

## Non-Medical and Dental Prescribing Governance Framework

### 1. Introduction:

This Governance Framework has been developed to ensure that all non-medical/dental prescribing (NMP) practice within Cardiff and Vale UHB is governed by the robust procedures and processes necessary to preserve patient safety and support and safeguard non-medical prescribers (NMPs). The framework enables NMPs to function in line with: professional standards; National Guidance; and legislation. The framework clarifies the UHB's approach to the governance of NMP and is supported by the following documents:

- 1.1 Nursing and Midwifery Council. The Code
- 1.2 HCPC: Standards of Conduct, Performance and Ethics
- 1.3 Nursing and Midwifery Council. Realising Professionalism: Standards for Education and Training. Part 3: Standards for Prescribing Programmes
- 1.4 Non-Medical Prescribing in Wales: Guidance. Welsh Government (May 2017)  
<http://www.awmsg.org/docs/awmsg/medman/Non%20Medical%20Prescribing%20in%20Wales%20Guidance.pdf>
- 1.5 Competency Framework for all Prescribers' Royal Pharmaceutical Society (2016)  
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>
- 1.6 The Good Prescribing Guide (Cardiff & Vale UHB)
- 1.7 All Wales Prescribing Standards
- 1.8 All Wales Policy for Medicines Administration Recording Review and Storage
- 1.9 Cardiff and Vale UHB Medicines Code

### 2. Scope:

The framework applies to all non-medical/dental prescribers working in all care settings within the UHB; their line managers and service leads. It covers primary care staff who are employed by the UHB and/or GP practices including practice nurses, cluster pharmacists and AHPs; it also includes independent contractors who are commissioned to provide services for the UHB. The framework

does not encompass non-NHS prescribing by independent contractors e.g. private prescription in community pharmacy practice. It also does not cover other methods of providing medicines to patients such as Patient Group Directives (PGDs); Patient Specific Directives (PSD); or the prescribing of borderline substances in secondary care by dieticians and speech and language therapists.

The framework applies to three categories of prescribers. The scope of these three categories are defined in the Welsh Assembly Government (WAG) Guidance 'Non-medical prescribing in Wales' (WAG, May 2017) as follows:

### **2.1 Independent prescribers:**

*"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".*

Independent prescribers must work within their own level of professional competence and expertise and are accountable for their own actions.

Currently the following registered practitioners may train to be registered as independent prescribers:

- Nurses
- Midwives
- Pharmacists
- Physiotherapists
- Podiatrists
- Optometrists
- Therapeutic radiographers
- Paramedics

### **2.2 Supplementary Prescribers:**

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

Supplementary prescribers can only prescribe in partnership with a doctor or dentist. Going forwards, the only disciplines that will train as supplementary prescribers are dieticians and diagnostic radiographers. The following registered practitioners who have previously trained as supplementary prescribers may continue in this role if they have an up-to-date Scope of Practice statement and are on the UHB Register of Non-Medical Prescribers:

Nurses

Midwives

Pharmacists

Physiotherapists

Podiatrists

Therapeutic or Diagnostic Radiographer

Optometrists

**Please note:** that the only way that a supplementary prescriber can qualify as an Independent Prescriber is to complete the full IP course.

### **2.3 Community Formulary Nurse Prescribers:**

The Nursing and Midwifery Council rules to allow any registered nurse to prescribe from the limited formulary. Registered nurses must complete the V100 programme to become Community Nurse Prescribers.

Legislation in Wales has clarified that the term 'independent nurse prescriber' should be used for this category of prescriber – this is because whilst the community nurse prescriber will only prescribe from an identified community formulary, they will do this independently.

### 3. The Process for the selection, training and management of Non-Medical Prescribing (NMP)

#### 3.1 HEIW commissioning process:

This process enables the UHB to access Health Education and Improvement Wales (HEIW) NMP funding. The number of NMP programme places needed for each academic year must be commissioned via the HEIW Workforce Commissioning Process which is coordinated by the Workforce Information Team in November and December each year.

