Family Nursing & Home Care

Jersey Hospice Care
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Non-Medical Prescribing Policy

August 2018

DOCUMENT PROFILE

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1. INTRODUCTION

1.1. Rationale

Non-medical prescribing is the prescribing of medicines by Registered Nurses, Midwives, Health Visitors, Pharmacists and Allied Health Professionals who have successfully qualified as prescribers in their field of practice/expertise and are locally registered as prescribing Practitioners in Jersey (RPP).

In order to prescribe, the individual's professional registration must show annotation of such qualification by their appropriate professional governing body. They must be a Registered Prescribing Practitioner (RPP) in Jersey, and must demonstrate up-to-date clinical competence in their intended field of prescribing. Any healthcare profession recognised under Jersey legislation to be entitled to work as a non-medical prescriber (NMP) can qualify.

Each individual organisation is responsible for ensuring the governance frameworks are in place, and that all legal, professional and practice standards are met to provide optimal standards of prescribing practice by staff they employ to work as NMPs.

1.2 Scope

This policy applies to all healthcare professionals who have gained the necessary qualifications and experience to be registered with their organisation as an NMP as part of their role, and in accordance with their job descriptions.

This policy does not include Patient Group Directions (PGDs). A PGD is a written instruction for the supply and administration of named medicines to an individual or group of patients in a specified, identified clinical situation.

For nurses, the V300 Nurse & Midwifery Independent & Supplementary Prescribing (NISP/MISP) is the recognised approved qualification. For other approved prescribing practitioners, these will be as specified by their regulatory body.

Supplementary Prescriber (SP) and Independent Prescriber (IP) are referred to generically as Non-medical Prescribers (NMP) in this policy. Likewise both Family Nursing & Home Care (FNHC) and Jersey Hospice Care (JHC) will be referred to generically as 'organisation' in this policy.

1.3 Principles

The benefits of extending prescribing responsibilities to NMPs is to:

- improve patient care without compromising safety
- make it easier for patients to get the medicines they need because of increased availability of prescribing roles
- increase patient choice in accessing medicines through more contacts with a range of professionals able to prescribe at a time and place more able to suit the patient
- make improved use of the skills of health care professionals
- contribute to the introduction of more flexible team working
- improve communication between all prescribers
- ensure optimum symptom control and quality of life for patients

2. POLICY PURPOSE

To govern the practice of non-medical prescribing within their organisation, and set out an accountability framework.

To ensure changes make tangible improvements to patient care.

That all NMPs are appropriately qualified for their role and work in line with national and local policies, and within their scope of competency.

To ensure prescribing practice is compatible with the service development plans of their organisation, and is an appropriate extension of the practitioners role.

That all NMPs are supported in their role, and have access to Continuing Professional Development (CPD).

3. PROCEDURE

3.1. Responsibilities

3.1.1 Organisational Chief Executive Officer (CEO)

Is the Accountable Officer and has overall legal responsibility for the organisation, the quality of care patients receive through their organisation, and for securing patient safety.

3.1.2 Island Wide NMP Lead

- overall leadership and accountability of NMP practice corporately and island wide, in order to comply with legislative and professional regulation
- selection of registrants for NMP training (in liaison with the organisational NMP Lead)
- validating and recommending applicants for initial and ongoing registration as a NMP (in liaison with the organisational NMP Lead)
- establishment, development and adherence to prescribing education
- effective governance to ensure that practice standards are established, upheld, maintained and developed in order to provide public protection and patient safety regarding the practice of non-medical prescribing
- providing, leading and monitoring formalised Peer Prescribing Supervision sessions

3.1.3 Organisational NMP Lead

- ensuring an up to date database of organisational NMPs
- maintaining an up to date organisational NMP Policy, this may be a joint policy with another organisation
- development and ongoing management of non-medical prescribing in their organisation
- developing and implementing robust mechanisms promoting CPD opportunities to ensure maintenance of competence, adherence to legislation and best practice
- developing non-medical prescribing strategy in conjunction with the key stakeholders integrating it into workforce plans

- playing a key role in delivering the quality and safety agenda in relation to medicines management issues
- ensuring that NMPs are informed of updates to local formularies or practice, legislation and medication alerts and recalls
- acting as a credible and independent source of professional advice to promote high quality, evidence based, cost effective prescribing by NMPs
- providing professional advice on complaints, incidents and performance issues relating to non-medical prescribing practice
- undertaking and supporting non-medical prescribing related investigations
- making an effective contribution to Higher Education Institutions (HEI's) providing approved NMP programmes
- actively contributing to the leadership and delivery of planned formalised prescribing specific peer's supervision sessions. Integral to this is communicating, facilitating and monitoring attendance by all active NMP within the organisations to ensure that a minimum of four sessions are attended annually and that all NMP achieve the minimum standard required to annually re-register.
- maintaining network links with key UK prescribing organisations (e.g. National Institute for Health and Care Excellence [NICE], and Department of Health [DOH])
- ensuring NMPs inform the Jersey registration department to verify the prescriber meets all the requirements for practice and CPD, to enable local registration
- NMP Appraisal including the 'Intention to Prescribe Scope of Practice' document (Appendix 1), to ensure it is amended and signed by the CEO (or delegate if CEO is non-clinical) to indicate the intention to continue prescribing
- approving candidates for the NMP course
- contribution to ensuring a robust organisational governance
- ensuring access to the British National Formulary by NMPs

3.1.4 Organisational Governance Lead

- ensure non-medical prescribing is incorporated into the organisational clinical risk management process
- support the organisational NMP lead in implementing, monitoring and evaluating non-medical prescribing

3.1.5 Organisational Operational Leads

- ensuring that non-medical prescribing is necessary and beneficial to patient care and does not pose any unnecessary risks
- assisting the organisational NMP Lead in recommending and selecting candidates for the NMP course
- advising the organisational NMP Lead in registered prescribing starters and leavers, to enable the maintenance of an accurate and current database of NMPs
- ensuring that the role of prescriber is acknowledged in the individual's job description
- ensuring that the NMP has accessed appropriate CPD opportunities and has a personal development plan linked to individual prescribing portfolio and the monitoring of this (in liaison with the organisational NMP Lead)
- ensure that Disclosure and Barring Service (DBS) check is renewed every three years with Human Resources (HR)

3.1.6 NMP

- ensure they have applied and are registered as a prescribing practitioner under the relevant Jersey legislation
- ensure their role as an NMP is clearly described in their job description
- ensure that their DBS check is updated at the required intervals.
- work at all times within the Standards and Code of Professional Conduct as set out by their professional body, as well as policies and guidelines ratified by their organisation (or partner organisations where appropriate)
- act only within the boundaries of their knowledge and competence
- provide appropriate, evidence based, safe and cost effective prescribing from approved local formularies or guidelines at all times
- remain up to date on therapeutics in their field of prescribing practice, and on changes to national or local prescribing policy
- inform patients of the scope and limits of non-medical prescribing and to ensure that they are made aware of their rights (to refuse treatment)
- provide evidence of CPD in a prescribing portfolio, in the field of their prescribing practice to their line manager at the annual performance and developmental review, or to the organisational NMP Lead as required
- on an annual basis, review their 'Intention to Prescribe Scope of Practice' document and submit amendments to the organisational NMP Lead, or when changing job roles
- ensure they have appropriate professional indemnity insurance
- each NMP must regularly (at least every 3 months) review their own prescribing practice (clinical Supervision is one evidence based approach and is mandatory)

3.1.7 Designated Medical Practitioner (DMP)

Assess whether the learning outcomes for the practice component of the NMP course have been met, and whether the trainee has achieved the required competencies.

