

# **Greenwich Non-Medical Prescribing Policy**

V4.1

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

<b>Approved by</b>	Medicines and Pathway Implementation Group (MPIG)
<b>Date approved</b>	May 2023
<b>Name and title of originator/author</b>	Lara Elwahsh
<b>Name of responsible committee/individual</b>	MPIG
<b>Review date</b>	February 2023
<b>Policy description (Max 50 words)</b>	The policy outlines the legal context in which qualified non-medical prescribers (NMPs) may prescribe within NHS setting
<b>Target audience</b>	Non-medical prescribers employed by or providing services within Greenwich borough
<b>Stakeholders engaged in development or review</b>	NMPs (pharmacists, nurses & Allied Healthcare Professionals) and MPIG

#### Version Control

<b>Version number</b>	4.1
<b>Supersedes</b>	Non-Medical Prescribing Policy V3.0 (June 2019)

#### Monitoring

<b>Monitoring method</b>	Monitoring of NMP prescribing against scope of practice (ScOP)
<b>Frequency</b>	Quarterly
<b>Responsibility</b>	Greenwich Medicines Optimisation Team
<b>Reporting</b>	Lead Practices

#### Acknowledgements

SEL ICB Southwark & Bexley Medicines Optimisation Teams

## Contents

1. Background .....	4
2. Aims of Policy .....	4
3. Scope .....	4
4. Rationale for Non Medical Prescribing .....	5
5. Responsibilities.....	5
6. Definitions .....	6
7. Eligibility Criteria for Entry onto the ICB Register of Non Medical Prescribers .....	7
8. Local Registration - Procedure for joining a GP Practice or Cost Centre .....	7
9. Procedure when NMP leaves a practice or works in more than one practice.....	8
10. Responsibilities of the ICB Medicine Optimisation Team.....	8
11. Prescribing Guidance .....	8
12. Documentation and Record Keeping.....	10
13. Adverse Drug Reaction and Incidents.....	10
14. Security and Safe handling of Prescriptions ( include prescription Fraud).....	10
15. Professional Indemnity Cover.....	11
16. Working with Industry .....	11
17. Continuing Professional Development (CPD).....	11
18. Monitoring Compliance.....	12
19. Smart Card Loss/Stolen .....	12
20. Supporting References.....	12
Appendix 1. Greenwich ICB NMP Scope of Prattice.....	13
Appendix 2: NMP Joining and Notification Flow chart.....	16

## 1. Background

The proposals for non-medical prescribing were first introduced after the Review of Prescribing, Supply and Administration of Medicines, chaired by Dr June Crown CBE when district nurses and health visitors were allowed to prescribe from a limited list of medication in 1998.

In 2001 non-medical prescribing was extended to allow trained nurse prescribers to prescribe for a limited list of conditions from an extended formulary. In April 2003 regulations came into force for Nurse and Pharmacist Supplementary Prescribing so that after an initial assessment of a patient by a doctor, the NMP could prescribe for that patient in accordance with a clinical management plan (CMP).

In 2006 regulations allowed pharmacists, nurses and optometrists to practice as independent prescribers and to prescribe, within their competency, licensed Prescription Only Medicine (POM), Pharmacy medicine (P) & General Sales List medicine (GSL) on FP10. Following amendments to the UK-wide legislation and NHS Regulations in England in 2016 eligible practitioners and allied healthcare professionals will be able to undertake independent prescribing training programmes as they are approved by General Health and Care Professions Council (HCPC).

## 2. Aims of Policy

The aim of this policy is to provide a framework to allow non-medical prescribers working within Greenwich to practice safely and effectively. This policy has been developed from the document [‘Improving Patients Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England’](#) (Department of Health, August 2006, Gateway Reference: 6429). This policy should be read in conjunction with South East London (SEL) Integrated Care Board (ICB) policies and Royal Pharmaceutical Society [A Competency Framework for All Prescribers](#).

