

**NHS Grampian Staff Policy For Non-Medical Prescribing Including Independent Contractors**

<b>Lead Author/Co-ordinator:</b>  NMP Lead on behalf of NMP Group	<b>Consultation Group:</b>  Page 12	<b>Approver:</b>  Grampian Area Drug and Therapeutics Committee (GADTC)
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<b>Signature:</b>  		<b>Signature:</b>  
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**Version 1.1 (Amended October 2022)**

**Executive Sign-Off**

**This document has been endorsed by the Chief Executive, NHS Grampian**

**Signature:** \_\_\_\_\_ 

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**Title:** NHS Grampian Staff Policy Non-Medical Prescribing Including Independent Contractors

**Unique Identifier:** NHSG/Policy/NMP/GADTC1332

**Replaces:** Version 4 (updated November 2018) of NHSG Staff Policy and Framework for Non-Medical Prescribing including Independent Contractors – discontinued document.

**Lead Author/Co-ordinator:** NMP Lead NHS Grampian/Chair of NMP Group

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**Policy, Protocol, Procedure or Process Document:** Policy

**Document application:** NHS Grampian wide. All non-medical prescribers working for Grampian Health Board, including independent contractors working in Grampian.

**Purpose/description:** This document sets the requirements for non-medical prescribers in NHS Grampian to promote safe and effective prescribing. The structured development and evolution of the non-medical prescribing role will contribute to enable staff to work together with patients, individuals and communities to deliver safe, sustainable services to ensure the best possible patient experience and health outcomes.

(N.B. Where the term 'nurse' is used throughout the remainder of this document, it includes midwives, and specialist community public health nurses).

**Responsibility:** Responsibility for the effective management of NHS Grampian policy documentation ultimately lies with the General Manager for the sector, e.g. Specific Health and Social Care Partnership (HSCP), Acute. Delegation for formulating, disseminating and controlling these documents falls to either a named individual or a working group.

**Policy statement:** It is the responsibility of all healthcare professionals involved in the development, implementation and dissemination of NHS policies and procedures to work within the law and the recommendations of this policy document. By doing so, the quality of the service delivered will be maintained, and the chances of staff making erroneous decisions which may affect patient or staff safety will be reduced.

**Responsibilities for ensuring registration of this document on the NHS Grampian Information/ Document Silo:**

**Lead Author/Co-ordinator:** NMP Lead NHSG

**Physical location of the original of this document:** Medicines Management Office, Westholme

**Job title of creator of this document:** Nurse Consultant Advanced Practice/NMP Lead NHS Grampian

**Job/group title of those who have control over this document:** Grampian Area Drug and Therapeutics Committee

**Responsibilities for disseminating document as per distribution list:**

**Lead Author/Co-ordinator:** NMP Lead NHS Grampian/Chair of NMP Group

**Responsibilities for implementation:**

**Organisational:** Organisational Management Team and Chief Executive

**Hospital/Interface services:** Clinical Group Co-ordinators

**Operational Management Unit:** Senior Managers

**Departmental:** Heads of Service/Clinical Leads

**Area:** Line Managers

**Review:** This policy will be reviewed every three years (earlier if recommendations change).

**Responsibilities for review of this document:**

**Lead Author/Co-ordinator:** NMP Lead NHS Grampian/Chair of NMP Group

**Review date:** September 2025

## Revision History:

<b>Revision Date</b>	<b>Previous Revision Date</b>	<b>Summary of Changes (Descriptive summary of the changes made)</b>	<b>Changes Marked* (Identify page numbers and section heading )</b>
		This new policy replaces the archived NHSG Staff Policy and Framework for Non-Medical Prescribing including Independent Contractors, Version 4.	
October 2022	October 2022	MGPG removed from front cover. Added to consultation list on page 12.	Front cover

\* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

# NHS Grampian Staff Policy For Non-Medical Prescribing Including Independent Contractors

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## **NHS Grampian Staff Policy For Non-Medical Prescribing Including Independent Contractors**

### **1. Introduction**

This is a Grampian-wide policy document that should **not** be amended. It specifies the core requirements for clinicians and services which are necessary for clinical and professional governance of non-medical prescribing (NMP). There is detailed guidance and further resources available on the NHS Grampian (NHSG) [NMP intranet pages](#). Together these promote safe and effective prescribing.

