



**SNM 3223 / 624 Nurse / Midwifery Independent / Supplementary
Prescribing Course
Information Pack
(Based on guidelines published by Yorkshire and Humberside Strategic
Health Authority (2007))**

Included in this pack is information on:

- Background, key principles and history of non-medical prescribing
- Definitions
- When to choose independent or supplementary prescribing
- Preparation and training
- Eligibility criteria for training
- Supervision of learning in practice
- Identifying potential candidates for training
- Selection criteria for training
- Application for funding of training

BACKGROUND

Non-medical prescribing is the term used to describe any prescribing done by a healthcare professional other than a doctor or dentist. It can also be termed 'non-doctor' prescribing.

Extending prescribing responsibilities to health care professionals other than doctors and dentists is already playing a key role in achieving the aims of the NHS plan by:

- Increasing their contribution to meeting the needs of local health economies
- Enabling teams of health care professionals to deliver more flexible services and complete episodes of care for hard to reach and vulnerable groups

The introduction of non-medical prescribing is an integral part of the larger agenda to modernise the NHS. The government clearly views the extension of prescribing responsibilities as fundamental to this process. This was confirmed within several Department of Health (DH) documents as expansion of non-medical prescribing began:

• **Making a difference: strengthening the nursing, midwifery and health visitor contribution to health and healthcare (January 1999)**, which re-affirmed the Government's intention to:

'... extend the role of nurses, midwives and health visitors to make better use of their knowledge and skills – including making it easier for them to prescribe'

• **The report of the Review of prescribing, supply and administration of medicines (March 1999)**, which recommended that:

- o Prescribing responsibilities can be extended to include professional groups other than doctors, dentists, district nurses and health visitors
- o Following diagnosis, responsibility for the clinical management of some patients, including prescribing, could be passed to another health professional, now referred to as the supplementary prescriber

• **The NHS plan: a plan for investment, a plan for reform (July 2000)**, which emphasized:

- o That services should be organised and delivered around the needs of patients
- o The importance of breaking down traditional demarcations between clinical roles
- o The need for clinical professionals to work more flexibly for the benefit of patients

• **Pharmacy in the future – implementing the NHS plan (September 2000)**, which set out:

- o The vital role of pharmacy in delivering the NHS plan
- o The vision for pharmacy
- o An outline programme for the development of pharmacy services in the UK

KEY PRINCIPLES

The key principles of the extension of prescribing responsibilities are:

- Patient safety is paramount
- Patients should benefit from faster access to care, making it easier to get the medicines they need. They should also benefit from having their care actively managed by 'experts' in their condition. This should result in patients receiving more detailed advice on their treatment and achieving a high level of concordance

- The organisation / service should benefit by making better use of available resources. Maximising the potential use of existing skills that a range of health care professionals possess will increase their contribution to the work of the whole health care team. This means that doctors should have more time to concentrate on those patients who need the level of care that only a doctor can provide

HISTORY OF NON-MEDICAL PRESCRIBING

The introduction of community practitioner nurse prescribers

The Cumberledge report (1986) was the first document to advocate nurse prescribing. This was followed by the Crown report (1992), which recommended that District Nurses and Health Visitors should be allowed to prescribe from a limited formulary. These were the first prescribers, and prescribed from the 'Nurse Prescribers' Formulary for District Nurses and Health Visitors'. This is now called the 'Nurse Prescribers' Formulary for Community Practitioners' and enables Community Practitioner Nurse Prescribers, including District Nurses and Health Visitors, to prescribe from a formulary of appliances, dressings and a limited number of medicines relevant to community nursing and specialist community public health nursing practice.

The introduction of extended formulary nurse prescribers

In May 2001, the Government announced that 'independent' prescribing responsibilities would be extended to enable more groups of nurses to prescribe a wider range of medicines. The Nurse Prescribers' Extended Formulary (NPEF) allowed treatment of a defined list of conditions from a defined formulary of drugs. Training of Extended Formulary Nurse Prescribers (EFNPs) began in early 2002.