The safe use of medicines within SEL medicine policies are as below:

- [SEL Interface Prescribing Policy 2020-2022](#)
- [SEL NHS and Private Interface Prescribing Guide 2019-2022](#)
- [SEL Treatment Access Policy 2022](#)
- [SEL Standards of Business Conduct Policy \(inc. working with Industry\) 2021-2024](#)

## 3. Scope

The content of this policy applies to all activity by non-medical prescribers (NMPs) employed by or providing services within primary care in Greenwich.

Approved roles for prescribing are highlighted in the Human Medicines Regulations (2012) and include:

- Registered nurse or midwife
- Registered pharmacist
- Registered chiropodist/ podiatrist
- Registered physiotherapist
- Registered therapeutic radiographer
- Registered optometrist
- Registered paramedics

The NMPs must fulfil the following criteria to practice:

- Have an approved job description from employer clearly identifying scope within their role to practice as a NMP.
- Successfully completed the approved training.
- Be registered with the appropriate regulatory body, e.g., NMC, GPhC, GOC or Health and Care Professions Council (AHPC)

The NMPs must only prescribe within their formulary and scope of practice.

Different types of prescribers hold different prescribing rights. It is important that the NMPs are aware of which products they are entitled to prescribe from their formulary. Pharmaceutical Services Negotiating Committee (PSNC) website [Who can prescribe what?](#) provides further information of the prescribing rights for different types of prescriber.

#### 4. Rationale for Non-Medical Prescribing

By extending prescribing responsibilities, the Non-Medical Prescribing Programme aims to achieve the following:

- Improve patient care without compromising patient safety
- Make better use of the skills of nurses, pharmacists and Allied Health Professionals
- Increase patient choice and access to medicines
- Allow more flexible team working across health services (RCN, 2014) (DOH, 2020)
- Reduce doctors' workloads, freeing up their time to concentrate on patients with more complicated conditions and more complex treatments.

#### 5. Responsibilities

- Prescribers must act in accordance with the standards set by their professional body and comply with their registration requirements.
- Practitioners must act within their own professional competence and expertise when prescribing.
- Prescribing must be a recognised function of the job role and included within the practitioner's job description.
- Greenwich Medicines Optimisation Team (MOT) is responsible for monitoring prescribing trends of non-medical prescribers.
- The Lead Prescriber is responsible for authorising all scopes of practice.
- The responsibility for ensuring NMPs are competent and have the skills required for their role –i.e. fitness to practice, remains that of the NMPs employer such as GP practice or provider organisations for Integrated Care Board (ICB) commissioned services. The NMPs employer is also responsible for agreeing a NMPs competencies and ensuring their completed scope for prescribing reflect their competencies.
- The NMP is responsible for informing lead prescriber/employer, MOT and lead nurse of any change in ScOP and updating Appendix 1.
- The ICB is responsible for ensuring that a NMP is registered with their appropriate professional body and has a prescribing qualification and subsequently authorising the NMP to prescribe against a particular practice/cost centre code.

## 6. Definitions:

<b>Accredited Prescribing Programme</b>	A post-registration prescribing programme that is approved and recognised by the appropriate regulatory body.
<b>Clinical Management Plan (CMP)</b>	The CMP is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, an agreed CMP must be in place relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber.
<b>Designated Medical Prescriber/ Designated Pharmacist Prescriber (DMP/ DPP)</b>	A Designated Medical Prescriber (DMP) / Designated Prescribing Practitioner (DPP) supports, directs and teaches the trainee NMP throughout their period of learning in practice and is responsible for assessing whether the learning outcomes have been met and whether the trainee NMP has acquired the competencies set out in the accredited prescribing programme.
<b>Independent Prescribing (IP)</b>	Described by the Department of Health (DH,2006) as "prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing"
<b>Non-Medical Prescriber (NMP)</b>	A range of non-medical healthcare professionals, other than doctors or dentists, who can prescribe medicines for patients as either Independent or Supplementary Prescribers. They have undertaken and successfully completed an accredited non-medical prescribing training programme and are registered with their regulatory body.
<b>Supplementary Prescribing (SP)</b>	A voluntary partnership between a doctor or dentist and a supplementary prescriber, to prescribe within an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement.
<b>Community Practitioner Nurse Prescribing</b>	This group of nurses have either qualified from a V100 or V150 course. They are fully accountable for their own practice. They are only able to prescribe from the community nurse prescriber's formulary and can only prescribe those medicines for the specific conditions listed within the formulary. This qualification is of most benefit to nurses working within the community but the V150 course is open to all nurse practitioners.