The need for new prescribing roles must be driven by service development, IMTP priorities and HEIW national priorities. The commissioning process can be summarised as follows.

|    |   |
|----|---|
| a. | Patient and service need for non-medical prescribing identified (as per IMTP)   |
| b. | Training places commissioned by the Head of Service/Director of Nursing via the HEIW workforce commissioning process (linked with IMTP) |
| c. | HEIW confirm number of funded training places for the UHB – usually by the end of March each year.                                      |

#### 3.2 The UHB process:

This process, runs in conjunction with & informs the HEIW commissioning process). Please note that this process **must** be followed even if individuals have secured alternative sources of funding e.g. self-funding, educational grants, endowment or directorate funding.

|    |   |
|----|---|
| a. | Nominees identified via the IMTP in order to meet service need and then their suitability is confirmed by their line manager using the UHB eligibility criteria check list (appendix 1). Nominations and a copy of the completed eligibility checklist are sent to LED.   |
| b. | Nominees who meet the eligibility criteria are required to complete a nomination form (appendix 2) and are invited to attend a meeting with an NMP Panel (profession-specific) in order to review their nomination form and establish their suitability to undertake the Programme. These meetings may include HEI representation (NMP programme lead). |
| c. | List of suitable applicants is sent to Director of Nursing/Head of Service and Deputy Executive Nurse Director/Executive Director of Therapies for approval. Individuals who have secured alternative sources of funding can progress to application at this stage.   |

|    |   |
|----|---|
| d. | <p>Nominees are progressed to the UHB NMP Approval Panel for agreement and prioritisation according to the number of HEIW funded places. Membership of the UHB NMP Approval Panel to be agreed by the Deputy Executive Director of Nursing, Director of Pharmacy and Executive Director of Therapies.</p> <p>HEIW are informed of UHB nominations by LED following agreement by the NMP Approval Panel.</p>   |
| e. | <p>LED will inform the Head of Service/Director of Nursing and Lead Nurse of the HEIW funding outcome and provide funding letters and pre-course information to all successful nominees including course application details.</p> <p>NMP education programmes must be undertaken in a HEI where the UHB has an established relationship which supports adherence to this governance process.</p>  |
| f. | <p>Head of Service/Lead Nurse ensures that NMP trainees are supported and robustly supervised by a Designated Prescribing Practitioner (DPP) throughout the training programme. Trainee NMP takes personal responsibility for ensuring that the necessary study and development is completed.</p>   |
| g. | <p>Whilst waiting for confirmation of qualification and registering with professional body trainee NMPs must maintain their competence via continued supervised practice with DPP whilst the necessary registration and induction processes are being completed.</p>  |
| h. | <p>Once confirmation of qualification is received from the University the NMP must commence the UHB pathway for Newly Registered NMPs (appendix 3) to ensure that the correct registration and induction processes are followed, including registration of Scope of Practice (appendix 4) with UHB Register of NMPs (maintained by Pharmacy on behalf of the UHB).</p>  |
| i. | <p>NMPs must ensure that they meet the annual CPD requirements and Heads of Service/Lead Nurses must ensure that they are supported to enable this.</p>   |
| j. | <p>All NMPs must undertake an annual review of their prescribing practice as part of the UHB annual appraisal process using the NMP Annual Appraisal Form (appendix 5)</p>  |
| k. | <p>All NMPs must submit an annual prescriber declaration (see appendix 5) to pharmacy in order to update their entry on the UHB Register of NMPs.</p>   |
| l. | <p>On an ongoing basis an updated Scope of Practice (appendix 4) must be submitted to Pharmacy immediately if any elements change. An updated version must also be submitted every 3 years.</p> <p><b>Established prescribers joining the UHB</b> must submit a completed Scope of Practice to pharmacy to register with the UHB before undertaking prescribing practice. The prescriber should also discuss if a supervision or induction period is necessary with their line manager on appointment to the UHB.</p> |

### 3.3 Ongoing governance and annual appraisal (see appendix 5)

Welsh Government requires the UHB to maintain a register of all non-medical prescribers and stipulate that the register must contain the following information:

- a. Name
- b. Payroll number (staff number is equivalent)
- c. Profession
- d. Area of practice
- e. Independent Prescriber or Supplementary Prescriber
- f. Whether the individual is practicing (annual update)
- g. How their competence is maintained
- h. Signed declaration

The UHB register is held and maintained by pharmacy. Registration is enabled through the submission of a Scope of Practice (SoP) form (appendix 4). An updated Scope of Practice form must be submitted every three years as a minimum and if there is a change to any of the elements.