3.2 Professional indemnity

NMPs are individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this responsibility to any other person.

The NMP must ensure that their prescribing activity is within their sphere of competence, and is safe, cost effective and consistent with the clinical requirements of the patient and in line with national and local guidance.

All prescribers are advised that they should have personal professional indemnity insurance, in addition to organisational vicarious cover.

3.3 Liability of employer

The organisation will hold vicarious liability for NMP where the following criteria are met, the NMP:

- must be employed by the organisation and be listed on their NMP database
- is currently registered as a prescriber with their professional body
- has confirmed local Jersey Registration as a RPP
- role is approved by the organisation, and that there is a clear statement in the individual's job description that prescribing is required as part of the duties of that post or service
- must work within the legal framework of the role, and the regulatory framework of their professional body
- must work in line with their NMP Policy, and where appropriate any authorised partnership organisations (i.e. HSSD)

3.4 Application process and training

Under the direction of the organisational NMP Lead, applications for all NMP training must be agreed and identified in their Personal Development Plan. The organisational NMP Lead must be involved in the application process from the outset.

The NMP candidate can undertake any accredited HEI course recognised by the relevant professional regulatory body and the States of Jersey (SoJ).

Each student intending to study to become an NMP needs to enlist a DMP from their own field of practice, who will act as a medical supervisor and assessor. The DMP should ideally be a Medical Consultant (or Associate Specialist Grade as a minimum level), or approved General Practitioner (GP). Eligibility criteria for DMPs are stated in Appendix 2.

The outcomes and competencies against which the DMP assesses the trainee will be identified by the HEI provider, Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers (2016) and the appropriate practitioners' professional regulatory body.

The practitioner will be expected to have agreed with their Operational lead that the course will be of benefit to the service and the organisation, and appropriate to their role. The candidate is expected to successfully complete the locally approved 'Preparation for Prescribing Course', which includes a numeracy assessment and an Objective Structured Clinical Examination (OSCE) prior to an interview with the organisational NMP Lead.

At the interview the organisation NMP Lead will determine whether the eligibility criteria for training are met (Appendix 3). During the interview the prospective candidate will be required to provide evidence of competency in drug calculations and diagnostic reasoning, in the format of a prescribing portfolio.

Once the relevant professional regulator and HEI admission criteria have been supported, the application form will be completed and submitted to the HEI. This will be countersigned by the CEO (or delegate), DMP and Organisation NMP Lead.

3.5 Post qualification and process for new staff with a prescribing qualification

A NMP may not prescribe until all the following requirements have been fulfilled:

- they have successfully completed an accredited NMP programme
- their professional register has been annotated with their qualification (it is the responsibility of the NMP to complete the formal processes for their own professional body, including payment of the required fees)
- met the criteria set by submission of an 'Intention to Prescribe Scope of Practice' declaration to the Island Wide NMP Lead, and acknowledged the NMP Policy
- they have applied to the Professional & Care Regulation Department and are registered as a prescribing practitioner under the relevant Jersey legislation
- written confirmation has been received from the Island Wide NMP Lead that the applicant fulfils the requirement
- they have been added to the organisational database of NMPs

The prescribing practitioner must complete the Personal Details Form (Appendix 4) and inform the organisational NMP Lead if they wish to practice as an NMP:

- on qualification
- if new to the organisation
- if changing roles or contact address

Standard checks will be made by the Human Resource Department and communicated to the organisational NMP Lead prior to inclusion on the NMP register (including current DBS status).

The new NMP must complete the 'Intention to Prescribe Scope of Practice' document and submit it to the CEO (or delegate), who must sign it before forwarding a copy to the Island Wide and organisational NMP Leads. Delays in submitting the Scope of Practice document will lead to a delay in authorisation to prescribe. The practitioner's signature on this declaration will be used as a 'specimen' signature in case of query on the validity of prescriptions.

Staff, appointed to the organisation who have previously practiced as an approved IP prior to appointment, cannot automatically assume the right to prescribe until all the criteria have been satisfied (Appendix 5) and a Personal Details Form completed (Appendix 4).

NMPs appointed from the UK who hold non-medical prescribing qualifications and intend to prescribe, must sign to confirm that they have read and understood the current organisational Medicine Policy, and Non-medical Prescribing Policy. They are not permitted to independently prescribe until they have received an individualised induction to the Jersey prescribing legislation, and this must include a period of supervised practice with sign off from an approved DMP.

Once the organisation NMP Lead (in partnership with the Island Wide NMP Lead) has confirmed that all requirements have been satisfied, the NMP can apply for Prescribing Practitioner Registration.

The organisation NMP Lead must receive a written verification from the appropriate professional body to confirm NMP qualification, in line with Jersey Legislation.

Confirmation will include sign off from the:

- DMP
- island Wide NMP Lead
- organisation NMP Lead

3.6 Maintaining the Non-Medical Prescriber database

The 'live' NMP database will be held by the organisational NMP Lead and will contain the following information:

- name
- professional role
- professional registration number
- base and contact details
- qualification (e.g. IP, SP)
- scope of practice
- start and finish dates
- line manager
- date of current signed scope of practice document
- DBS confirmation and renewal dates
- name and DMP contact details
- dates and details of any suspension of prescribing practices and review dates

The database will be held securely in line with the Data Protection (Jersey) Law (2018).

The Operational Lead must inform the organisation NMP Lead of the date of termination of employment, resignation, or suspension from practice of an NMP as soon as this is known.

This will enable timely proceedings to commence to de-register the practitioner from the local Health Care Professions register. The organisation NMP Lead will amend the organisational database for NMP, and liaise with HR to inform the Professional Care Regulation Team.