The policy details the responsibilities of NHSG staff, managers and supervisors for ensuring that staff under their direction comply with current legislation and professional guidance. Managers must ensure the risks inherent to both staff and patients in the use of medicines are managed appropriately. The policy sets out the governance requirements on Continuing Professional Development (CPD) to ensure staff maintain their competencies to practice as prescribers.

NMP should be utilised, following an appropriate risk/benefit assessment, where there are clear benefits in patient care and better use of health professionals and patients' time. The policy also stipulates the minimum requirements for staff to attain and record the qualification with their professional registering body.

### **2. Scope**

The delivery of high quality prescribing is an active partnership between the individual prescriber, the in service team/line manager, the wider multidisciplinary team, NHS Grampian and of course the patient.

This policy applies to all non-medical prescribers and all staff undertaking the training to become non-medical prescribers within NHS Grampian, in all care settings.

The policy describes the standards, responsibilities and accountabilities of non-medical prescribing and the links to organisational governance in place within NHS Grampian.

The training of a non-medical prescriber is something that takes significant time and organisational support. As such all plans to develop an individual must be recognised within the individual's PDP and be part of a planned service delivery model where the non-medical prescribers skills will be utilised to the maximum. Likewise, the scope of prescribing activity of qualified non-medical prescribers may develop over time; it is vital that this extension/change in scope is planned, supported and reviewed with the same care that is applied to initial training.

Recognising that non-medical prescribers may be employed directly by the NHS managed service or via an independent contractor, the policy should help inform individual practitioners, line managers, professional leaders and those involved in providing organisational assurance of the expectations of NHS Grampian of non-medical prescribers, and their wider workplace, when prescribing on behalf of NHS Grampian.

This policy should also be used by those individual practitioners, line managers and professional leaders to help develop a common understanding of the support, development and peer review/feedback requirements that need to be considered when planning a high quality, sustainable, prescribing function within a service or team.

### **3. Aims Of NMP Policy**

The aims of the NMP policy are to:

- Inform non-medical prescribers of their responsibilities to prescribe medicines, wound dressings and appliances safely, appropriately and cost effectively for their patients.
- Set out the standards for health care professionals who wish to prescribe non-medically within NHSG, and to ensure they practice within their competence, which includes relevant ongoing CPD.
- Inform managers of the steps required to support staff to qualify and practice as prescribers.
- Inform non-medical prescribers of the clinical governance structure in place within NHSG to monitor and support prescribers during their clinical practice.

### **4. Aims Of NMP**

The aims of NMP are to:

- Improve patient care without compromising patient safety.
- Make it easier for patients to get the medicines they need.
- Increase patient choice in accessing medicines.
- Make better use of the skills of health professionals.
- Contribute to the introduction of more flexible team working across the NHS.

### **5. Legislation**

In order for a group of healthcare workers to be considered for legislative acquisition of non-medical prescribing rights, they must have a professional registering body and make the case for the necessary legislative changes. Once the necessary legislation is in place (which includes specification of any limitations/restrictions on those prescribing rights), the individual healthcare professional must successfully undertake a programme of learning approved by their registering body, and have that qualification recorded by their registering body before they can legally prescribe. Currently the following professions have legislation in place which grants profession specific prescribing rights: Nurses and Midwives, Optometrists, Pharmacists, Therapeutic Radiographers, Physiotherapists, Podiatrists, Dietitians and Paramedics. The prescribing professions and profession specific prescribing rights are constantly evolving and the professional regulatory body webpages should be consulted for the most up to date information [see [NMP intranet pages](#)].

There are a number of mechanisms available for both non-medical prescribing and for supply and administration of medicines where no prescribing qualifications are required. The [Medicines Management](#) intranet pages provide further information.

## **6. Prescribing In Different Settings**

### **6.1. Prescribing For Hospital In-Patients**

Non-medical prescribers prescribing for in-patients within hospitals in NHS Grampian may use all approved hospital drug charts within their clinical area, e.g. (list not exhaustive):

- In-patient prescription charts
- Anti-coagulation charts
- Intravenous (IV) fluid charts
- Discharge prescriptions
- Insulin charts

The Core Discharge Document (CDD) is a complete clinical record of a patient's admission and care in hospital plus the plan for on-going care provision following discharge. All discharge medication for each patient must be written on one form to allow review of the patient's full therapy. The person signing the CDD or discharge letter is confirming that all the medication listed at the time of discharge is appropriate to be continued.