## 7. Eligibility Criteria for enter onto the ICB Register of Non-Medical Prescribers

Successful completion of a course will lead to the professional registration being annotated to the appropriate professional register.

- **Pharmacists'** registration may be checked on the General Pharmaceutical Council (GPhC) [website](#). Pharmacists' entries are annotated SP for supplementary prescriber and IP for independent prescriber.
- **Nurses'** registration may be checked by accessing the Nursing and Midwifery Council (NMC) [website](#). Prescriber status is listed under the recordable sections.
- **AHP's** registration may be checked on the Health and Care Professions Council (HCPC) [website](#). Prescriber status is clearly listed.
- **Optometrist** registration may be checked on the General Optical Council [website](#). Prescriber status is listed under 'specialty'. If the practitioner is not registered as a prescriber, there will not be a specialty listed.

All non-medical prescribers must complete a process of local registration of their qualification and their intention to practice before they begin prescribing.

The knowledge, skills and behaviours which underpin good prescribing are common to all prescribers regardless of professional background and since 2012, all prescribers have benefited from a single competency framework.

The Royal Pharmaceutical Society with the backing of NICE and in collaboration with all the prescribing professions UK wide, updated the competency framework to develop a single prescribing competency framework. The updated single competency framework was published in September 2021, for all regulators, professional bodies and prescribing professions. It is available to download [here](#).

It is also recommended that all NMPs subscribe to National Institute for Health and Care Excellence [newsletter and alert](#) for most up-to-date guidance, advice and support for delivering quality, safety and efficiency in the use of medicines.

Additional professional advice is available from professional registration bodies.

**Accountability for both GP practices' prescribing budgets and clinical governance in relation to Greenwich population lie with the ICB and not individual practices. In view of this, the ICB reserves the right to take a position on all arrangements for access to prescribing budgets and prescription pads by new prescribers.**

## 8. Local Registration - Procedure for joining a GP Practice or Cost Centre

NHS Prescription Services uses codes for prescribers and organisations to identify where the prescription costs should be assigned and to provide data about who has prescribed what products.

Codes are pre-printed on paper prescriptions and also form part of the electronic prescription.

Steps for registering a new NMP:

- NMPs are required to complete the ICB ScOP (Appendix 1);
- The forms can be found on pages 13 – 15 of this document
- NMP should agree ScOP with lead prescriber, GP lead or mentor (as appropriate) who should sign off the ScOP
- The NMP should send the completed signed forms together with supporting evidence of their ScOP to the MOT via email [greenwich.pharmacy@selondonics.nhs.uk](mailto:greenwich.pharmacy@selondonics.nhs.uk). This could be certificates of formal courses or portfolio of evidence in the areas they intend to prescribe in.
- The borough chief pharmacist and lead nurse authorise the scopes of practice.
- The MOT will contact NMP/practice to confirm that the registration has been completed.
- **Under no circumstances should an NMP be set up on EMIS web unless the above registration process has been completed and confirmation has been received from the ICB.**
- See Appendix 2 NMP Joining Notification process flow chart

#### 9. Procedure when NMP leaves a practice or works in more than one practice.

- It is the responsibility of the practice to inform the MOT when a NMP leaves the practice or starts working in more than one practice. Failure to do this will mean that prescribing costs not attributed to practice population will be charged to the practice.
- An authorised signatory at the ICB will advise NHS Prescription Services of the change by completing the appropriate forms.