There may be circumstances whereby an NMP would benefit from an additional period of supervised practice with a DPP e.g.

- a. A change in role which requires a significant change in SoP
- b. A lapse in prescribing activity which lasts 12 months or more
- c. Concerns regarding prescribing competence
- d. An established prescriber joining the UHB – to enable effective induction to the UHB's policies, procedures, prescribing practices etc.

The length and form of supervision should be decided through discussions with the DPP, line manager and the individual and approved by the Lead Nurse/Department Head.

The NMP Annual Review Form (appendix 5) provides clear appraisal guidance for both prescribers and line managers. In order to maintain registration on the UHB Register of NMPs the prescriber must submit the annual prescriber declaration (at end of appendix 5) to pharmacy via [Nmpadminpharmacy.Cav@wales.nhs.uk](mailto:Nmpadminpharmacy.Cav@wales.nhs.uk)

**APPENDICES:**

**Appendix 1: Eligibility Criteria Checklist for the Selection of New Non-Medical Prescribers**

**Appendix 2: NMP nomination form**

**Appendix 3 Induction Pathway**

**Appendix 4: NMP Scope of Practice form**

**Appendix 5: NMP Annual Appraisal form**

### Eligibility Criteria Checklist for the Selection of New Non-Medical Prescribers

Prospective new non-medical prescribers must meet the following eligibility criteria:

| <b>Please review each statement and tick as appropriate</b> |  |
|---|--|
| a.  | The practitioner is working in a role in which it is appropriate for them to undertake prescribing practice.   |
| b.  | Prescribing is an essential part of the practitioner's role. There is clear service need and patient benefit.  |
| c.  | The practitioner will have the opportunity to act as a prescriber upon qualifying.   |
| d.  | A Designated Prescribing Practitioner (experienced medic/nurse/AHP prescriber) has been identified who will provide the necessary training, support and practice assessment during the Programme and the post qualification supervision including induction period.  |
| e.  | The practitioner will be released to attend the required training programme and DPP supervision.   |
| f.  | The practitioner will be supported to access continuing professional development opportunities on completion of the course.  |
| g.  | The practitioner has evidenced their ability to undertake advanced patient assessment and decision-making – any identified learning needs can be addressed prior to undertaking (or during) the prescribing programme. A formal programme of patient assessment may be required. If applicable, identified learning needs should be recorded in the practitioner's annual appraisal with their line manager. |
| h.  | The practitioner has completed a first degree or equivalent.<br>(If no please seek advice from LED regarding the individual's academic qualifications as they may need to undertake further academic study prior to commencing a prescribing programme)  |
| i.  | Financial arrangements are in place to meet the cost of prescriptions (as appropriate).  |
| j.  | The practitioner is registered with the appropriate Professional body:<br>- The General Pharmaceutical Council (GPhC) – must also be a practicing pharmacist.<br>- The Health and Care Professions Council (HCPC).<br>- The Nursing & Midwifery Council (NMC) – registered as a first level nurse, midwife and/or specialist community public health nurse.  |
| k.  | The practitioner has completed one year of practice as a registered practitioner (immediately preceding application to the programme) in their clinical field. (eg mental health / adult / child health) in which there is the intention to prescribe.   |
| l.  | The practitioner is able to demonstrate how they will reflect upon their own performance, take responsibility for their CPD and develop their own inter-professional networks for support, reflection and learning.  |