### **6.2. Prescribing For GP Practice/Community/Clinic/Hospital Out-Patient Settings**

Increasingly hospital clinics are being undertaken by Non-Medical prescribers e.g. Nurses, Pharmacists, Podiatrists, Physiotherapists and Therapeutic Radiographers.

NMPs prescribing for patients in any of the above settings in NHS Grampian may prescribe using either GP10 (for those working in General Practices) or Hospital Based Prescription (HBP) or HBP Addiction Services (HBPA) forms, or any other approved prescriptions, including for example Community Pharmacy Prescribing (CoPPr) or Hospital Electronic Prescribing and Medications Administration (HEPMA) systems.

Forms listed below and can be ordered as per [Appendix 2](#) (further information available: [Order prescription stationery | National Services Scotland \(nhs.scot\)](#)):

- GP10N forms are for nurse prescribers
- GP10P forms are for independent pharmacy prescribers
- GP10OP forms are for independent optometric prescribers
- GP10NMP forms are for non-medical prescribers such as paramedics, podiatrists, therapeutic radiographers and physiotherapists, dieticians and paramedics
- CDRF controlled drug requisition forms are for prescribers ordering a stock of controlled drugs
- PPCD forms are for private prescribers who write prescriptions for controlled drugs
- HBP forms are for hospital-based prescribers
- HBPA forms are for hospital-based prescribers working within substance misuse services.



Regardless of the prescription form/prescription chart used each prescriber should indicate which type of prescribing they are practicing (e.g. Community Practitioner Nurse Prescriber, Supplementary Prescriber or Independent Prescriber), i.e. print “CPNP”, “SP” or “IP” immediately after their signature on all documentation. This allows the dispensing pharmacist (or doctor) to complete their legal obligation in checking the prescription.

- HBPA and HBPA Single Sheet (SS) - to be issued by Hospital Based Clinic Prescriber working with persons who have substance misuse problems. These prescriptions are dispensed by a community pharmacy.
- HBP and HBP (SS) - to be issued by Hospital Based Prescriber to hospital outpatients for dispensing by community pharmacy.
- Outpatient prescription form\*\* - to be used for urgent changes to therapy or for the supply of specialist therapies, where the hospital pharmacy will dispense the prescription. (For non-urgent changes to therapy a letter to the patient’s GP should be sent requesting him/her to prescribe).

\*\*Restricted and limited use of this form is recommended due to higher costs. Where these forms are required, the prescriber should re-order supplies through the relevant hospital pharmacy.

Each non-medical prescriber who wishes to prescribe for patients in the community must either seek the agreement from every GP practice whose patients they will treat, or belong to a virtual practice with aligned practice code and budget (e.g. Grampian Diabetes Service) as the items prescribed are charged to the practice code/associated budget. Where the need for a virtual practice is identified, the protocol and procedure for enabling this is available on the [intranet](#).

Prescription pads for use in the community will be sent to designated holding points and from there sent out directly to the practitioner. Practitioners prescribing for more than one Practice will be issued with a pre-printed prescription pad with the prescriber code for the main prescribing practice. For the additional practices, practitioners will be issued part-printed prescription pads with practitioner’s name, professional registration number and contact telephone number. Prescribers will enter the appropriate unique prescriber code on each prescription form.

## **7. Clinical Governance Arrangements In Non-Medical Prescribing**

Ensuring patient safety and quality care is an integral part of NHS Grampian’s clinical governance programme. Whilst NHS Grampian recognises the benefits to patients of non-medical prescribing, it is essential that appropriate organisational governance arrangements are identified, agreed and implemented to support practitioners in this role and in the delivery of safe, effective patient care. The following is also recommended for independent contractors to consider as applicable within their care delivery/staff employment model.

### **7.1. NHS Grampian Responsibility**

For NHS Grampian employees, there is an organisational undertaking to:

- Identify ways to support and sustain the transition of staff to extend their capabilities within the services they currently provide.
- Ensure that the appropriate medicines management committees are aware of the medicines being prescribed by prescribers.

When NHS Grampian identifies potential non-medical prescribers to undertake prescribing training (or if already qualified and joining the organisation), the following clinical governance issues must be addressed:

- Clear lines of responsibility and accountability for overall quality of clinical care are identified.
- Development of quality improvement programmes, i.e. clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care, workforce planning and development, access to appropriate CPD programmes.
- Identification and effective management of risk.