3.7 Suspension of prescribing privileges

The NMPs prescribing privileges will be revoked if:

- they face disciplinary action relating to practice
- they fail to prescribe for a period of six months or more
- the Island Wide NMP Lead is not in receipt of a Scope of Practice Declaration signed by the practitioner, CEO (or delegate) and organisation NMP Lead within the last 12 months.

Where prescribing privileges are revoked, a referral will be made to start proceedings to remove them from the Jersey local register of approved prescribed practitioners.

The details of the suspension will be added to the NMP database by the organisational NMP lead.

3.8 Preceptorship

In order to ensure the highest standards of prescribing practice for staff with the relevant NMP qualification (or appointees from the UK), there must be a period of preceptorship by a DMP. The length of this will be agreed between the NMP and the Organisation NMP Lead.

All prescribing practitioners will be expected to keep a comprehensive prescribing practitioner portfolio, based on the Royal Pharmaceutical Society Competency Framework for all Prescribers (RPS 2016).

3.9 Competencies for Non-Medical Prescribers

The Royal Pharmaceutical Society has produced a single set of competency standards (RPS 2016).

Additional guidance on the required competencies and standards are available from the relevant regulatory body for each profession.

Namely the Nursing and Midwifery Council (NMC), General Pharmaceutical Council and the Health Care Professions Council (for Allied Health Professionals).

Non-medical prescribing is an expanded role and the organisation reserves the right to withdraw authorisation to prescribe in response to concerns to any aspect of professional capability, until that issue is resolved.

All prescribing practitioners will be expected to keep a comprehensive prescribing practitioner portfolio, based on the latest version of the Royal Pharmaceutical Society Competency Framework for all Prescribers (2016).

3.10 Supplementary prescribing

Supplementary prescribing is defined as a voluntary partnership between the doctor and the SP (who would be the NMP in this case) to implement an agreed patient specific Clinical Management Plan (CMP) available in Appendix 6.

The patient is treated as a partner in their care and is to be involved at all stages in decision making, including whether care is delivered by supplementary prescribing. This verbal consent must be recorded explicitly in the patient notes.

The relationship between the doctor and SP is voluntary, both parties agree to share responsibility for the practice and will be responsible for their own prescribing decisions.

The doctor determines the scope of the CMP, and reaches an agreement with the SP about the limits of their responsibility for prescribing and review. The doctor must agree the content of the CMP before supplementary prescribing may be initiated.

Supplementary prescribing is not suitable for emergency, acute or urgent prescribing situations because an agreed CMP must be in place **before** prescribing can begin.

Supplementary prescribing can only take place after the initial clinical assessment and diagnosis of the patient by the doctor. The doctor also takes responsibility for supporting the SP, and regular review of the CMP for the individual patient. It will be the responsibility of the NMP and GP (or other appropriate medical practitioner) to discuss and agree the process when SP is utilised.

The SP takes responsibility for the management of the patient, and may change the prescription according to the CMP.

The practitioner who signs the prescription is accountable for that treatment.

The SP must refer the patient back to the doctor for:

- specified reviews
- when agreed reviews have not been completed
- if the patient's condition deteriorates
- if the patient's condition exceeds the SP level of competence

3.11 Independent prescribing

Non-medical Independent Prescribing is prescribing by a practitioner (e.g. Nurse or Pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about their clinical management. They will have successfully completed a recognised independent prescribing course, have registered their prescribing qualification with their professional body and are registered as a prescribing practitioner under the Health Care Registration (Jersey) Law (2012).

The patient must agree to be in an independent prescribing arrangement, and the IP must work in partnership with the patient and doctor in charge of their overall care.

Non-medical IP may prescribe any licensed medicine for any medical condition within their scope of practice, competence, experience, and within the current SoJ formulary. The IP must follow the guidance of competencies and standards for NMP as per their professional regulatory body.

Independent prescribing is only one element of the clinical management of the patient. The IP is responsible to ensure all the following elements are in place:

- patient medical history
- drug history
- allergies
- clinical assessment and interpretation of that assessment
- a decision on safe and appropriate therapy
- a process for ongoing monitoring

The practitioner who signs the prescription is clinically and legally accountable for that treatment, regardless of whether the patient had been prescribed that treatment previously by another practitioner. The prescription must be based on the prescribing practitioner's independent holistic assessment.

3.12 NMP returning to practice or changing scope of practice

NMPs are legally accountable for their practice and must not prescribe outside their area of competence and expertise. If returning to practice (period of absence longer than six months) or changing scope of practice, it is essential the practitioner contact the organisational NMP Lead and evaluates their prescribing practice with their clinical manager before recommencing a prescribing role.

An amended Scope of Practice document must be completed and sent to the organisational NMP Lead to enable accurate details to be recorded in the database.

NMPs must complete a clinical update including supervision, and be assessed as competent by their line manager in consultation with the NMP Lead, prior to recommencing a prescribing role. This must be evidenced in the NMPs personal prescribing portfolio. The competencies should be explicit in their job description and linked to the Competency Framework for all Prescribers (RPS 2016).

3.13 Writing prescriptions

Advice on the legal aspects of writing prescriptions is available in the current edition of the BNF.

Policies to be followed by NMPs will vary depending on the care setting they are working within. Note that the Social Security Department are currently developing a policy for prescribing in primary care which will apply to both medical prescribers and NMPs:

Care setting NMP working	Polices to be followed
Primary Care settings (e.g. patient own home, care homes, GP practices)	Social Security Policy for Prescribing in Primary Care (*in development*) Organisational Medicines Policy Organisational NMP policy Organisational Prescription Writing Standards
HSSD sites (e.g. Jersey General Hospital, St. Saviours Hospital)	HSSD Medicines Policy HSSD NMP policy HSSD Prescription Writing Standards

Amendments to the Jersey Health Insurance Law in 2016, enabled new classes of prescribers to issue prescriptions funded by the Health Insurance Fund. The subsequent Health Insurance (Approved Prescribing Practitioners Midwives and Nurses) (Jersey) Order 2018, permits these NMPs to undertake this. Prescription pads can be obtained through the Health Zone at Social Security (tel. 447308).

Providing an honorary contract is in place between their employing organisation and HSSD which covers their prescribing role, NMPs working in HSSD sites can prescribe on discharge prescriptions and out-patient prescriptions which will be dispensed by hospital pharmacy. Out-patient prescription pads should be obtained through hospital pharmacy (tel. 442627).

Local formularies (e.g. SoJ Formulary) should be adhered to. High cost drugs, and newly introduced drugs may be subject to special arrangements e.g. shared care.

For in-patient facilities and community services where prescribing is via a medication administration record, patient specific written directions must be annotated with their NMP prescribing status (i.e. Registered Nurse Prescribing Practitioner (Jersey) or 'RNPP(J)' for nurses, or an equivalent approved abbreviation for other healthcare professions). The entry should bear the details of the prescriber, including a contact telephone or bleep number.

