN

Name of Patient:	**Patient medication sensitivities/allergies:**
Patient identification e.g., ID number, date of birth:	
Current medication:	**Medical history:**
Independent Prescriber(s): **Contact details: [tel/email/address]**	**Supplementary prescriber(s):** **Contact details: [tel/email/address]**
Condition(s) to be treated:	**Aim of treatment:**

Medicines that may be prescribed by SP:

Preparation	Indication	Dose schedule	Specific indications for referral back to the IP

Guidelines or protocols supporting Clinical Management Plan:
Frequency of review and monitoring by:

Supplementary prescriber	Supplementary prescriber and independent prescriber

Process for reporting ADRs:
Shared record to be used by IP and SP:

Agreed by independent prescriber(s):	Date	Agreed by supplementary prescriber(s):	Date	Date agreed with patient/carer

Appendix 4

Non-medical Prescriber Job Descriptions

Job descriptions for non-medical prescribers should include the following additional clauses. Professional leads may amend if appropriate according to the role that an individual carries out.

To include in job purpose

To actively practice as a non-medical prescriber with a specified caseload of service-users within respective service and within a clinical setting.

To include in job summary

- Will be responsible for actively prescribing within a defined area and for a defined group of Service-users***.***

To include in job role

SPECIALIST PRACTITIONER ROLE ~ NON-MEDICAL PRESCRIBING

- Responsible for undertaking and fulfilling this complex and specialist role to benefit service user access to treatment.
- To work alongside and in partnership with medical colleagues in delivering treatment in the most timely and efficient manner.
- To actively prescribe for service-users once annotated to NMC register and trust register.
- To actively manage a defined caseload within a specified service where non-medical prescribing will enhance service delivery.
- To educate and update other clinicians regarding evidence base and most efficient and effective use of medicines in line with national guidance.
- To actively utilise clinical skills attained through trust-based medication management course to conduct comprehensive service user treatment reviews, which involves a range of assessments and tailored interventions, which enable service users to maintain their concordance with prescribed medicines.
- To take a lead in rolling out nurse prescribing within their respective service, which includes dedicated time to promote benefits of clinical skill and educate other clinicians.
- To actively access CPD opportunities regarding non-medical prescribing via trust-based supervision group and other appropriate workshops agreed through line manager to maintain competency.
- To participate in research and audit programmes both locally and nationally which pertains to evaluation of non-medical prescribing and the potential benefits to service users.

To include in job specification

Training and Qualifications

- Registered non-medical prescriber

Knowledge and Experience (for higher banded posts)

- Minimum of 1 year post non-medical prescribing course registration actively demonstrating successful prescribing skills
- Demonstrate understanding and has evidence of regular attendance at workshops, learning sets, monthly supervision regarding the prescribing role