## **7.2. Manager Responsibility**

Selection of professionals to train (note how these responsibilities apply exactly in practice may differ between services or where service provision is via commissioned independent contractors, but should still be considered).

Key principles to consider for prioritising potential applicants are:

- Patient safety.
- Maximum benefit to patients and the NHS in terms of quicker and more efficient access to medicines for patients.
- Better use of the professional's skills.
- Availability of suitable prescribing professional(s) to provide the support and assessment in practice which is required by the professional regulatory bodies (see [NHSG NMP Designated Prescribing Practitioner \(DPP\) Framework](#)).

The selection of professionals who will be trained as non-medical prescribers is a matter for the managers and clinicians concerned who are best placed to assess local service and patient needs, and decide whether there is a local NHS need for staff to access prescribing training.

It is expected that non-medical prescribers will be mindful of their profession specific legal prescribing entitlements, and will be able to evidence the learning and resources utilised to inform their prescribing practise, particularly when changing or expanding their practise. Managers are responsible for reviewing this evidence as part of annual appraisal

Prior to nurses, midwives, AHPs and pharmacists undertaking NHS funded training, there should be agreement about the therapeutic area in which they will prescribe in relation to the service need for non-medical independent prescribing. All practitioners should have access to:

- A budget to meet the costs of their prescriptions on completion of the course.
- Continuing professional development (CPD) opportunities on completion of the course.

Professional/line managers and medical practitioners responsible for, or using the services of, non-medical prescribers should set out clear lines of responsibility and accountability for overall quality of clinical care. They must ensure that:

- The names of non-medical prescribers are annotated on their professional register before they begin to prescribe.

- Register-checking arrangements are undertaken for new employees who are already non-medical prescribers.
- An accurate list of all qualified non-medical prescribers is maintained, their clinical area and location of practice; date of qualification and with the reasons for any changes, to ensure that an up-to-date record exists.
- Non-medical prescribing activity is included in reports on quality of clinical care to local Clinical Governance Committees.
- Clinical audit of prescribing incorporates non-medical prescribers within it.
- Prescribing by non-medical prescribers is monitored regularly using prescribing or medicines usage information systems (such as PRISMS) as part of the wider monitoring of prescribing by all prescribers. The review should consider the choice and range of medicines prescribed in relation to scope of practice. (In addition, for supplementary prescribers only, prescribing is in line with clinical management plans).
- National guidelines (e.g. SIGN, SMC, NICE guidelines), Grampian Joint Formulary and other local guidelines, local agreements, BNFs and drug alerts etc, are disseminated to all non-medical prescribers.
- Arrangements are in place for non-medical prescribers to undertake clinical supervision and peer review and use this as an opportunity to reflect on their practice.
- Job descriptions are amended to account for prescribing responsibilities.
- SLA or written agreement is in place for staff contracted to work in NHS Grampian and that they will follow NHSG guidelines and Clinical Governance requirements.
- All non-medical prescribers are supported in participating in the development review process with their line manager/medical practitioner with reference to prescribing. As per [RPS Competency Framework for all Prescribers](#).
- The patient's experience of non-medical prescribing is included in surveys of patients' experience of health services to support the development of services.
- Workforce planning and development of non-medical prescribing is integrated in organisations' service planning.
- Ongoing CPD needs of non-medical prescribers are identified as part of their personal development plan. For NHS Grampian employees this will be linked to the NHS Grampian appraisal process and professional revalidation requirements.
- The development of succession planning and contingency planning to ensure continuity of services is supported.
- Non-medical prescribing is included in clinical risk management activities (including Root Cause Analysis), patient safety, confidentiality, handling complaints and controls assurance programmes, and that necessary learning is identified and utilised from these processes.
- Systems are in place for the ordering, safe storage and distribution of prescription pads to prescribers.
- Systems are in place to retrieve prescription pads when staff leave the organisation.