Prescribing decisions must be evidence based and the practitioner will be required to justify non-formulary prescribing decisions.

Blank prescription forms or medication administration records must **never** be pre-signed.

It is good practice to make a note of the prescription at the time of writing in the patient's record, in case of subsequent questions from the dispensing Pharmacist or the organisational NMP Lead following analysis of audit data.

3.14 Prescribing for self, family and friends

NMPs must not prescribe any medicine for themselves or for anyone with whom they have a close personal relationship, other than in exceptional circumstances. For example no other person with the legal right to prescribe is available and only then if that treatment is necessary to:

- save a life
- avoid serious deterioration in the patient's health
- alleviate otherwise uncontrollable symptoms.

You must be able to justify your actions, and must document your relationship and the exceptional circumstances.

3.15 Unlicensed drugs and off-label use of licensed drugs

NMPs are allowed to prescribe unlicensed medicines within their competence and expertise. SP may prescribe unlicensed medicines as part of a CMP.

SP's are accountable and liable when prescribing unlicensed medicines, and must be satisfied that an alternative licensed preparation would not meet the patient's clinical need. The unlicensed status of the drug must be recorded in the CMP, and the patient must be fully informed and have provided consent.

IP's may prescribe medicines for use outside their licence (off-label), but will accept clinical, legal and professional responsibility for doing so. The prescriber must ensure:

- there is sufficient evidence base to demonstrate safety and efficacy
- it is accepted clinical practice within their organisation
- the patient has given consent
- the reason for the off-label use is documented in the patient's notes

3.16 Mixing of medicines

'Mixing' has been defined by the United Kingdom DOH as 'the combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient'.

It is common practice for healthcare professionals to mix one or more medicines together before administration to a patient. This is permissible under medicines legislation where one product is a vehicle for the administration of another. However, mixing two licensed medicines where one is not a vehicle for the administration of the other, results in a new, unlicensed product being produced.

Changes to Jersey legislation now make the mixing of medicines (including Controlled Drugs) prior to administration to an individual patient legally acceptable, providing it is accordance with the written direction of a medical practitioner, or a Pharmacist or Nurse IP (SoJ, 2009).

These changes also relate to an SP provided the mixing of medicines is included in the CMP relating to the treatment of an individual patient.

It is acknowledged that the requirement to mix medicines (including Controlled Drugs) is standard practice in palliative care and community nursing within syringe pumps and intravenous administration of medications. Providing that these mixtures are prescribed in line with locally ratified polices and guidelines (e.g. the Ambulatory Syringe Pump Policy), or recognised best practice references (e.g. Palliative Adult Network Guidelines, Palliative Care Formulary) it will be deemed as acceptable practice. The compatibility of the medicines for use in the syringe pump must be confirmed as stable prior to the prescription being written.

3.17 Controlled Drugs

The *Misuse of Drugs (Miscellaneous Amendments) (No.4) (Jersey) Order 2013* and the associated amended legislative Orders, state certain restrictions which will govern prescribing practice around prescribing CDs for IP and SP.

IP and SP will comply with the legal and professional requirements which apply to these medications, and as declared on individual scope of practice declarations at the point of registration / re-registration.

The Misuse of Drugs (Addicts) (Jersey) Order 1980, states prescribing practitioners working with clients of drug addiction may require special licencing by the Medical Officer for Health if they are prescribing certain CDs. Here, licences are required for some categories of CDs such as methadone and buprenorphine.

NMPs must ensure that all the legal requirements for Controlled Drug prescribing are met (see current edition of the BNF for advice).

NMP must be aware of the identified organisational staff member (e.g. Organisation NMP Lead and Quality and Governance Lead, or JHC Palliative Care Pharmacist) to whom any errors or discrepancies should be reported to, in addition to completing a medicine related incident report.

NMPs must be aware of changes to legislation and maintain up to date knowledge.

Wherever possible NMPs should not both prescribe and administer a Controlled Drug. However in exceptional circumstances where it is necessary, a second suitably competent individual should check the accuracy of the medicine being administered.

In the case of lone workers in the community setting (i.e. patient's home), it is acknowledged that it may be necessary for the NMP to both prescribe and administer a Controlled Drug to avoid treatment delay to the patient. The NMP must complete all the relevant documentation in the patient's notes, so that a medication audit trail is available.

3.18 Repeat Prescriptions

Non-medical prescribers should not routinely issue repeat prescriptions unless they have assessed the patient face to face and are satisfied that the medication is still required and that it is safe and appropriate to provide the repeat.

There may be certain situations where the patient may be assessed by telephone if specific monitoring is not required. The appropriateness of such situations should be discussed and agreed with the non-medical prescriber's line manager or NMP Lead prior to prescribing in this manner. In such agreed circumstances the patient must be formally reviewed and reassessed every 6 months.

Prescriptions should be for a maximum duration of one month unless it is considered acceptable prescribing practice to prescribe for a longer duration, e.g. a 3 month supply for oral contraceptives or hospital only items.

3.19 Separation of the prescribing and supply responsibilities

There should be a separation of prescribing and supply roles, for example in the case of pre-labelled medication packs. In exceptional circumstances where this is required, a second registered practitioner must be involved in the checking process.

The supply function should be covered by a Standard Operating Procedure.

Repackaging of medications into a compliance aid (e.g. dosette box) is not permitted.

3.20 Medication incidents and adverse drug reactions

The NMP must report any medication incidents/near misses via their organisation incident reporting procedure and inform their line manager. Where appropriate (e.g. if working on an HSSD site) an incident should also be reported via their local organisation incident reporting system. Learning should be shared with other organisations.

If an NMP suspects that a patient is experiencing, or has experienced an adverse drug reaction (ADR) to one or more medicines, they should inform the clinician responsible for the patient's continuing care. Any ADRs should be documented in the patient's notes and the CMP (for SP).

Particular attention must be given to suspected drug reactions to newly licensed medicines which are under additional surveillance (denoted as black triangle ▲ in the BNF), theses should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card reporting system. Yellow card reporting forms are available at the back of the BNF, or electronically at www.yellowcard.mhra.gov.uk.

The NMP should also report any suspected serious ADRs to established drugs via the yellow card reporting system. The NMP should inform the GP as soon as possible of any adverse drug reactions.

3.21 Documentation and record keeping

All healthcare professionals are required to keep accurate, legible, unambiguous and contemporaneous records of patient care.

All prescribing must be done using an approved prescription chart or form.