### Non-Medical (Independent) Prescribing Programme Nomination Form

|  |  |
|--|--|
| Name   |  |
| Role   |  |
| Department   |  |
| Directorate  |  |
| Clinical Board   |  |
| Do you meet the eligibility criteria set in the UHB Non-Medical Prescribing Governance Framework? Please provide details                             |  |
| Have you been registered as a nurse/AHP/ pharmacist for over 3 years?  |  |
| Briefly outline your experience in the area of practice for your proposed prescribing role.  |  |
| Name of Lead Nurse or Head of Service supporting nomination  |  |
| Have you completed a BSc or equivalent?<br><br><b>If yes:</b> please provide title of programme and date completed                                   |  |
| Have you completed any MSc level education?<br><br><b>If yes:</b> please provide course titles and dates completed                                   |  |
| Have you completed a clinical patient assessment module<br><b>If yes:</b> please provide course titles and dates completed                           |  |
| Is independent prescribing a new development for your role?  |  |
| Is independent prescribing a new development for your department?  |  |
| Proposed prescribing role<br><br>Please provide detail re: type of service; patient group; patient need; range of medications you wish to prescribe) |  |

Appendix 2

|   |  |
|---|--|
| Please outline the service need that supports you undertaking a prescribing role  |  |
| What are the anticipated benefits for your patients if you become a prescriber?   |  |
| What are the potential consequences for your patients or your service if you are not in a prescribing role?   |  |
| Have you applied to undertake the independent prescribing programme before?<br><br>If yes: what was the reason you did not go ahead with the course?  |  |
| Have you started an independent prescribing course before?<br><br>If yes: please provide details re:<br><br>1. Where you studied<br>2. How you were funded<br>3. The reason for non-completion of programme |  |
| Are you aware of the extensive time commitment that this course requires?   |  |
| Name of Designated Supervisory Medical Practitioner (DSMP) or Designated Supervising Practitioner (DSP)   |  |
| Current role of DSMP/DSP  |  |
| Has DSMP/DSP supervised a student through the independent prescribing programme before?   |  |
| Is DSMP/DSP aware that they will need to attend a session with University course lead to discuss their training and supervisory responsibilities?   |  |
| Who will be responsible for clinical supervision for you once you have qualified as an independent prescriber?  |  |

Appendix 2

|   |  |      |  |
|---|--|------|--|
| Name of Lead/Senior Nurse or AHP Head of Service supporting application |  |      |  |
| Lead Nurse/ Line Manager Signature                                      |  | Date |  |
| Practitioner signature  |  | Date |  |
| DSP signature   |  | Date |  |

**Non-Medical Prescribing (NMP)****Induction Pathway for Newly Qualified Non-medical Prescribers**

Please commence this pathway as soon as you finish the prescribing programme. When completed, a copy of this pathway needs to be uploaded to your personal file.

|                                       |  |
|---------------------------------------|--|
| Name of Non-Medical Prescriber (NMP): | Job title:                                 |
| Profession:                           | Department:                                |
| Directorate:                          | Clinical Board:                            |
| Date completed NMP programme:         | Date received pass result from University: |

**Step 1: Maintain your competence:**

In order to maintain your competence please ensure that you continue to undertake supervised prescribing practice with your Designated Prescribing Practitioner (DPP) following completion of the programme. Please continue this until you have fully completed this pathway and are able to prescribe independently. Please continue to maintain your prescribing log in your portfolio during this period.

**Step 2: On receipt of pass result - register as a prescriber with your Regulatory Body:**

|  |   |
|--|---|
| Complete registration process with regulatory body as per guidance provided by the University. | Date completed:                             |
|  | Date confirmation of registration received: |

**Non-Medical Prescribing (NMP)****Induction Pathway for Newly Qualified Non-medical Prescribers****Step 3: Register as a prescriber with the UHB**

The Cardiff and Vale UHB Non Medical Prescriber Register is held and maintained by Pharmacy on behalf of the UHB. You must be registered with the UHB in order to be able to prescribe; a Non-medical Prescriber will only be covered (in terms of liability) to prescribe if they are on the UHB Non-medical Prescriber Register and if they have submitted an up-to-date Scope of Practice Statement which accurately reflects their current prescribing role.