### **7.3. Non-Medical Prescriber Responsibility**

Non-medical prescribers must prescribe only within the limits of their professional expertise and competence and are accountable for their actions and omissions. They are expected to demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values, and those of their carers', when making prescribing decisions and work within a prescribing partnership, e.g. General Practitioner, Consultant In addition, they must:

- Act within their own code of professional conduct, ethics and practice guidelines, including:
  - Keeping up to date with CPD requirements and competencies required for prescribing in accordance with their professional regulators requirements/guidance
- Work within their own level of professional competence and expertise, and must seek advice and make appropriate referrals to other professionals with different expertise
- Not prescribe for themselves, or for anyone with whom they have a close personal or emotional relationship, other than in an emergency
- Make an appropriate assessment of the patient's condition and only prescribe to meet the patient's genuine clinical needs
- Prescribe only where they have an adequate knowledge of the patient's health, medical and drug history, e.g. from GP/hospital notes, emergency care records
- Be aware of and give consideration to local and national prescribing guidance/guidelines, e.g. Grampian Joint Formulary and antimicrobial stewardship
- Keep accurate comprehensive records of their consultation and prescribing for an individual patient with attention to:
  - Treatment being a shared responsibility between the patient and the health care provider with particular consideration given to the principles articulated Realistic Medicine with respect to shared decision-making.
  - The risks and benefits of taking (or otherwise) any medicine to the patient and/or their representative<sup>1</sup>.
- Prior to the prescribing of medicine(s), obtain consent from the patient and document either in the patient's medical records/notes or on an administration form.
- Be aware of the importance of using the yellow card system to report Adverse Drug Reactions (ADRs).
- Be aware of the importance and mechanism of reporting untoward incidents and medication errors within NHS Grampian:
  - First priority is patient safety
  - Report on Datix
  - Discuss with manager line manager
  - Consider duty of candour requirements
- Comply with NHS Grampian policy regarding involvement with representatives of the pharmaceutical industry
- Communicate effectively with other practitioners involved in the care of the patient
- Prescribe in accordance with a patient's individual clinical management plan when prescribing as a supplementary prescriber. Refer the patient back to the independent prescriber when their circumstances fall outside the clinical management plan
- Ensure separation of prescribing and dispensing whenever possible. Where a pharmacist is both prescribing and dispensing a patient's medication, a second suitably competent person should normally be involved in the checking process

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<sup>1</sup> NHS Grampian has in place a wide range of communication support arrangements to help ensure effective two-way communication. These include 'face to face' interpreters and the 'Language Line' telephone interpretation system for people who do not speak English. Currently, there are over 120 'face to face' interpreters available to NHS Grampian and there are over 500 'Language Line' Access Points, each with staff trained in its use and equipped with Access Kits. For disabled people, NHS Grampian can provide BSL signers for the deaf through the Aberdeen and North East Deaf Society. Deaf blind communicators are provided through Deaf Blind Scotland, while most NHS Grampian premises are equipped with portable induction loops to assist hearing aid users. NHS Grampian can also supply material in large print format or pictorial/accessible format for people with learning difficulties or aphasia.

- Keep a record of the first and last prescription serial numbers of each pad, and store prescription pads securely.

## 8. Patient Records: Access and Updating

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care. Records should be made in a timely manner by all professionals involved in a patient's treatment, with the information needed for them to care safely and effectively for that patient. It is a necessary way of promoting communication within the healthcare team, and between practitioners and their patients/clients. Good record keeping requires effective team working and is a pre-requisite for promoting safe and effective care for patients.

In line with best practice the details of any prescription, together with other details of the consultation with the patient, should be entered on to the shared patient record immediately (e.g. GP case notes or hospital notes) or, failing that, as soon as possible after the consultation. **Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription.** This information should also be entered at the same time on to the patient record and on to the nursing patient record (where a separate nursing record exists) (SEHD 2006).

The record should indicate clearly:

- The date of the prescription.
- The name of the prescriber (and that they are acting as a Non-Medical Independent/Supplementary Prescriber).
- The name of the item prescribed (including strength), together with the quantity (or dose), frequency and treatment duration.

## 9. Legal And Clinical Liability

Prescribers are accountable for all aspects of their prescribing decisions. They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients or colleagues) that might result in inappropriate prescribing.

All prescribers should ensure that they have sufficient professional indemnity insurance, for instance by means of membership of a professional organisation or trade union which provides this cover.

The Royal Pharmaceutical Society Medicines, Ethics and Practice states that all pharmacists who own a pharmacy, superintendent pharmacists, and pharmacist managers should ensure that all professional activities undertaken by them or under their control are covered by adequate professional indemnity insurance. The standard for prescribing within the Code also says that pharmacists must only prescribe within the limits of their registration and must comply with statutory requirements applicable to their prescribing.

