Guide to Non-Medical Prescribing

March 2015

Access the current application form at
http://www.hecooperative.co.uk

A discussion with the non-medical prescribing lead must precede all applications for non-medical prescribing

Adapted from the Cumbria and Lancashire SHA Guide to Non-medical Prescribing December 2004 written by Dianne Hogg, Non-medical Prescribing Project Manager, CLSHA in collaboration with the Non-Medical Prescribing Leads and Universities in Cumbria and Lancashire

All subsequent revisions by Dianne Hogg, non-medical prescribing lead, ELHT
Prescribing for non-medical healthcare practitioners enables local organisations to achieve Care Quality Commission outcomes and the wider policy context of the modern NHS through an improved patient experience by:

- Maximising patient involvement in planning and delivery of care
- Providing high quality experience for patients and carers
- Ensuring that patients have their medicines at the times they need them and in a safe way
- Being able to complete episodes of care therefore reducing access and waiting times
- Redesigning care around the patient, offering more choice and promoting one-stop care
- Efficient use of resources and appropriate delivery of care
- Enhancing the role of nurses, pharmacists and AHPs in a wide range of clinical services including specialist services and may improve job satisfaction
- Contributes to the introduction of more flexible team working across the NHS

**Options for supply, prescription and administration of medicines**

**Patient Group Directions (PGDs) (not a form of prescribing)**

PGDs provide a legal framework to enable the supply and administration of a specific medicine at a specific dose within specified criteria to a group of patients who may not be individually identified before presenting for treatment. PGDs apply to any licensed medicine except Controlled Drugs of which a limited number can be supplied or administered under a PGD.

Particular caution should be exercised in relation to PGDs for antibiotics, black triangle medicines, and medicines used outside the terms of the Summary of Product Characteristics (SPC) (off-licence), unless being used within local agreement of practice.

A PGD must be drawn up by a multi-professional group led by the service requiring the PGD with guidance from pharmacy and signed by a senior doctor and pharmacist, both who must have been involved in the development. In addition a governance and review procedure should be in place to ensure effectiveness and relevance.

PGDs should be adopted on a service-wide basis not by an individual practitioner or group, and the need for use highlighted and recorded through medicines management processes.

The user should read and understand the PGD, be fully conversant with the use of the stated medicine and a signature retained to that effect. At present, training for use or creation of PGDs is available in this organisation both on Training Tracker and by contacting the author. Electronic copies of PGDs in use in ELHT can be found on the Intranet (for information only, not for direct use), and also a short paper entitled ‘an Introduction to PGDs’.

The PGDs in use in East Lancashire Hospitals NHS Trust are available through the author or the Medicines Information Manager at Burnley General Hospital.

**Who are able to use PGDs?**

<table>
<thead>
<tr>
<th>nurses</th>
<th>radiographers</th>
<th>orthotists</th>
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<tbody>
<tr>
<td>midwives</td>
<td>physiotherapists</td>
<td>speech and language therapists</td>
</tr>
<tr>
<td>health visitors</td>
<td>ambulance paramedics</td>
<td>orthoptists</td>
</tr>
<tr>
<td>optometrists</td>
<td>dieticians</td>
<td>dental therapists</td>
</tr>
<tr>
<td>pharmacists</td>
<td>occupational therapists</td>
<td>dental hygienists</td>
</tr>
<tr>
<td>podiatrists</td>
<td>prosthетists</td>
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</tbody>
</table>

The professions who are presently designated as being able to use PGDs are listed above. Use of PGDs cannot be delegated to other healthcare workers such as health care assistants, assistant practitioners or students. For further information please refer to the NICE Good Practice Guidance related to PGDs [http://publications.nice.org.uk/patient-group-directions.mpg2](http://publications.nice.org.uk/patient-group-directions.mpg2), other resources including a competency framework aimed at users of PGDs can also be found at this website.
Independent Prescribing

“Prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist, optometrist, podiatrist or physiotherapist) 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’.” The types of independent non-medical prescribing are described below.

Community Practitioner Nurse Prescribing (CPNP) (V100)

Applicants must provide evidence of meeting the Nursing and Midwifery Council (NMC) criteria for eligibility to undertake an integrated prescribing programme as part of the Specialist Practitioner/Specialist Community Public Health Nursing Award. The criteria are:

- The applicant must be a first level registered nurse and/or midwife, and
- Intention to practise in an area of clinical need for which prescribing from the Community Practitioner Formulary will improve patient/client care and service (NMC 2006)

This training is incorporated into the specialist training for district nurses and health visitors, and is an optional module for other community nurses studying a specialist practitioner qualification.