In order to register as a prescriber with the UHB please complete the following actions:

|    |   |                             |
|----|---|-----------------------------|
| 1. | Book meeting with line manager to complete Scope of Practice (SoP) Statement with line manager (Senior/Lead Nurse or AHP)   | Date of meeting:            |
| 2. | Complete SoP Statement with line manager (Senior/Lead Nurse or AHP): <ul style="list-style-type: none"> <li>▪ Copy to be retained in your prescribing portfolio</li> <li>▪ Copy to be retained in your personal file</li> <li>▪ Copy must be scanned and emailed to Pharmacy at <a href="mailto:Nmpadminpharmacy.Cav@wales.nhs.uk">Nmpadminpharmacy.Cav@wales.nhs.uk</a></li> </ul> | Date copy sent to pharmacy: |

**Step 4: Register for access to Welsh Clinical Portal:**

|  |   |
|--|---|
| <p>You will need a NADEX account to register – contact your Line Manager if you do not have a NADEX account.</p> <p>Once you have got a NADEX account, follow the link on CAVweb:<br/> <a href="http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,63683042,253_63683043:253_8890860&amp;dad=portal&amp;schema=PORTAL">http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,63683042,253_63683043:253_8890860&amp;dad=portal&amp;schema=PORTAL</a></p> | Date registered with Welsh Clinical Portal: |
|--|---|

**Step 5: Register for prescribing via COPPS (ONLY for prescribers who will prescribe in the out-patient setting)**

|   |  |
|---|--|
| <p>If you are prescribing in the out-patient setting, you will need to register with COPPS via the following CAVweb link:</p> <p><b>CAVweb link for registering with COPPS:</b><br/> <a href="http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,745936,253_745952&amp;dad=portal&amp;schema=PORTAL">http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,745936,253_745952&amp;dad=portal&amp;schema=PORTAL</a></p> <p>Please make it clear that you are a Non-medical Prescriber when registering with COPPS.</p> | Date registered with COPPS ( <i>if applicable</i> ): |
|---|--|

**Non-Medical Prescribing (NMP)****Induction Pathway for Newly Qualified Non-medical Prescribers**

**Step 6: Register with NHS Wales Shared Services Partnership – Primary Care Services** (ONLY for prescribers who will prescribe in primary or community care)

|  |  |
|--|--|
| Any non-medical prescriber requiring NHS WP10 prescriptions ( <u>for use in primary care</u> ) must register with NHS Wales Shared Services Partnership – Primary Care Services. | Date registered with NHS Wales Shared Services Partnership ( <i>if applicable</i> ): |
|--|--|

**Step 7: Induction period: months 1-3 of independent prescribing practice**

During this period the Non-Medical Prescriber should:

|  |   |
|--|---|
| Attend a monthly supervision meeting with DPP  | Dates of meetings:                          |
| Complete a prescribing activity log for a minimum of either one month or fifty prescriptions. Prescribing activity is a term used to describe the process from Patient Assessment, Diagnostic Reasoning, Shared Decision Making and the use of Therapeutics.<br><br>The log should be reviewed and signed off by the DPP | Date log reviewed with DPP:                 |
| Record any critical incidents and discuss with DPP/Lead Nurse/Line Manager/Head of Dept  | Dates of any critical incident discussions: |
| Attend a UHB NMP Peer Forum meeting (or equivalent relevant CPD event / meeting/ peer review)  | Date attended:                              |

**Non-Medical Prescribing (NMP)****Induction Pathway for Newly Qualified Non-medical Prescribers****Step 8: Pathway sign off – at end of month 3 post prescriber registration:**

Please meet with your Lead Nurse/ Line Manager 3 months post registration to confirm that the induction pathway has been completed and to ensure that any further development or support needs have been identified.

|  |  |
|--|--|
| Date of review meeting   |  |
| Have all relevant components of the pathway been achieved?           |  |
| Progress summary   |  |
| Future learning or development needs identified and actions required |  |
| Prescriber signature   |  |
| Lead Nurse/ Line Manager signature                                   |  |