#### 10. Responsibilities of the ICB Medicine Optimisation Team

- Conducting the governance process surrounding the registration and validation of NMP employed by the practice.
- Informing NHS Business Services Authority (NHSBSA) of additions/deletions or changes related to NMPs working in ICB commissioned services.
- Maintenance of a NMP database containing registration details including registration number, practice(s) worked in, contact details, details of scope, competencies etc.
- Monitoring each NMP's prescribing against their ScOP quarterly. Any deviations from scope will be highlighted to the NMP, NMP's clinical lead, borough chief pharmacist and lead nurse.
- Provide an annual prescribing update to NMPs

#### 11. Prescribing Guidance

- Before prescribing, the non-medical prescriber must carry out a full and holistic assessment of the patient including whether it is appropriate to issue a prescription or refer the patient to another healthcare professional.
- All prescribing should adhere to the local formulary and accompanying guidelines and policies unless it is in the clinical interest of the patient to do otherwise. Please refer to [SEL IMOC resources](#).
- Prescribing should aim to be safe, cost effective and evidence based.
- All prescribing decisions should be made when the prescriber has access to the patient's medical records, a clear understanding and knowledge of the patient's medical conditions, history and all current medicines.
- All prescribers must take individual responsibility for their prescribing decisions and should recognise that there are certain areas of practice where remote prescribing is unlikely to be suitable. High Level Principles for Good Practice in Remote Consultations and Prescribing document developed by NMC sets out the good practice expected of healthcare professionals when consulting and or prescribing remotely from the practice.
- Non-medical prescribers must only prescribe medicines for patients to whom they provide direct care in the area in which they work.



- There should be no prescribing undertaken for another prescriber or on request of another member of staff.
- Non-medical prescribers should not prescribe for themselves or for family members.

### 11.1 Repeat Prescribing

NMPs may issue a repeat prescription, but they must do so in the knowledge that they are responsible as the signatory of the prescription and are professionally accountable for their practice.

Before signing a repeat prescription the NMP must be satisfied that:

- They are familiar with organisation repeat prescription policy.
- It is safe and appropriate to do so and that secure procedures are in place to ensure that the patient /client are issued with the correct prescription.
- Each prescription is regularly reviewed and is only re-issued to meet clinical need.
- A regular review takes place, usually at either 3 to 6 monthly intervals or in line with practice prescribing policy.
- Suitable provision is in place for monitoring each patient/client's condition.

### 11.2 Private Prescribing

NMPs may issue private prescriptions for any licensed medicines that they are competent to prescribe.

### 11.3 Controlled Drugs

As of April 2012, Nurse and Pharmacist Non-medical prescribers are able to prescribe controlled drugs with some limitations.

Nurse and Pharmacist Independent Prescribers are able to prescribe independently schedule 2, 3, 4 and 5 controlled drugs. This extends to diamorphine, dipipanone and cocaine for the treatment of organic disease but not for treatment of addiction. Directions allow Pharmacist Independent Prescribers to also prescribe controlled drugs under the same circumstances.

Non-Medical Prescribers must only prescribe controlled drugs within the limits of their competence and experience and which they are legally entitled to prescribe.

Optometrist Independent Prescribers are **unable** to prescribe controlled drugs.

Supplementary Prescribers can prescribe controlled drugs provided that they are included in the patient's CMP.

### 11.4 Unlicensed Medicines

Nurses and Pharmacists Independent Prescribers and Supplementary Prescribers under CMP (refer [Who can prescribe what?](#)) may prescribe unlicensed medications within their competency, on the same basis as doctors but should only consider prescribing an unlicensed preparation when there is no licensed alternative. They will however accept full professional, clinical and legal responsibility for that prescription. NMPs who may prescribe unlicensed medicines can be found on.