Work to expand the NPEF took place from 2003 to 2005. By May 2005 the NPEF included around 240 Prescription Only Medicines (POMs), together with all Pharmacy and General Sales List medicines prescribable by GPs for defined medical conditions. The NPEF was discontinued from 30 April 2006. Nurses previously trained as EFNPs were now called Nurse Independent Prescribers and subsequently able to prescribe from the British National Formulary any licensed medicine for any medical condition within their competence.

The introduction of nurse and pharmacist independent prescribers

Consultation on the options for future independent prescribing by nurses took place in early 2005. At the same time a similar consultation examined options for the introduction of independent prescribing by pharmacists. This led to recommendations in November 2005 and the subsequent introduction of nurse independent prescribers and pharmacist independent prescribers from May 2006. This enabled suitably trained and qualified nurses and pharmacists to prescribe any licensed medicine for any medical condition within their competence. In addition nurses were able to prescribe a limited range of Controlled Drugs for specific medical conditions.

The introduction of supplementary prescribing for nurses, pharmacists, allied health professionals and optometrists

The decision to grant nurses and pharmacists supplementary prescribing responsibilities was announced in November 2002. This meant that pharmacists would be able to prescribe for the first time and nurses would be able to prescribe within a clinical management plan for long-term conditions.

In Summer 2004, the Medicines and Healthcare products Regulatory Agency (MHRA) and DH conducted a formal consultation on proposals for supplementary prescribing by chiropodists / podiatrists, physiotherapists, radiographers and optometrists. Changes to regulations to enable supplementary prescribing by these groups were announced in Spring 2005.

Nurses, pharmacists, physiotherapists, radiographers, chiropodists / podiatrists and optometrists can now all act as supplementary prescribers in partnership with a doctor (or dentist) to prescribe both licensed and unlicensed medicines. For nurses and pharmacists this also includes controlled drugs agreed with the doctor and detailed within the Clinical Management Plan. From July 2006, the inclusion of controlled drugs within the Clinical Management Plan with the doctor's agreement where a patient need was identified, was expanded to AHPs (listed above) and optometrists.

The introduction of optometrist independent prescribers

The outcome of the consultation proposing optometrists should be able to act as Independent Prescribers granted them independent prescribing rights in August 2007. Legislative changes are expected in Spring 2008 after which training can begin.

DEFINITIONS

Independent prescribing

Prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is 'appropriate practitioner'.

Nurse Independent Prescribers

Previously called Extended Formulary Nurse Prescribers.

Nurses and midwives who are on the relevant parts of the Nursing and Midwifery Council (NMC) register may train as Nurse Independent Prescribers to prescribe any licensed medicine for any medical condition, including some Controlled Drugs. Nurse Independent Prescribers must only ever prescribe within their own level of experience and competence.

Pharmacist Independent Prescribers

Registered pharmacists who are named on the membership register of the Royal Pharmaceutical Society of Great Britain (RPSGB) may train as pharmacist independent prescribers to prescribe any licensed medicine for any medical condition, excluding all Controlled Drugs at present. Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence.

Community Practitioner Nurse Prescribers

Previously known as District Nurse / Health Visitor prescribers.

Following training, eligible nurses can prescribe from the Nurse Prescribers' Formulary for Community Practitioners (formerly known as the Nurse Prescribers' Formulary for District Nurses and Health Visitors). Details of this formulary, which consists of appliances, dressings and some medicines are found in the BNF and Part XVIIIB(I) of the Drug Tariff.

Supplementary prescribing

Supplementary prescribing is defined as a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific clinical management plan (CMP) with the patient's agreement.

Clinical management plan (CMP)

The CMP 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 can include Controlled Drugs and unlicensed medicines for any medical condition, provided these are prescribed within the terms of the CMP.

WHEN TO CHOOSE INDEPENDENT OR SUPPLEMENTARY PRESCRIBING

Decisions to adopt one process or a mix of these arrangements will be influenced by different clinical situations, and different staff groups.

For guidance:

Nurse independent prescribing is appropriate in the following circumstances:

Conditions commonly presenting are those within the nurses and pharmacists level of experience and prescribing competency and

- The nurse works remotely from a doctor, seeing patients independently
- The nurse is competent to assess, diagnose and make treatment decisions for the patient

- The nurse is competent to treat independently

It is not suitable for prescribing of complex medical conditions or for patients with several comorbidities.