## Non-Medical Prescribing Scope of Practice Statement

### Completion notes:

1. In order to register on the Cardiff and Vale UHB Non-medical Prescribing Register non-medical prescribers must submit a signed 'Scope of Practice Statement' to Pharmacy. Therefore a 'Scope of Practice Statement' must be completed by:
  - Newly qualified non-medical prescribers (NMPs)
  - Non-medical prescribers (NMPs) who are newly employed by Cardiff & Vale UHB or who are providing a commissioned service for Cardiff & Vale UHB
2. In order to remain on the UHB NMP register prescribers must then:
  - Submit a reviewed Scope of Practice Statement **once every 3 years** as a minimum. The prescriber must complete a new Scope of Practice Statement, even if it is unchanged, every 3 years.  
**and**
  - Submit an updated Scope of Practice Statement immediately whenever **any** aspect of the Scope of Practice Statement changes e.g. changes to clinical area, range of medications, role etc.
3. In order to ensure that you are using the most up-to-date version, the Scope of Practice statement must always be accessed via the C&V UHB Intranet or Internet site each time it needs to be completed:  
[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,745936,253\\_745952&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,745936,253_745952&_dad=portal&_schema=PORTAL) or  
<https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/patient-safety-and-quality/n-patient-safety/non-medical-prescribing-governance-framework-sept-2020-1-document-pdf/>.
4. The Scope of Practice Statement **must** be completed by the non-medical prescriber in conjunction with their line manager. Please contact [Nmpadminpharmacy.Cav@wales.nhs.uk](mailto:Nmpadminpharmacy.Cav@wales.nhs.uk) if you require an editable version to complete electronically.
5. The prescriber must immediately return the signed statement to:  
**Pharmacy Department UHW - [Nmpadminpharmacy.Cav@wales.nhs.uk](mailto:Nmpadminpharmacy.Cav@wales.nhs.uk)**  
The line manager must retain a copy for the prescriber's personal file and the prescriber must retain a copy for their portfolio.
6. It is the responsibility of the line manager to ensure that Pharmacy are notified immediately, via the email address provided above, if the post-holder no longer works (or provides commissioned services) for the department or organisation.

**NOTE: A Non-medical Prescriber will only be covered (in terms of liability) to prescribe if they are on the UHB Non-medical Prescribing Register and if they have submitted an up-to-date Scope of Practice Statement which accurately reflects their current prescribing role. The Non-medical Prescriber also needs to be able to provide evidence that they have discussed their prescribing practice in an annual appraisal.**





## Non-Medical Prescribing Scope of Practice Statement

### Prescriber details:

|   |          |
|---|----------|
| Name of Non-Medical Prescriber:   |          |
| Email address of Non-Medical Prescriber:<br><i>(please use a work email address)</i>                      |          |
| Employee number (if employed by the organisation):  |          |
| Regulatory body:  |          |
| Registration / membership number:   |          |
| Registered as a prescriber with regulatory body? (please provide line manager with proof of registration) | Yes / No |
| Independent or Supplementary prescriber?  |          |
| Job Title:  |          |
| Department/clinical area:   |          |
| Directorate:  |          |
| Clinical Board:   |          |

### Non-medical prescribing qualification:

|                             |  |
|-----------------------------|--|
| Higher Education Institute: |  |
| Date of qualification:      |  |