The patient notes must be completed as soon as possible following the consultation, and must include the following details:

- date and time of the prescription
- name, signature and contact details (i.e. phone or bleep number) of the prescriber
- qualification to prescribe (i.e. RNPP(J) or equivalent)
- name, strength, form, dose frequency and duration of treatment

The patient's GP or doctor in charge of their care must be made aware of the prescription as soon as possible (or within 24 working hours) in order that surgery records may be updated/amended. This can be done verbally (in person or by phone), or notification by another means such as EMIS or fax.

3.22 Security and safe handling of prescriptions

The prescription pad/form is the property of the States of Jersey.

It is the responsibility of the NMP to ensure security of the pad/form at all times:

- under no circumstances should a blank prescription pad/form be pre-signed
- prescription pad/form should only be produced when needed, and never left unattended
- when not in use the prescription pad/form should be stored in a lockable drawer/filing cabinet/box
- when travelling between patients the prescription pad/form should not be visible and must be locked in the car boot within a bag
- the bag and prescription pad/form must always be removed from the car when the car is unattended at the end of the working day

If NMPs have a change of role and will no longer act as a prescriber then they must return their prescription pad to Social Security or Hospital Pharmacy as appropriate.

If NMPs are on maternity leave, long term sick leave or special leave their prescription pad/forms should be stored securely in the meantime or returned to Social Security/Hospital Pharmacy depending on likely duration.

3.23 Stolen or lost prescription pads/forms

Loss or suspected theft of a community prescription pad must be reported by the NMP:

- **immediately** to Kate Jones at Le Quesne's Pharmacy (lequesnepharm@gmail.com, or tel. 722571), who will be responsible for cascading this information to community pharmacies across the island.
- **as soon as possible** during usual working hours to the Health Zone at Social Security (tel. 447308).

Loss or suspected theft of a hospital prescription pad must be reported by the NMP:

- **as soon as possible** during usual working hours to the Chief Pharmacist (or in their absence the Deputy Chief Pharmacist) per HSSD policy (tel. 442627).

In both cases the NMP should also notify their organisation NMP Lead and the Quality & Governance Lead, and report via their medication incident system.

Provide information of the name and address of the prescriber concerned, the approximate number of scripts stolen or lost.

The prescriber must write/sign all prescriptions with indelible green ink for a period of at least four weeks afterwards (or until the pad/forms are found and all accounted for).

Inform the police if there are concerns the prescription pad/forms have been stolen. It will be necessary to provide as much detail as possible, e.g. number of missing prescriptions, where and when they were stolen/lost etc.

When reporting any stolen or lost prescription pads/forms, be mindful of patient confidentiality and data protection requirements.

3.24 Pharmaceutical Industry

All NMPs must adhere to the guidance from their professional body on working with, or accepting sponsorship from the Pharmaceutical Industry.

4 DEVELOPMENT AND CONSULTATION PROCESS

Name	Title	Consultation Date
Geoff White	Head of Professional Practice (HSSD), Island Wide NMP Lead	June 2018
Sarah Whiteman	Medical Director and Responsible Officer, Primary Care	June 2018
Rose Naylor	Chief Nurse	June 2018
Paul McCabe	Chief Pharmacist	June 2018
Bronwen Whittaker	FNHC Chief Executive Officer	June 2018
Gail Caddell	Director of Palliative Care Services	June 2018
Judy Foglia	FNHC Quality and Governance Lead	June 2018
Elspeth Snowie	Clinical Effectiveness Facilitator	June 2018
Michelle Nelson	JHC Governance & Quality Lead	June 2018
Louise Hamilton, Carol Rowley Blackwell, Glyn Davies, Julia Foley, Jim Wilkinson, Angela Stewart, Anne-Marie Wilkie	FNHC NMPs	June 2018
Yasmin Butler	JHC NMP	June 2018
JHC Clinical Effectiveness	Ratification	August 2018
FNHC Policies and Procedural Document Group	Ratification	August 2018

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7 GLOSSARY

Abbreviations and explanations of terms used:

ADR	Adverse Drug Reaction
Black Triangle	Medicines annotated with the ▲ symbol in the BNF indicates an increased need for vigilance, for example the medicines are new on to the market.
BNF	British National Formulary
CEO	Chief Executive Officer
CMP	Clinical Management Plan
Controlled Drugs (CD)	Those medicines listed in the as liable to misuse and as such their use should be carefully monitored.
CPD	Continuing Professional Development
DBS	Disclosure and Barring Service
DMP	Designated Medical Practitioner
DOH	Department of Health
FNHC	Family Nursing & Home Care
General Sales List Medicines (GSL)	Medicines available for purchase in sealed packs from lockable premises (e.g. supermarket, petrol station).
GP	General Practitioner
HEI	Higher Education Institute
HR	Human Resources
HSSD	Health and Social Services Department
IP	Independent Prescriber
License	Awarded to medicines following their development authorising their use in the UK, the Summary of Product Characteristics produced by the manufacturer details the use of the drug in question.
MHRA	Medicines and Healthcare Products Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
NMP	Non-Medical Prescriber
NPC	National Prescribing Centre (now integrated into NICE)
Off-Label/ License	The medicines is licensed, but is prescribed for use outside the license's instructions.
OSCE	Objective Structured Clinical Examination
PGD	Patient Group Direction
Prescription only medicines (POM)	Those medicines only available on prescription.
Pharmacy medicines (P)	Those medicines only available for purchase from a pharmacy.
RNPP(J)	Registered Nurse Prescribing Practitioner (Jersey)
RPP	Registered Prescribing Practitioner (Jersey local registration)
SoJ	States of Jersey
SP	Supplementary Prescriber
Unlicensed	The medicines have not been awarded a license for use in the UK, but may be licensed in another country.

8 IMPLEMENTATION PLAN

Action	Responsible Person	Planned Timeline
E-mail to all relevant clinical staff	Jersey Social Security (Health Zone) Island Wide NMP Lead Organisation NMP Lead (FNHC/JHC)	Within 2 weeks following ratification
Policy to be placed on central filing under the relevant section	NMP Lead (FNHC/JHC) Quality and Governance Lead (FNHC/JHC)	Within 2 weeks following ratification
Communicate to the public and service users through provision of appropriate literature and publicity	NMP Lead (FNHC/JHC)	Within 2 weeks following ratification

9 APPENDICES

Appendix 1 – Intention to Prescribe Scope of Practice Declaration

INTENTION TO PRESCRIBE SCOPE OF PRACTICE DECLARATION (NON-MEDICAL PRESCRIBER)

Name: **Role/Profession:**

Base: **Date:**

Please complete this form electronically, enlarging where necessary, then print off and sign where indicated. One copy of the completed document is to be sent to the Island Wide Non-Medical Prescriber (NMP) Lead, one copy to be retained by the organisation Chief Executive Officer (CEO), NMP Lead and Human resources.