In order to do so the following conditions must be met:

- [NMP must be familiar and adhere to the SEL IMOC RAGG list & MHRA Guidance on the supply of unlicensed medicinal products \("specials"\)](#)
- NMP must be satisfied there is sufficient evidence base to demonstrate its safety and efficacy.

- NMP should explain to the patient in broad terms why the medicines are not licensed for their proposed use.
- NMP must make clear, accurate, and legible record of all medicines prescribed and the reason for prescribing.

## 12. Documentation and Record Keeping

All prescribers are required to keep records, which are accurate, unambiguous and legible in line with requirements of the registering body standards for records.

Prescribers have a duty to keep up to date with, and adhere to, relevant legislation, case law, and national and local policies relating to information and record keeping.

Any item prescribed by a designated non-medical prescriber must be entered into all patient records within 24 hours. Where it is not possible to enter details into records directly, the information should be passed on to the appropriate person with this authority. (e.g. email a letter to a patient's GP). If it is not possible to locate a patient's GP (e.g. travellers) then a record should be made in the prescriber's records and include the patient's name, date of birth, address where seen, details of prescription, date given.

Patient records should be kept in line with the record management policy and retention schedules within the practices they are working in.

All prescribers should be up to date with information governance training as per their standard NHS contract and in line with the requirements for data protection and confidentiality.

## 13. Adverse Drug Reaction and Incidents

If a NMP suspects that a patient has experienced an adverse drug reaction (ADR) to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P), herbal medicine or combination of medicines, they should inform the GP responsible for the patient's continuing care and follow local policy with regard to incident reporting.

All clinically significant adverse reactions should be reported via the Yellow Card Scheme ([www.mhra.gov.uk](http://www.mhra.gov.uk)).

All significant incidents or near misses should be reported via the [Learn from patient safety events](#) and [Datix](#).

The NMP should evaluate the suspected adverse drug reaction(s) in accordance with the guidance issued by the Committee on Safety of Medicines (CSM) and decide if they need to complete a "Yellow Card" to notify the CSM of a suspected adverse drug reaction. Hard copies of the form can be found at the back of the BNF, electronic copies can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

If an appliance or dressing is involved in an adverse incident then it must be reported to the Medicines & Healthcare products Regulatory Agency (MHRA).

## 14. Security and Safe handling of Prescriptions (include prescription fraud)

It is the responsibility of each prescriber to ensure the security of the prescription pads at all times. The [Security of Prescription Forms Guidance](#) provides a framework for practices and prescribers on effective and safe management, storage, distribution of prescription forms to ensure their security against theft and misuse. In the event of loss or theft of a prescription pad the following procedure should be followed (refer to Standard Operating Procedure for lost or stolen prescription for more information).

- Prescriber to collate details of the approximate number of prescriptions lost and the prescription serial numbers.
- Prescriber to report loss immediately to the email address: [England.ion-alerts@nhs.net](mailto:England.ion-alerts@nhs.net) and complete online form <https://cfa.nhs.uk/reportfraud>.
- NHS England London team will inform all pharmacies and relevant GP practices with details of the name and address of the prescriber concerned and the approximate number of prescriptions stolen and the serial numbers of the prescriptions.
- Out of normal working hours, the prescriber should immediately inform the police and the Director on call at NHS England London Area Team. The normal procedure (above) should then be followed on the morning of the next working day. In all cases, an incident form should be completed and forwarded to the prescriber's line manager, in accordance with incident reporting procedures.
- The prescriber will be advised to write and sign all prescriptions in a particular colour (usually red) for a period of two months. Computer generated prescriptions should be signed in this colour.

### 15. Professional Indemnity Cover

It is a requirement for all healthcare professionals to hold an appropriate indemnity arrangement, commencing 17 July 2014.