CPNP for nurses without a community specialist practitioner qualification (V150)

Introduced in April 2008, this programme is aimed at community nurses who need to prescribe to complete episodes of care, the NPFCP is adequate for their needs and undertaking the V300 course would be unnecessary and impractical for the needs of their service. They must meet the criteria listed above and must have at least 2 years’ experience post registration and evidence of degree level study within the previous 6 years.

Both V100 and V150 prescribers are restricted to prescribing from the Nurse Prescribing Formulary for Community Practitioners (NPFCP) which forms part of the current BNF and is published separately biennially. The NPFCP includes appliances, dressings, emollients, smoking cessation products and some medicines.

The V150 course is 10 taught days over 3-5 months, and 10 days' supervised practice with a nurse mentor who is a practising prescriber preferably in the same field as the candidate.

Nurse Independent Prescribing (V300)

A nurse independent prescriber must be a first level registered nurse, midwife or specialist community public health nurse whose name in each case is held on the appropriate part of the NMC professional register, with an annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing. The prescriber will be able to prescribe any licensed medicine for any medical condition, including Controlled Drugs and unlicensed medicines where there is no licensed alternative (the full responsibility and accountability lies with the prescriber including overseeing the patient's care, monitoring and follow-up). Nurse independent prescribers must only ever prescribe within their own level of experience and competence.

Pharmacist Independent Prescribing (known as V300)

A pharmacist independent prescriber must be a registered pharmacist whose name is held on the membership register of the General Pharmaceutical Council (GPhC), with an annotation signifying that the pharmacist has successfully completed an education and training programme accredited by the GPhC and is qualified as an independent prescriber. Pharmacist Independent Prescribers can prescribe any licensed medicine for any medical condition, including Controlled Drugs and unlicensed medicine where there is no licensed alternative (the full responsibility and accountability lies with the prescriber including overseeing the patient's care, monitoring and follow-up). Pharmacist independent prescribers must only ever prescribe within their own level of experience and competence.

Physiotherapist Independent Prescribing (known as V300)

A physiotherapist independent prescriber must be a registered physiotherapist whose name is held on the membership register of the Heath and Care Professions Council (HCPC), with an annotation signifying that the physiotherapist has successfully completed an education and training programme accredited by the HCPC and is qualified as an independent prescriber. Physiotherapist independent prescribers can prescribe any licensed medicine for conditions related to disorders of movement,
currently excluding Controlled Drugs from any schedule. Physiotherapist independent prescribers must only ever prescribe within their own level of experience and competence.

**Podiatrist Independent Prescribing (known as V300)**
A podiatrist independent prescriber must be a registered podiatrist whose name is held on the membership register of the Heath and Care Professions Council (HCPC), with an annotation signifying that the podiatrist has successfully completed an education and training programme accredited by the HCPC and is qualified as an independent prescriber. Podiatrist independent prescribers can prescribe any licensed medicine for conditions related to disorders of the foot and lower limb, currently excluding Controlled Drugs from any schedule. Podiatrist independent prescribers must only ever prescribe within their own level of experience and competence.

Further information about podiatrist and physiotherapist independent prescribing and conversion course (from SP to IP) pre-requisites is available on [www.csp.org.uk](http://www.csp.org.uk). Non-medical prescribing courses in the North West are multi-disciplinary and include podiatrist and physiotherapist independent prescribing.

Independent prescribing education is not available separately but is incorporated as part of the non-medical prescribing course alongside supplementary prescribing.

**Optometrist Independent Prescribing**
Optometrist can now train to become independent prescribers, courses are delivered separately from other V300 courses; optometry training schools must currently be contacted direct.

**Supplementary Prescribing**
"A voluntary prescribing partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement." (Department of Health 2006)

Any first level registered nurse, pharmacist, physiotherapist, podiatrist, radiographer or optometrist whose name is held on the relevant professional register, with an annotation signifying that the practitioner has successfully completed an approved programme of preparation and training for supplementary prescribing. Independent medical prescribers and supplementary prescribers must share the same common patient record. Supplementary prescribers must only ever prescribe within their own level of experience and competence.

**Medicines which can be prescribed by supplementary prescribers**
Providing medicines are prescribable by a doctor or dentist at the expense of the NHS and they refer to the patient’s clinical management plan, then a supplementary prescriber is able to prescribe:

- All general sales list medicines
- All prescription only medicines
- Medicines for use outside the licensed indications, off label prescribing, black triangle medicines, and drugs marked less suitable for prescribing in the BNF
- Unlicensed medicines where there is no licensed alternative (the full responsibility and accountability lies with the prescriber including overseeing the patient’s care, monitoring and follow-up)
- The supplementary prescriber should not prescribe any medicine that they do not feel competent to prescribe.