This Scope of Practice documentation:
(1) Is for governance purposes to monitor against your prescribing data.
(2) Should be used during your appraisal as a tool to plan your development as a prescriber.
(3) Is for the CEO to provide assurance to the organisation that the practitioner has attained the necessary competencies as per the Single Prescriber Competency Framework (NPC 2012) in line with the NMP Policy.

Disease Area to be Prescribed For	Evidence of Competence to Prescribe in this Area	Recent CPD Supporting Prescribing in this Area (Include dates)	Please State Guidelines or Attach Protocols Worked to
e.g. Asthma. **Please insert more rows below if necessary.**	**e.g. 10 years' experience in this clinical area, or a Diploma in asthma etc.**	**e.g. Formal updates, courses attended, journal articles, peer review etc.** **Give as much detail as possible**	**e.g. British Thoracic Society guidelines.**
What plans do you have to audit your prescribing?			
Please give a brief description of the Clinical Supervision you receive?			
Have you identified any Continuing Professional Development needs relating to prescribing? If so, how do you plan to address these needs?			

Annual Appraisal Review:

Date	NMP Signature	Appraiser Signature

Confirmation of Approved Independent and Supplementary Prescribing Qualification	
Qualification:	**Higher Education Institute:**
Professional Registration Number:	**Professional Regulator:**
Verified/Signed Organisation NMP Lead:	**Date:**

My intended scope of practice has been discussed with the Organisational NMP Lead, and I agree to abide by the NMP Policy, and the current prescribing standards my professional regulator.

Non-Medical Prescriber signature: .....

I ..... (print name) have:

(1) Discussed the above scope of practice with the practitioner and am satisfied that they have attained the necessary competencies (National Prescribing Centre Framework).
(2) Read and understood the latest version of the NMP Policy.
(3) Understood the requirements for monitoring and audit of prescribing practice.

CEO/delegate signature: ..... **Date:** .....

The NMP is working under the supervision of a Designated Medical Practitioner (DMP) and within a learning environment.

Name of DMP (print): .....

Qualification of DMP: ..... **Role (e.g. Consultant, GP):**.....

DMP signature: ..... **Date:** .....

Please send a copy of the completed document to the organisation NMP Lead, who will sign and send a copy to the Island Wide NMP for registration purposes as required under local Jersey legislation.

I confirm that I have checked all the requirements for local Jersey Registration (tick as appropriate) at:

1) The time of initial qualification ☐
2) Annual Re-registration ☐
3) Following appointment from other provider organisation ☐

The identified practitioner has the approval of the CEO (or delegate) that Non-medical Prescribing is a part of their role and is supported by a Designated Medical Practitioner; that they have demonstrated that they have current up-to-date knowledge for prescribing practice, evidenced in an individual prescribing portfolio and that they understand and will work within the current
Non-medical Prescribing Policy.

I now recommend this practitioner is authorised to assume Independent and Supplementary prescribing privileges, subject to approval by the Jersey Professional Care Regulation Team. This will be reviewed on an annual basis, subject to the NMP Policy.

Organisation NMP Lead signature ..... **Date:** .....

Island Wide NMP Lead signature ..... **Date:** .....
(for Jersey Registration)

Appendix 2 – A guide to help doctors prepare for and to carry out the role of a Designated Medical Practitioners

The period of learning in practice for the Non-Medical Prescriber (NMP) trainee is to be directed by a Designated Medical Practitioner (DMP), who will be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies. These outcomes will normally be identified by the accredited Higher Education Institute (HEI) running individual courses.

Practitioners undertaking the course require a medical prescriber willing to supervise them in a 12 day 'learning in practice' element of the preparations. Some of the mentorship time may be achieved by utilising experienced pharmacists and NMPs for support and advice, whilst retaining the medical mentor as the key assessor.

Competencies for Designated Medical Practitioners

Before taking the role of a DMP, the doctor and organisation should consider the competencies needed to effectively undertake this role. The following broad core competency areas for DMPs have been identified, which can be adapted and used as a checklist for potential candidates:

- the ability to create an environment for learning
- personal characteristics
- teaching knowledge
- teaching skills

The DMP must be a registered medical practitioner who:

1. Has normally had at least three years recent clinical experience for a group of patient in the relevant field of practice.
2. And:
    a. Works 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

    b. Is a Consultant (or at minimum an Associate Specialist).
3. Has the support of the GP practice or Health and Social Services Department to act as the DMP who will provide supervision, support and opportunities to develop the trainee's competence in prescribing practice.
4. Has some experience or training in teaching and/or supervising in practice.
5. Normally works with the trainee. If this is not possible (such as in nurse led services), arrangements can be agreed for a 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 will ultimately be carrying out their prescribing role.
6. The DMP must be sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the trainee to undertake the programme.

What is the DMP expected to do?

The DMP has a crucial role in educating and assessing the NMP, which 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 with the patient or carers, and the development of treatment management plans
- 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 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 module, 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 of the 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, including information on the course content, learning outcomes, timetable and assessment strategy
- an assessment workbook/log
- visits to the place of practice (this may not be possible in Jersey)
- assessment of the learning environment
- on-going contact

The above information is an extract from the National Prescribing Centre (2005).

Appendix 3 - Pre-course Information Checklist (Eligibility Criteria) For Entry onto the Non-Medical Prescribing Programme

The following checklist should be used by the Non-Medical Prescribing Leads (or designate) for structuring discussions with potential Non-Medical Prescribing Course candidates.

Aspects for Discussion	Discussed Yes/No	Comments
Organisational requirements		
Candidate has fulfilled the identified training requirements. Access to email. Need for Non-Medical Prescribing in area of practice (e.g. Community environment, JGH). Benefits of Non-Medical Prescribing in their role. Costs of Non-Medical Prescribing in the role (e.g. pressure on existing role requirements)		
Employer – confirmation of the following		
Has attended the 'Preparation for Prescribing Programme' and has been assessed as competent to take history Can undertake clinical assessment Can diagnose within area of scope of practice Demonstrates sufficient knowledge to apply principles of prescribing to own area and field of practice Demonstrates appropriate numeracy skills Identified in job description and Personal Development Plan. Has a current DBS check		
Organisation NMP Lead informed of application		
Informed of intended Designated Medical Practitioner (DMP) Identifies prescribing budget		
Programme Requirements and Academic Ability		
Attendance, commitment, punctuality requirements given Absence from programme notified to prescribing lead Portfolios, assessment reported to prescribing lead on completion of programme to inform scope of practice Programme requirements vary depending on the individual NMP course, more specific information can be accessed from each Higher Education Institute Demonstrates understanding of framework for supplementary and independent prescribing Candidate has evidence required in portfolio having followed 4 day preparation for prescribing programme Dates, course outline, pre-course reading, resource list, pre-course briefing dates		
Eligibility requirements criteria		
3 years post registration experience Year preceding course entry in clinical field of prescribing Previous application to course (University decision)		
DMP/NMP support		
DMP identified and engaged DMP registered on General Medical Council Register DMP meets specific criteria provided (Appendix 2) DMP information given/pre-course briefing date Learning contract agreed including supervised practice		

Post Course Requirements		
Registered with appropriate professional body and follows NMP policy Scope of practice agreed with Organisation NMP Lead and review date Attendance at Continuing Professional Development Events/Forum participation Maintain competencies through use of organisational framework Ongoing support from DMP Clinical Supervision identified		
Start Date:		

DESIGNATED MEDICAL PRACTITIONER

Name	Contact details (Work tel no., e-mail)	Professional Address	Signature

Nominee's Signature: ..... **Print Name:** ..... **Date:** .....