By law, nurses and midwives must have in place an appropriate indemnity arrangement in order to practise and provide care. While the arrangement does not need to be individually held by the nurse or midwife, it is their responsibility to ensure that appropriate cover is in force.

Professional indemnity insurance can be arranged through membership of professional body or trade union but practitioners need to be aware that different organisations provide varying levels of cover.

Further information on indemnity for nurses/pharmacists can be found at:

<https://www.pharmacyregulation.org/professional-indemnity-requirements>

<https://www.nmc.org.uk/globalassets/sitedocuments/registration/pii/pii-final-guidance.pdf>

### 16. Working with Industry

Prescribers should act within their professional code of conduct and be aware of the ICB' policy in relation to [Joint Working with Industry \(2021-2024\)](#).

### 17. Continuing Professional Development (CPD)

- Employers have a responsibility to ensure that prescribers have access to and undertake the relevant continuing professional development as identified through their staff appraisal. This must be undertaken in order to maintain registration as competent to prescribe.
- It is the NMP's responsibility to remain up to date with knowledge and skills to enable them to prescribe competently and safely.
- The NMP must act in accordance with their code of professional conduct, performance and ethics.
- As a health professional, the NMP should ensure that their continuing professional development is in line with their role as a prescriber.
- The Royal Pharmaceutical Society guidance on [Expanding Prescribing Scope of Practice](#) provides NMPs with a structure to identify their developmental needs, highlights ways in which these needs can be met, and offers guidance on how to

document the process and outcome. A number of case studies across a range of professions and settings are provided in the guidance to illustrate the process.

- NMPs wishing to extend their scope of practice, steps outlined in Section 8 (**Local Registration - Procedure for joining a GP Practice or Cost Centre**) should be followed.

### 18. Monitoring Compliance

Non-medical prescribing needs to take place within a framework of clinical governance. Compliance will be monitored in the following ways:

- NMP are required to engage in an annual audit of their prescribing practice with support from the clinical lead where practical, or the NMP lead within ICB.
- Data related to prescribing practice of NMP will be gathered through ePACT2 information by MOT quarterly.
- Completion of CPD, Clinical supervision, maintenance of a portfolio and completion of annual audits are requisites of continuing practice.

### 19. Smart Card Loss/Stolen

If your Smartcard has been lost or stolen, follow the below 2 steps:

- Contact your Local Registration Authority  
SEL ICB Contact details:  
Pin Bhandal - RA manager  
RA team - IT Help desk  
Email: [ict@selondonics.nhs.uk](mailto:ict@selondonics.nhs.uk)  
Tel: 020 8176 5400
- Call or email the [Helpdesk](mailto:helpdesk@nhs.net) (0333 200 1133 / [helpdesk@nhs.net](mailto:helpdesk@nhs.net)) as soon as possible to raise a priority incident to remove the access to NHSmail and O365 using your Smartcard. You can also contact a Local Administrator in your organization who will be able to raise this incident on your behalf. We would require your nhs.net email address and if possible, your Smartcard number.

### 20. Supporting References

- Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. DH, London
- The Royal Pharmaceutical Society (2017) Prescribing Competency Framework: <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>
- General Pharmaceutical Council (2017) Standards for Pharmacy Professionals: <https://www.pharmacyregulation.org/standards>
- [The Health and Care Professions Council \(HCPC\) | \(hcpc-uk.org\)](http://www.hcpc-uk.org)
- Nursing and Midwifery Council (2017) The Code: Professional standards of practice and behaviour for nurses and midwives: <https://www.nmc.org.uk/standards/code/>
- Statutory Instruments 2012 No. 1916 The Human Medicines Regulations 2012: <http://www.legislation.gov.uk/uksi/2012/1916/contents/made>

**Appendix 1- Scope of practice agreement**

**Intention to Prescribe or Scope of Practice (ScOP) Agreement**  
PLEASE COMPLETE THIS DOCUMENT ELECTRONICALLY (TYPED) & IN DETAIL