**Education for independent.supplementary prescribing (V300)**
Within the North West there are 8 Higher Educational Institute (HEI) providers of training. Nurses, pharmacists, podiatrists and physiotherapists cannot train in supplementary prescribing separately from independent prescribing, but currently radiographers can only access supplementary prescribing education. Optometrists can become both independent and supplementary prescribers.

**Who should train as an independent.supplementary prescriber?**

**Applicants for all prescribing preparation courses will need:**

- The ability to study at degree level- evidenced by prior achievement at this level within the previous 6 years.
- At least 3 years’ post registration clinical experience (or part-time equivalent), 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 (2 years for community nurses undertaking V150 programmes).

- A clear DBS (Disclosure and Barring Scheme) check done by HR in ELHT within three years of entry to the programme or three months for physiotherapy, podiatry independent and radiography supplementary prescribing.
- A medical prescriber willing to supervise the student’s 12-day (90 hours) ‘learning in practice’ element of the preparation. (For V150 programmes a nurse prescriber mentor who is also a sign-off mentor is required instead of a doctor)
- The support of their employer to confirm that:
  - Their post is one in which they will have the need and opportunity to prescribe as a non-medical prescriber, and will be inserted in their job description by qualification
  - There has been prior agreement about the therapeutic area in which they will prescribe
  - The candidate will be released from clinical practice for the study days and mentoring period (26 + 12 days for V300, 10 + 10 days for V150)
  - Practitioners must have access to a prescribing budget on completion of the course
  - They will have access to Continuing Professional Development (CPD) opportunities on completion of the course. The National Prescribing Centre (now part of NICE) compiled a generic prescribing competency framework, available on www.npc.co.uk

**Pre-course Numeracy Assessment**

The professional bodies expect that all applicants are deemed numerate prior to commencement of both the V300, V100 and V150 courses. In order to assess pre-course numeracy ability, the candidate will be expected to undertake an online numeracy test, of which the pass mark is 80%. The first part of the test comprises a set of practice questions at which the candidate can make three attempts. If 80% is not achieved in the practice tests, the candidate is advised not to undertake the final test without doing some work to improve numeracy ability.

Try these sample questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe weighs 70kg and requires a dose of drug A of 300mg/kg per day. What is the daily dose in grams?</td>
<td>21g</td>
</tr>
<tr>
<td>If drug B concentrate 100mg/5mL is used to give a dose of 60mg for pain, how many mL are required?</td>
<td>0.3mL</td>
</tr>
</tbody>
</table>

For further sample drug calculation questions with each calculation explained clearly, see [http://www.testandcalc.com](http://www.testandcalc.com) and [http://www.snap.nhs.uk](http://www.snap.nhs.uk)

The numeracy test is for access to prescribing preparation for any field of NHS practice and the questions are selected randomly. The candidate may have to answer questions from outside their own field of clinical expertise but the underpinning mathematical principles are the same.

The pre-course numeracy test is only available to those applying for non-medical prescribing education. To access the test or for further information, please contact Dianne Hogg, non-medical prescribing lead.

**The V300 programme**

The specific programme of preparation is the equivalent of 26 taught days, plus 12 days ‘learning in practice’ over approximately 6 months. The universities (HEIs) in the North West deliver part of the taught time via E-learning, HEI contacts to be approached for further details.

The total length of the programme, in both theory and practice, is therefore 38 days equivalent. The programme currently attracts 20-45 academic credits (CATS points) at Level 6 or 7 depending upon the HEI. It is important that employers of practitioners undertaking the programme recognise the elements of private study, providing the support where necessary.

For current course details and assessment methods, please see the website for the relevant HEI.

Please note: none of the non-medical prescribing courses teach diagnostic skills.
Medical Supervision – requirements for supervised learning in practice (V300)
Practitioners undertaking the course require a medical prescriber willing to supervise them in 12 day ‘learning in practice’ element of the preparations. Some of the mentorship time may be achieved by utilising experienced pharmacists and non-medical prescribers for support and advice whilst retaining the medical mentor as the key assessor.

The doctor or dentist who provides that medical supervision must be a registered practitioner who:

1. Has normally had at least 3 years’ medical treatment and prescribing responsibility for a group of patients/clients in the relevant field of practice.
2. And:
   a. 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 (JCPTGP)
   Or
   b. Is a specialist registrar or a consultant within a NHS Trust or other NHS employer.
3. Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice.
4. Has some experience or training in teaching and/or supervising in practice.
5. Normally works with the trainee prescriber. If this is 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 mentor, 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.