Supplementary prescribing is most useful in the following circumstances:

- Patients with long-term conditions, who can be managed by a supplementary prescriber between reviews by the doctor
- The supplementary prescriber is competent to manage the patient's condition
- There is a close working partnership between the independent prescriber (doctor) and the supplementary prescriber, and the supplementary prescriber has access to the same common patient record

It can also be helpful

- Where a non-medical prescriber lacks confidence when a CMP can assist to instil this
- For new prescribers to develop expertise and confidence
- For long-term conditions including mental health problems
- Where a team approach to prescribing is appropriate and a CMP can provide a clear

framework for prescribing by all those involved

Supplementary prescribing is not suited to emergency, urgent or acute prescribing situations because an agreed CMP is required before prescribing can begin.

Supplementary prescribing may well be the most appropriate mechanism for prescribing where a nurse is newly qualified as a prescriber or where a team approach to prescribing is clearly appropriate or where a patient's CMP includes certain controlled drugs.

PREPARATION AND TRAINING

Preparation for nurses as independent and supplementary prescribers

At least 26 taught days of which a substantial proportion will be face-to-face contact, for distance learning a minimum of 8 days face-to-face plus 10 days protected learning time.

An additional 12 days learning in practice.

An element of self directed study.

ELIGIBILITY CRITERIA FOR TRAINING

Eligibility criteria for training as a nurse independent and supplementary prescriber

Nurses must:

- Be a 1st level registered nurse or registered midwife
- Have valid registration on the Nursing and Midwifery Council's (NMC) professional register
- Be capable of study at Level 3 (1st degree level)
- Have at least 3 years' post-registration clinical nursing experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe
- Have a medical prescriber willing and able to contribute to and supervise the 12 days learning in practice element of training. The medical prescriber will also be required to participate in the assessment process
- Have the agreement of his / her employing organisation to allow attendance and completion of all elements of the prescribing course, the necessary period of supervised prescribing following qualification as a prescriber, and continuing professional development
- Have commitment from their employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice, upon successful completion of the course
- Occupy a post in the employment of an NHS organisation or GP practice in which they will need to prescribe

SUPERVISION OF LEARNING IN PRACTICE

The period of learning in practice is directed by a designated medical practitioner who is responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. Criteria for becoming a designated medical practitioner (DMP) are:

The DMP must be a registered medical practitioner who:

- Has normally had at least three years recent clinical experience for a group of

patients / clients in the relevant field of practice

- Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate or is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer
- Has the support of the employing organisation or GP practice to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice
- Has some experience or training in teaching and / or supervising in practice
- Normally works with the trainee prescriber. If this not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role

What is the DMP expected to do?

The DMP has a crucial role in educating and assessing non-medical prescribers.

This involves:

- Establishing a learning contract with the trainee
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation / interview with patients and / or carers and the development of a management plan
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Helping ensure that the trainees integrate theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further
- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role.

‘Training non-medical prescribers in practice – A guide to help doctors prepare for and carry out the role of designated medical practitioner’ is available on the National Prescribing Centre website at www.npc.co.uk

PRACTICE LEARNING ENVIRONMENT

Prior to the commencement of the course the programme leader or one of the programme team will visit your place of work to undertake an audit to determine the suitability of the learning environment and to prepare the DMP for the supervision process. An audit is not required if the DMP has supported a student within the previous 2 years. Commencement on the programme is dependent on a successful audit.

IDENTIFYING POTENTIAL CANDIDATES FOR TRAINING

When identifying potential candidates for training, NHS and GP employers need to ensure that:

- Nominees meet the eligibility criteria for entry onto the preparation programme
- The individuals are willing and able to undertake the course. No-one should be nominated to train as a prescriber if they do not wish to prescribe or will not have the opportunity to prescribe once qualified
- Their subsequent prescribing practice will provide maximum benefit to patients
- Best value is gained from training resources. This means that new prescribers should have the opportunity to prescribe often enough to maintain competence and confidence in prescribing, thus protecting patient safety and maximising the number of patients who may benefit from their prescribing expertise.