The NMC states that every nurse/midwife prescriber should ensure s/he has professional indemnity insurance, by means of a professional organisation or trade union body. Prescribers must also be aware of the level of indemnity insurance offered by their insurer to determine whether it is sufficient for purpose.

Both the employer and employee (or contractor) should ensure that the employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service.

Where a nurse, midwife, AHP or pharmacist is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. In addition, Nurse Independent Prescribers are individually professionally accountable to the Nursing and Midwifery Council (NMC) for this aspect of their practice, as for any other, and must act at all times in accordance with the NMC Code of Professional Conduct. AHP prescribers are accountable to the Health Professions Council. Pharmacist Independent Prescribers are individually accountable to the GPhC and must at all times act in accordance with the GPhC standards for conduct, ethics and performance. Optometry in the UK is regulated by the General Optical Council and Optometrist prescribers must act in accordance with their standards.

## **10. Prescribing Support**

Prescribing support can be defined as the use of additional professional input into one or more elements involved in the prescribing process. It has the overall objectives of promoting high quality, cost effective medicine use and of improving the pharmaceutical care of patients. This should allow NHS resources to be used more effectively and prescribers to operate with greater efficiency, allowing more time to spend with individual patients and also to improve the health of their practice's population.

Benefits have been demonstrated for the co-ordination and implementation of prescribing policies both within and across practices, the closer involvement of pharmacists in day-to-day medicines management, and an improvement in the use of scarce resources through more efficient prescribing systems and decision-making processes, e.g. Grampian Joint Formulary. Monitoring of non-medical prescribing using PRISMS prescribing data and feedback to the prescriber will highlight what has been prescribed and how much this has cost. Benchmarking against prescribers working in similar areas can identify outliers. Monitoring of prescribing data of non-medical prescribers will be incorporated into existing systems used for GPs. Within hospital, systems to monitor non-medical prescribing need to be developed.

Within NHS Grampian, prescribing support is available to prescribers from a number of sources which include:

- Grampian Joint Formulary
- Practice and HSCP pharmacists
- Hospital clinical pharmacists
- HSCP prescribing groups and Medical Prescribing Leads
- Grampian Medicines Management Group, Formulary Group, Medicine Guidelines and Policies Group
- Pharmacy department including, Pharmacy and Medicines Directorate and Medicines Information department

Non-medical prescribers should be aware of these resources and the advantages that they may be able to provide.

## 11. References

- 1) Scottish Executive Health Department (NHS Scotland). 2006. Non Medical Prescribing in Scotland. Scottish Executive. Available online: <https://www.gov.scot/publications/non-medical-prescribing-scotland-guidance-nurse-independent-prescribers-community-practitioner-nurse-prescribers-scotland-guide-implementation/> [Accessed 15/04/2022]
- 2) Royal Pharmaceutical Society. 2021. A Competency Framework for all Prescribers. Available online: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d> [Accessed 15/04/2022]

## 12. Useful Websites

### Regulatory body information

- 1) General Optical Council. Updated independent prescribing education and training requirements published. <https://optical.org/en/news/news-and-press-releases/updated-independent-prescribing-education-and-training-requirements-published/>
- 2) Independent Prescribing – College of Optometrists. [Independent prescribing - College of Optometrists \(college-optometrists.org\)](https://www.college-optometrists.org/independent-prescribing)
- 3) General Pharmaceutical Council. Pharmacist Independent Prescribing. <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>
- 4) Health and Care Professions council. Standards for prescribing. <https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>
- 5) Nursing and Midwifery Council. Standards for prescribers. <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/>

### Other

- 1) British national Formulary online: <https://www.bnf.org/products/bnf-online/>
- 2) NHS Grampian Intranet Medicines Management pages: [Medicines Management \(nhsgrampian.org\)](https://www.nhs.uk/grampian/medicines-management)
- 3) NHS Grampian Joint Formulary: [Grampian Area Formulary \(scot.nhs.uk\)](https://www.nhs.uk/grampian/joint-formulary)
- 4) NHS Grampian Medicines Management Policies and Guidance: [Policies and guidance \(nhsgrampian.org\)](https://www.nhs.uk/grampian/medicines-management/policies-and-guidance)
- 5) NHS Grampian Non Medical Prescribing pages: [Non-medical prescribing \(nhsgrampian.org\)](https://www.nhs.uk/grampian/non-medical-prescribing)
- 6) NHS NSS Order prescription stationery: [Order prescription stationery | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/nss/order-prescription-stationery)