Line Manager Signature: ..... **Print Name:** ..... **Date:** .....

NMP Lead Signature: ..... **Print Name:** ..... **Date:** .....

Appendix 4 - Personal Details Form

Checklist for CEO/delegate, for Non-Medical Prescriber (NMP) registration post-qualification or if new to organisation.

A copy of this form must be forwarded to the Organisation NMP Lead for inclusion of the NMP on the 'live' database before prescriptions can be written.

Name of NMP	
Sample signature and initials of NMP	
Name of Chief Executive Officer / Delegate	
Date completed	

Step	Checklist items	Tick
1	Confirmation of prescribing qualification on the professional register?	
2	Review of the new prescriber's job description to ensure the role of prescriber is explicit?	
3	NMP has read and understood the NMP Policy?	
4	Supplementary prescribers have developed and agreed Clinical Management Plans for their area of practice?	
5	Intention to Prescribe Scope of Practice document completed?	
6	Identified Designated Medical Practitioner (DMP) in line with professional regulation criteria? Name of DMP: Contact details:	
7	The prescriber has access to clinical supervision?	
8	Requirements for ongoing prescribing specific Continuing Professional Development discussed with Organisation NMP Lead?	
9	Review of practice portfolio (based on National Prescribing Centre Single Competency Framework) with Organisation NMP Lead?	
10	Confirmation of Jersey registration as Prescribing Practitioner	
11	Copy of Jersey Registration Prescribing Certificate	

SIGNED **DATE**

NMP: ....

CEO / delegate: ....

Organisation NMP Lead: ....

Appendix 5 - Non Medical Prescribing Standards of Supervision and Continued Professional Development (CPD)

Registrants who are following an approved Higher Education Institute course for Non-Medical Prescribing as a minimal standard will:

No.	Standard	Date/ Signature
1	Attend a tripartite meeting with the Designated Medical Practitioner (DMP) and Organisation Non-Medical Prescriber (NMP) Lead within the **first month** of commencing the programme. Preparation materials, portfolio and learning contract will be explained.	
2	Learning contracts will be completed in partnership with the Trainee Prescribing Registrant, DMP, CEO/delegate and Organisation NMP Lead. These will be returned to the course Lead within the **first month** of commencing the programme.	
3	**Monthly meetings** – minimal (documented), will be completed between the Trainee Prescribing Registrant and the DMP. These will be documented and recorded as part of the Practice Log.	
4	The course tutor will visit the Trainee Prescribing Registrant and DMP on two occasions over the six month period to support learning in practice and to monitor progress.	
5	The Organisation NMP Lead/course tutor will work with the Trainee Prescribing Registrant on at least one occasion.	

(i) Post NMP Qualification (Preceptorship) and (ii) Registrants who hold an approved NMP qualification, appointed from the United Kingdom and where prescribing is deemed appropriate to their role, job description and employment specification.

In line with standards of each professional regulatory body and NMP Policy, prescribing practice must be identified in the NMP job description and employment specification. Post qualification it is essential to maintain Continuing Professional Development (CPD), and is a legal requirement of practice and re-registration within the States of Jersey (SoJ).

Either a continuation of the existing DMP relationship (developed during training), or formation of a new formalised DMP partnership (for staff appointed from UK with approved NMP qualification) is required to ensure robust clinical supervision relationship, in order to augment safe systems of working.

Staff who hold a current NMP qualification, who are appointed from the United Kingdom ***and*** where the DPCS has deemed independent prescribing as a key component to their role, grade and job description, will be required to undertake a specific non-medical prescribing induction as directed by the Organisation NMP Lead.

This will include specifically, understanding of Organisational Medicine and Non-Medical Prescribing policies (and all associated policies as required by the SoJ Non-Medical Prescribing legislation and formulary requirements). This will require a plan to fulfil the requirements to register as a Jersey Registered Prescribing Practitioner (RPP) as detailed below.

An appropriate DMP must be identified in the NMPs area of practice, before prescribing rights can be approved. This will be determined on an individual basis, in consultation with the Organisation NMP Lead. A prescribing practice portfolio must be established, maintained and developed based on the Royal Pharmaceutical Society Competency Framework for all Prescribers (2016)

For all post qualified RPP's, there is a requirement that as a NMP, meetings will be held at least every other month, to discuss prescribing practice as a minimal standard. This will be recorded in the practice log component of the prescribing portfolio.

All prescribing episodes, along with other relevant prescribing specific primary evidence, will be documented and mapped alongside the RPS (2016) Competency Framework for all prescribers in the individual NMPs Prescribing Portfolio. Practice Portfolios are the key documentation record to evidence safe practice and CPD. The portfolio is required to maintain local registration to practice within SoJ. Portfolios may be required for inspection by the Organisation NMP Lead. It is expected the prescribing portfolio will be used as a component of the NMP annual performance, development and appraisal interview with their line manager.

Re-registration for RPP's will occur annually, facilitated by the Organisation NMP Lead. Licence to practice will require authorisation signatures from the following people before the Professional Care Regulation Team will allow renewal to practice:

- DMP
- CEO/delegate
- Organisation NMP Lead
- Island Wide NMP Lead

Withdrawal of the prescribing practitioners registration to prescribing rights can be actioned by the CEO (or authorised delegate), should prescribing practice:-

(1) not be maintained
(2) NMPs move to a different clinical area where prescribing is not deemed appropriate
(3) if there is concern about competency
(4) when the RPP leaves the organisation

The live database for prescribing practitioners will be updated and maintained by the Organisation NMP Lead.