**Name shown on register:**

**Job title:**

**Contact number:**

**Work base (complete for all bases):**

**NMC/GPhC/HCPC no:**

**Email:**

**Date ScOP written and agreed:**

<b>State which group(s) of patients / clients you will be prescribing for e.g. children, adults</b>					
<b>State your speciality(s) e.g. COPD, type 2 diabetes</b>					
<b>State where your prescribing will take place e.g. GP practice, community pharmacy</b>					
<b>Detail the disease areas you will prescribe in</b>	<b>Detail the name(s) of medicines you will NOT prescribe</b>	<b>Detail any medicines that you will prescribe as part of a CMP</b>	<b>Detail your evidence to prescribe competently in this area (i.e. training undertaken and work experience done with dates / periods of time):</b>	<b>Detail your recent CPD which supports your prescribing in this area (include dates)</b>	<b>State the guidelines or protocols you work to</b>
Asthma in adults	EXAMPLE: Theophylline	EXAMPLE: None	EXAMPLE: Prescribing portfolio at KCL Mar 18 based on asthma patients  5 years running asthma clinics in hospital  KCL Advanced Assessment Apr 18	EXAMPLE: e.g. Formal updates, courses attended, journal articles (or whatever applies)  Please give as much detail as possible.	EXAMPLE 1: NICE Clinical Guidelines: Asthma: diagnosis, monitoring and chronic asthma management. Nov 17  CESEL Asthma Guideline 2019


**Governance of your prescribing**

Describe how you will audit your prescribing:	
Describe how you will monitor the patient experience of attending your clinic / service:	
Describe the ongoing supervision / mentorship that you receive within the practice for your prescribing:	

**Identify your CPD needs relating to your area(s) of competence and clinical practice, including prescribing**

<b>Area of CPD identified</b> Helpful hint: be specific and realistic in your area	<b>State how you will meet your identified need</b> e.g. through training, shadowing, supervised practice, peer discussions	<b>Date to meet this CPD need by</b> Helpful hint: be realistic

--	--	--

**Declaration**

Please state if the following statements are true or false by inserting "T" for True and "F" for False in the column provided.

1. I will not prescribe for myself	
2. I will not issue repeat prescriptions unless the drug(s) are within my ScOP	
3. I have appropriate indemnity arrangements to cover my independent prescribing	
4. I have access to or subscribe to <a href="#">NHS England » Patient safety</a> and <a href="#">CAS - Home (mhra.gov.uk)</a> receive alerts	
5. I have access to <a href="#">Yellow Card   Making medicines and medical devices safer (mhra.gov.uk)</a> , <a href="#">Learn from patient safety events</a> and <a href="#">Datix</a> to report any incidents	
6. I have discussed this my ScOP with my practice GP prescribing lead / non-medical prescribing mentor / line manager	
7. I have access to <a href="#">South East London Joint Medicines Formulary Formulary (selondonjointmedicinesformulary.nhs.uk)</a>	
8. I confirm my appraisal included a review of my prescribing performance	

**I declare that this is my current ScOP Agreement and that I will update it at least annually or sooner if my area of competence and clinical practice changes. I agree to keep up-to-date with current guidance and evidence-base.**