**Scope of Practice:**

| <b>Overarching area of practice:</b><br>(Please tick)   | <b>Adult</b>            |  | <b>Child</b> |  |
|---|-------------------------|--|--------------|--|
| <b>Area of practice summary statement:</b><br><br>(max 5 words eg. adult mental health, paediatric surgery, adult rheumatology, adult emergency medicine etc)   |                         |  |              |  |
| <b>Area of practice:</b><br><br>Describe the patients that you care for and will be prescribing for; please provide as much detail as possible including details of clinical conditions, acute v chronic management, etc.<br><br><i>(continue on a separate attached document if necessary)</i> |                         |  |              |  |
| <b>Independent or Supplementary</b> prescribing or both?  |                         |  |              |  |
| <b>Will you be prescribing for inpatients?</b><br><br><i>(this includes writing discharge prescriptions)</i>  |                         |  |              |  |
| <b>Will you prescribe for outpatients?</b><br><br>If yes, you will need to register with COPPS via CAVweb link below*<br><i>(please make it clear that you are a Non-medical Prescriber when registering with COPPS)</i>  |                         |  |              |  |
| <b>Will you prescribe in primary or community care?</b><br><br>If yes, you will need to register with NHS Wales Shared Services Partnership – Primary Care Services   |                         |  |              |  |
| <b>Have you arranged access to Welsh Clinical Portal (WCP)?</b><br><br>If not, please speak to your Line Manager.   |                         |  |              |  |
| <b>Post-qualification supervision:</b><br>Name and signature of person who will provide post qualification supervision for you  | Name:<br><br>Signature: |  |              |  |

**\*CAVweb link for registering with COPPS:**

[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,745936,253\\_745952&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,745936,253_745952&_dad=portal&_schema=PORTAL)

**Authorisation:**

|  |  |
|--|--|
| The above details have been discussed and agreed.  |  |
| <b>NB:</b> It is understood that it is the responsibility of the <b>prescriber</b> , in discussion with the line manager, to ensure that prescribing competencies are maintained.  |  |
| Name of prescriber:  |  |
| Signature of prescriber:   |  |
| Date:  |  |
| I have checked that the post-holder has the necessary qualification, is registered with their professional body as a prescriber, and that there is a service need for their role as a non-medical prescriber in the given clinical area. |  |
| Name of Line Manager:  |  |
| Designation of Line Manager:<br><i>(NB for nursing staff this will need to be countersigned by Lead Nurse if Line Manager is not in an equivalent or Lead Nurse role)</i>  |  |
| Signature of Line Manager:   |  |
| Signature of Lead Nurse <i>(if necessary – see above)</i> :  |  |
| Date:  |  |

|  |  |
|--|--|
| Scope of Practice Statement reviewed by the appropriate signatory (according to professional group) and approved for entry onto UHB Register of Non Medical Prescribers.<br><i>(Signatories: Clinical Board Director of Nursing / Clinical Board Pharmacist / Executive Director of Therapies and Health Sciences)</i> |  |
| Reviewed and approved by - name:   |  |
| Designation:   |  |
| Signature:   |  |
| Date:  |  |

| <b>Pharmacy Admin Use Only</b>  |  |
|---|--|
| Date Scope of Practice received:  |  |
| Date entered / updated on UHB NMP Register:                               |  |
| Date post-holder contacted to confirm entry / update on UHB NMP Register: |  |

**Non-Medical Prescribing (NMP) - Annual Appraisal**

In order to remain on the UHB NMP register all non-medical prescribers must complete this review annually with their line managers as part of their Values Based Appraisal. A signed copy of the final page (declaration) must be submitted to Pharmacy immediately following the review via [Nmpadminpharmacy.Cav@wales.nhs.uk](mailto:Nmpadminpharmacy.Cav@wales.nhs.uk).

An updated signed copy of your Scope of Practice (SOP) statement must also be submitted to Pharmacy every 3 years as a minimum **and** also if any aspect has changed during the 3 year period. Please ensure that you use the most up-to-date SOP paperwork by accessing the document on CAVweb using the link below (or contact Pharmacy):

[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,745936,253\\_745952&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,745936,253_745952&_dad=portal&_schema=PORTAL).

**Prescriber details:**

|   |  |
|---|--|
| Name of Non-Medical Prescriber (NMP):   | Job title:   |
| Profession:   | Department:  |
| Directorate:  | Clinical Board:  |
| Professional Registration number:   | Registration as a Prescriber with Regulatory Body confirmed by Line Manager (LM) ( <i>Check registration website</i> ):<br>LM signature:..... date:.....   |
| Registration as NMP with UHB confirmed by email from Pharmacy<br><a href="mailto:Nmpadminpharmacy.Cav@wales.nhs.uk">Nmpadminpharmacy.Cav@wales.nhs.uk</a><br><br>Line Manager signature:.....<br>date:..... | Date Scope of Practice last submitted to Pharmacy?<br><br>( <i>if more than 3 years, you will need to urgently submit an updated/revised signed copy of your Scope of Practice statement – see above</i> ) |
| Does your current Scope of Practice accurately reflect your prescribing role?<br><br>Yes / No ( <i>if no – you will need to submit a revised Scope of Practice statement – see above</i> )                  |  |