DMP minimum requirements for NMPs currently undertaking an approved course					
Time commitment	**Hours**	**Sessions**	**Hours per student**	**Hours per cohort**	
Pre-qualification					
Tripartite meeting with Organisation NMP Lead	1	1	1		
Monthly DMP meeting	1	6	6		
Practice visits with prescribing lead	1	2	2		
Attendance at end of course presentation	3	1		3	
Post Qualification ongoing prescribing CPD					
Two monthly DMP meeting	1	6	6		
TOTAL HOURS			**15**	**3**	**18**

DMP minimum requirements for existing NMP currently holding an approved NMP qualification, following the first year of local registration (*6 month preceptorship*)				
Time commitment	**Hours**	**Sessions**	**DMP hours per student**	
Preceptorship				
Tripartite meeting with prescribing lead	1	1	1	
Monthly DMP meeting	1	6	6	
Practice visits with prescribing lead	1	2	2	
Ongoing prescribing CPD				
Bi monthly DMP meeting	1	6	6	
TOTAL HOURS			**15**	**15**

Appendix 6 – Clinical Management Plan (CMP) Template

Name of Patient: **Date of Birth:** **URN:**	**Patient medication allergies/sensitivities:**	
Independent Prescribers (IP): **Contact details**	**Supplementary Prescribers (SP):** **Contact details**	**GP** **Contact details**
Condition(s) to be treated	**Aim of treatment**	

Medicines that may be prescribed by SP

Medicine	Indication	Dosage form	Dose schedule	Specific indications for referral back to the IP

Guidelines or protocols supporting CMP:	

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 7 - Clinical governance framework for non-medical prescribing

Component of clinical governance	Organisation requirement
Clear lines of responsibility or accountability for overall quality of clinical care Chief Executive Officer (CEO) / Delegate Organisation NMP Lead	Ensure there is an identified Non-Medical Prescriber (NMP) Lead, reporting directly to the Quality and Governance department.
	Ensure non-medical prescribing is an agenda item for appropriate professional and corporate meetings.
	Ensure non-medical prescribing is included in reports on quality of care to the Quality and Governance department.
	Ensure non-medical prescribing forms part of the clinical governance action planning.
	Ensure all NMP are annotated as prescribers with their professional body and are locally registered under Jersey legislation.
Clinical effectiveness **Organisation NMP Lead** Quality and Governance Lead	Ensure ordering and distribution of the British National Formulary to NMPs and / or access to online BNF resources
	Ensure all local guidelines reflect current evidence (incorporating national guidelines, e.g. NICE) and are disseminated to NMPs.
	Quality and Governance team to include prescribing audits in their annual programme.
	Include NMP in the existing monitoring frameworks for prescribers, utilising audit as part of the process. This should include choice and range of medicines in line with scope of prescribing.
	Ensure NMP are informed of all relevant clinical information (e.g. MHRA Drug alerts, Hazard warnings).
Workforce planning and development CEO / Delegate Organisation NMP Lead Quality and Governance Lead	Ensure succession planning and contingency plans are in place to maintain continuity of services.
	Ensure systems are in place that selects appropriate applicants for training meeting the criteria outlined by professional bodies.
	Ensure applicants are assessed for competency and skill in their potential prescribing practice.
	Ensure the clinical area identified for non-medical prescribing benefits the patient, and the applicant has a willingness to prescribe once qualified.
	Have in place continuing professional development for NMP, identified as part of the individuals' personal development plan and as per their job description.
	Have in place a framework to address 'non' prescribing and competency issues.
Managing risk CEO / Delegate Organisation NMP Lead Quality and Governance Lead	Non-medical prescribing should be incorporated in all aspects of clinical risk management: patient safety, confidentiality, IT systems, yellow card system for reporting adverse drug reactions, complaints and control assurance programmes.
	Ensure all NMP have personal professional indemnity insurance.
	NMP monitoring occurs on an individual basis.
	That the Organisation NMP Lead is informed when staff qualified as an NMP leave the organisation.

Component of clinical governance	Organisation requirement
Management systems to support and ensure excellence in prescribing CEO / Delegate Organisation NMP Lead Quality and Governance Lead	Ensure the parameters of the NMP practice are documented within the individual job descriptions for staff qualified as an NMP.
	Have in place appraisal processes, and capability programmes to manage poor performance.
	Ensure clinical supervision is available and root cause analysis process are used to inform the development of prescribing practice.
	Ensure a database is held listing all NMP, a copy of their signature and their prescribing status.
	Ensure employment processes inform the Organisation NMP Lead. This will include newly appointed staff, practitioners changing clinical areas, leavers and changes in their post / prescribing status.
Patient involvement Organisation NMP Lead NMP Practitioners	Ensure patient's views are sought and they are involved in service development.
	Ensure patient information (Appendix 8) is available about non-medical prescribing in appropriate formats.
	Patients' experiences of non-medical prescribing are sought in patient surveys of their health services experience.

Appendix 8 – Patient Information Leaflet on non-medical prescribing

Family Nursing & Home Care

Jersey Hospice Care

Patient Information

Non-Medical Prescribing

This leaflet gives you an overview of Non-Medical Prescribing

Family Nursing & Home Care
Jersey Hospice care

Who can I contact for more information?

Discuss any questions you have with your non-medical prescriber either when you see them or call them using the contact details below.

Non-medical prescriber's name:

.....

Telephone number: .....

Family Nursing & Home Care

Jersey Hospice Care

MISC00021-20180815-v2 August 2018

What is non-medical prescribing?

Doctors and dentists are called 'medical prescribers'. Non medical prescribing is when other health professionals prescribe medicines. They may be a nurse or a pharmacist and are called 'non-medical prescribers'.

There are many benefits to non-medical prescribing including:

- improving your access to medicines
- helping control your symptoms better
- it may speed up your consultation time and improve your experience

We will ask if you agree to a non-medical prescriber writing your prescriptions. Whatever you decide, we will give you the best treatment and care possible.

Is it safe?

Yes. Non-medical prescribers receive training and are approved by a professional healthcare body.

Non-medical prescribers working in Jersey must also register with the local governing body.

What can they prescribe for me?

They can only prescribe medicines that are within their specialist area.

For hospice staff this will be medicines used for palliative care, which includes a range of conditions and aims to control your symptoms (e.g. pain, sickness). The rapid response team will prescribe a range of medicines including antibiotics.

Can I still see a doctor?

Yes. The non-medical prescriber works with your doctor to care for you. If they have any concerns, they will speak to your doctor and can arrange for them to see you.

If you would like to see a doctor, please speak to your non-medical prescriber or another member of the team. They can arrange this as soon as possible.

What else should I know?

Any decision you make with your non-medical prescriber should be a shared agreement. You should always feel free to ask any questions you may have.

What can I do if I am not happy with the decisions?

Discuss any concerns that you have with the non-medical prescriber. An open and honest approach is the only way we can improve the quality of our service.

If you feel unable to do this, you can speak to their manager or your doctor.

You can also ask a member of staff for a feedback form, so that you can raise your concerns or complaints.