**NMP signature:**

**Date:**

**GP Lead / Mentor / signature:**

**Date:**

**Approved by Lead Nurse:**

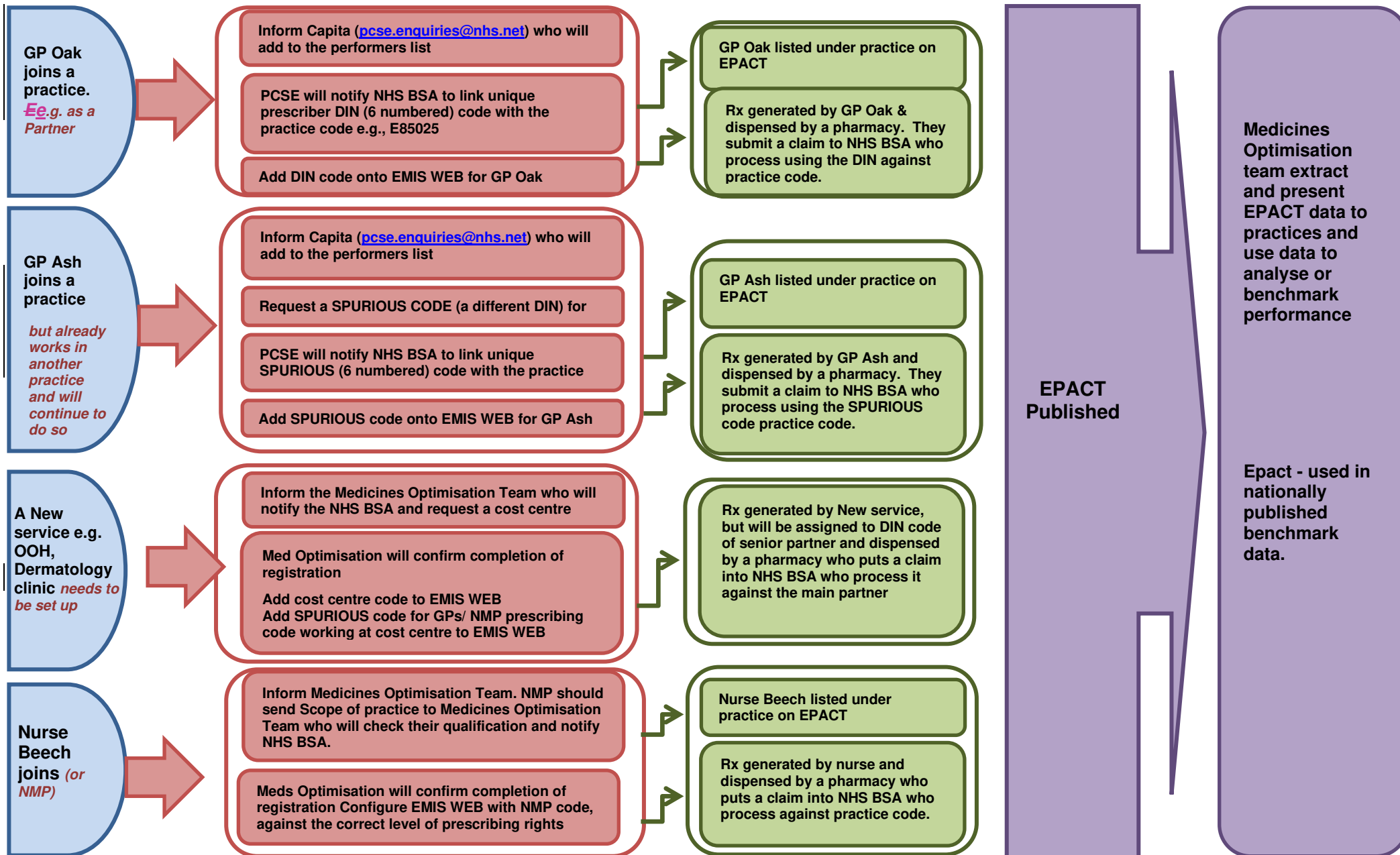
**Date:**

**Approved by Borough NMP lead / Chief Pharmacist:**

**Date:**

Please return the completed form to: [Greenwich.Pharmacy@selondonics.nhs.uk](mailto:Greenwich.Pharmacy@selondonics.nhs.uk)

## Appendix 2: GP / Non Medical Prescriber (NMP) joining notifications process flow diagram



Date approved: May 2023

Review date: May 2025

**You must notify PCSE/ Medicines Optimisation team and amend EMIS WEB when a staff member leaves otherwise prescribing will continue to be linked to the practice**