The following checklist is provided for the use of individuals, managers and non-medical prescribing leads within organisations to assist the selection of suitable individuals for training.

SELECTION CRITERIA FOR NON-MEDICAL PRESCRIBING TRAINING
CHECKLIST TEMPLATE FOR ORGANISATION GUIDANCE

Meeting Service or Patient Need

- A service or patient need has been identified which will benefit from non-medical prescribing
- The service or patient need requires non-medical prescribing rather than PGD use for supply and/or administration
- What benefits to patient care and the organisation are anticipated from utilising non-medical prescribing?
- Is it a new service or an extension of service provision within the current role?
- Which group(s) of patients will the service be provided for or what speciality?
- What setting? (E.g. outpatients, GP practice)
- What disease state(s)?
- Number of prescription items each year estimated

Applicant Suitability

- Is this profession eligible for training as a supplementary and/or independent prescriber?
- Is this individual registered with the professional body?
- Has a non-medical prescribing course been started previously and not completed?
- If so when? Check training eligibility with non-medical prescribing lead.....
- The individual has the appropriate post-registration experience in the relevant speciality
- The individual has sufficient therapeutic knowledge and skills in their chosen area to enable them to prescribe safely (*note NMC standards for prescribing in children and young people*)
- The individual has demonstrated an ability to diagnose in their area of speciality
- The individual is able to study at the required level to fulfil course requirements
- The individual is able to demonstrate the required level of numeracy to fulfil course requirements

Organisation Support-Pre Course

- The individual is in a role which will enable them to commit to a long-term prescribing role
- A prescribing budget is agreed and available to initiate a prescribing role on qualification
- Any cross boundary prescribing and budget issues resolved
- Service continuity issues utilising non-medical prescribers addressed
- Support of line manager agreed
- Relevant clinical lead(s) have agreed to support non-medical prescribing in the defined area(s)
- Support of the organisation non-medical prescribing lead has been agreed
- Support of a doctor to act as a designated medical practitioner agreed
- Doctor meets criteria to act as Designated Medical Practitioner (*note NMC stds for c&yp*)
- Arrangements have been made for release of the individual for training and these are agreed with the employing organisation
- The individual is able to attend the chosen course
- Funding for backfill and travel can be identified within the organisation, if necessary
- The individual has agreed to undertake training and can attend all the university study days
- University and SHA funding application forms (where relevant) have been fully completed
- A Criminal Records Bureau check has been completed as required
- Individual can access support from experienced non-medical prescribers as required

Organisation Support-Post Course

- Individual can access peer support as required
- The organisation can assist the individual to maintain their CPD
- Mechanisms to monitor the benefits to patient care that the organisation anticipates from utilising non-medical prescribing are in place
- Audit and evaluation processes for non-medical prescribing are in place
- Prescribing practice can be built into the individual's appraisal and PDP
- Job descriptions and contracts can be updated
- Mechanisms to assess continued competence are in place (*note NMC stds for c&yp*)

APPLICATION FOR FUNDING OF TRAINING

Prescribing courses for NHS staff are currently centrally funded through the Strategic Health Authorities (SHA).

Each applicant working within NHS Yorkshire and the Humber who is entitled to a funded place will need to complete application form.

To ensure that funding is available and that you are eligible please contact your manager and/or organisation non-medical prescribing lead. They will be able to give you details of the process used locally to submit an application.

Prior to submission the non-medical prescribing lead in your organisation will consider your application and once agreed, sign the application form, to ensure your place can be funded. Otherwise, funding remains your responsibility and that of your employing organisation.

The university will notify applicants of their decision and whether a course place has been allocated. University places cannot be accepted without funding and the SHA will be working closely with the course providers to ensure funding is assigned appropriately.

Before completing application forms you must ensure that:

- There is a defined patient or service need which requires you to prescribe
- Your employer / organisation supports you to obtain the qualification
- You are able to use the qualification when you achieve it
- You have a medical mentor to support your training
- A prescribing budget has been identified for you to use
- You can get the time out to attend the course

Further details can be found within the Selection Criteria Checklist on the previous page.

If you require further information please contact **Derek Darling: tele 0114 2222041; email: d.darling@sheffield.ac.uk**