**NB It is the responsibility of the Non-Medical Prescriber to complete a new Scope of Practice statement immediately if any changes occur at any time e.g. change of role or clinical area**

**Non-Medical Prescribing (NMP) - Annual Appraisal****Review of prescribing practice:**

|  |   |
|--|---|
| Are you currently using your NMP qualification?  | <b>Yes / No</b>   |
| <p><b>If yes:</b> please review your current Scope of Practice Statement and confirm that this accurately and completely describes how you are using your prescribing qualification (see declaration below).</p> <p>If your Scope of Practice Statement is not an accurate description of your current prescribing practice please update your scope of practice immediately – this needs to be done before signing the declaration below.</p> | <p><b>If no:</b> please notify pharmacy <a href="mailto:Nmpadminpharmacy.Cav@wales.nhs.uk">Nmpadminpharmacy.Cav@wales.nhs.uk</a> that you are no longer an active prescriber. This status needs to be confirmed annually (as a minimum).</p> <p><b>NB:</b> Please refer to UHB NMP Governance Framework for guidance if you have been inactive for 12 months or more and wish to become an active prescriber again.</p> |
| <b>Required evidence of competence:</b>  | <b>Line manager signature</b>   |
| 6 prescribing logs which have all been discussed with own Designated Prescribing Practitioner (DPP) or another suitable DPP  |   |
| Minimum of 1 written prescribing related reflection which has been reviewed and signed by a DPP or line manager if they are a NMP  |   |
| Discussion of current prescribing practice during annual appraisal with line manager   |   |
| Details of clinical supervision which has been provided to you in the previous 12 months:  |   |
| Details of continued professional development (CPD) related to prescribing which you have undertaken in previous 12 months (this should include some peer review and may also include copies of completed CPD/revalidation records):   |   |
| <p>Non-Medical Prescribers who have qualified in previous 12 months are required to maintain an action log of their practice and this should be reviewed during an annual appraisal:</p> <p>Line Manager signature:..... date:.....</p>  |   |

Cardiff and Vale University Health Board  
**Non-Medical Prescribing (NMP) - Annual Appraisal**

**NB Please send a copy of this page only to [Nmpadminpharmacy.Cav@wales.nhs.uk](mailto:Nmpadminpharmacy.Cav@wales.nhs.uk)**

**Prescriber declaration:**

**I confirm that:**

1. My current Scope of Practice Statement accurately and completely describes how I am using my prescribing qualification
2. I regularly keep up to date with best practice within my scope of practice and have undertaken prescribing related CPD to maintain my competence
3. I have completed 6 prescribing logs and discussed each log with my DPP or another suitable DPP
4. I have completed one written reflection which has been discussed with a DPP
5. I will send a signed copy of this 'prescriber declaration' to pharmacy ([Nmpadminpharmacy.Cav@wales.nhs.uk](mailto:Nmpadminpharmacy.Cav@wales.nhs.uk)) immediately following this review meeting and hold one copy of this annual review in my professional portfolio.

|                                      |       |
|--------------------------------------|-------|
| Signature of Non-Medical Prescriber: | Date: |
|--------------------------------------|-------|

**Line manager confirmation:** (Lead Nurse, Head of Service, Directorate Pharmacist – according to profession of NMP)

**I confirm that:**

1. I have reviewed the evidence provided by the named prescriber as part of an annual appraisal process and that I support this individual continuing to prescribe in their current role
2. I will place a signed copy of this form on the individual's personal file

|                    |                         |       |
|--------------------|-------------------------|-------|
| Line Manager Name: | Line Manager Signature: | Date: |
|--------------------|-------------------------|-------|