For further information, please see appendix 2

Funding
The course fees for NHS staff are covered via the CPD Apply process. Replacement / backfill and costs for travel to and from the universities are not covered.
The once-only fee to record the prescribing qualification on the appropriate professional register is the responsibility of the qualified non-medical prescriber.
Appendix 1

References and Further Reading
Chartered Society for Physiotherapists, Outline curriculum frameworks for podiatrist and physiotherapist Independent/Supplementary Prescribers and Radiographers as Supplementary Prescribers
www.csp.org.uk

Health and Care Professions Council - Standards of Proficiency
http://www.hpc-uk.org/publications/standards

Health and Care Professions Council - medicines and prescribing
http://www.hpc-uk.org/aboutregistration/medicinesandprescribing/index.asp

National Prescribing Centre (2005) Training non-medical prescribers in practice: A guide to help doctors prepare for and carry out the role of designated medical practitioner,

National Prescribing Centre (2012) A single competency framework for all prescribers
http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework_v2.pdf

Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife prescribers,
http://www.nmc-uk.org/Publications/Standards

Nursing and Midwifery Council (2007) Standards for medicines management,
http://www.nmc-uk.org/Publications/Standards

Royal Pharmaceutical Society, online pharmacist prescribers group (subscription only access)

Further information can also be found in the non-medical prescribing policy and medicines management policy, both available on the Trust Intranet.

Glossary of Terms

<table>
<thead>
<tr>
<th>Prescription only medicines</th>
<th>Those medicines only available on prescription</th>
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<tbody>
<tr>
<td>Pharmacy medicines</td>
<td>Those medicines only available for purchase from a pharmacy</td>
</tr>
<tr>
<td>General sales list medicines</td>
<td>Medicines available for purchase in sealed packs from lockable premises e.g. supermarket, petrol station</td>
</tr>
<tr>
<td>Controlled drugs</td>
<td>Those medicines listed in law by the Medicines and Healthcare products Regulatory Agency (MHRA) as liable to misuse as such their use is carefully monitored.</td>
</tr>
<tr>
<td>Licence</td>
<td>Awarded to medicines following their development authorising their use in the UK, it details through the Summary of Product Characteristics produced by drug companies the use of the drug in question</td>
</tr>
<tr>
<td>Off-licence/label</td>
<td>The medicine is licensed but is prescribed for use outside the licence’s instructions</td>
</tr>
<tr>
<td>Unlicensed</td>
<td>Not awarded a licence for use in the UK, but may be licensed in another country</td>
</tr>
<tr>
<td>Black triangle</td>
<td>Medicines annotated with the symbol in the BNF indicating a need for increased vigilance; the medicine may, for example, be new on the market. All adverse reactions must be reported through the Yellow Card system. <a href="http://yellowcard.mhra.gov.uk">http://yellowcard.mhra.gov.uk</a></td>
</tr>
</tbody>
</table>
Appendix 2

An extract from: Training non-medical prescribers in practice February 2005
A guide to help doctors prepare for and carry out the role of designated medical practitioner

The period of learning in practice is to be directed by a designated medical practitioner (DMP) who will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. Normally, these outcomes and competencies will be identified by the HEI running individual courses.

Competencies for designated medical practitioners (DMPs)
Before taking on the role of DMP the doctor and the organisation should consider the competencies needed to effectively undertake this role. The West Midlands Deanery has identified the following broad, core competency areas for GP trainers which can be adapted and used as a checklist for potential DMPs.

- The ability to create an environment for learning
- Personal characteristics
- Teaching knowledge
- Teaching skills

What is a 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

Will this impact on the clinical time?
Training new prescribers will undoubtedly take up some time. As the approach to teaching and learning should be developed on an individual basis, it is difficult to predict how much time this will involve but it is likely that consultation time will be reduced. It is unlikely that the trainee will need to spend all of the period of learning in practice with the DMP, as other clinicians may be better placed to provide some of the learning opportunities. However, the DMP remains responsible for assessing whether the learning outcomes have been met.

Working with higher education institutions
It is essential that the DMP and HEIs running the prescribing programme work closely together. Most HEIs offer DMPs a range of support to facilitate this, which may include:

- An orientation session and / or information before the start of each programme
- A handbook / briefing notes, including information on the course content, learning outcomes, timetable and assessment strategy
- An assessment workbook / log
- Practice visits
- Assessment of the learning environment
- On-going contact