### 13. Consultation Group

#### Policy developed and updated by NHS Grampian Non-Medical Prescribing Group:

Rebecca Allan	Midwife Prescriber DGH, Midwifery Prescribers practitioner representative
Dawn Bannister	Midwife Prescriber DGH, Midwifery Prescribers practitioner representative
Lorena Buchan, Kirsteen Coady	Podiatry prescriber representative Nurse Consultant GPNs and NES GPN educator
Colette Cowie	Lead Nurse for NMP within MHLD
Sue Danby	Clinical Nurse Manager RACH, Children's services management representative
Lynne Davidson	Acute sector pharmacist prescriber representative, deputy: <ul style="list-style-type: none"><li>○ Sophie Barringer, Cardiothoracic Surgery Pharmacist, Acute Sector pharmacy representative</li></ul>
Alison Davie	Aberdeen City HSCP Lead Pharmacist
Claire Douglas	GP Practice Clinical Pharmacist
Lindsey Gillespie	Practice Education representative
Helen Gray	Programme Co-ordinator, Advanced Clinical Practice, University of Aberdeen
Paul Gray	FCP, Physiotherapy prescriber representative
Melanie Hendry	ANNP, Neonatal Prescribers representative
Denise Johnson	Deputy lead Nurse Aberdeen City HSCP
Karen Kindness	Nurse Consultant for Advanced Practice, and NMP Lead NHSG
Gillian MacLeod	Scottish Ambulance Service (SAS) national NMP Lead
Moirra Marson	Lecturer in Pharmacist Prescribing, Robert Gordon University
Alison Moggach	ANP SAS and Interim Clinical Lead Advanced Practice
Kirsty Neave	Aberdeenshire Primary Care Pharmacist
Amy Paterson	Paediatric Diabetes Nurse Specialist, RACH prescribing practitioner representative
Billie-Jane Porteous	ANP, Acute Sector Prescribers representative, deputies: <ul style="list-style-type: none"><li>○ Katie Donald, ANP, Acute medicine</li><li>○ Laura Lumsden, ANP, Acute Medicine</li></ul>
Matthew Sunter	Prescribing programme Lead Robert Gordon University
Catriona Sutherland	Lead Nurse Medicine, Acute Sector management representative
Kirsti Walker	Highly Specialist Podiatrist, Podiatry prescribers representative
Charlotte Ward	NHS Grampian Optometry Lead
Medicine Guidelines and Policies Group	
Professional Advisory Group, Grampian Medicines Management Group	



## Appendix 1: NMP Database Form And Primary Care Prescribing Codes

As a new prescriber/prescriber changing their area of employment/practice, or prescribing qualifications in NHS Grampian – you must complete a database form:

<https://forms.office.com/r/203XhksyAF> (Note: Not necessary to complete if only adding a primary care prescribing code for an additional GP Practice, but retaining original post/role or qualification not changing).

- You will need to upload your signature at the end of the form, so have this available - the best quality will be provided by a scanner rather than a photograph, but either is acceptable so long as clear and sharp.
- Towards the end you will find an option to tick the box to receive a copy of your submission - select that so that you get a copy for your reference/sharing with any managers etc. who need an update on your new qualification. The link to your signature will not work, but it is still uploaded centrally for any checks required.
- Typically, you need to notify at least your line manager, your clinical lead, and in the acute setting – pharmacy department.

### Primary Care only

To obtain your prescribing code from Public Health Scotland (PHS), please also complete the relevant profession/regulatory body specific form (e.g. Nurse/AHP, etc) available via [this link](#)

- Complete as instructed at the top of the form and send to [gram.acateam@nhs.scot](mailto:gram.acateam@nhs.scot) for approval.
  - **(Note: You do not need to print out**, as you are not signing the form). Just complete as a word document, and,
  - **Do not complete section E (Nurses)/section D (AHPs)** – this is for the Primary Care Contracts team [gram.pcctgp@nhs.scot](mailto:gram.pcctgp@nhs.scot)
  - Some of the information you may need from your manager/clinical lead/Practice Manager, e.g. the practice code if you do not already have it. Practice managers will often complete this on your behalf if you speak to them.
- Please note **you will need a separate prescriber code for each practice**, which means a separate form for each practice.
- Once approved, the primary care team will liaise with PHS to get your code(s) for you.
- If you need prescribing pads this is a separate process – please liaise with your Team Lead/ Practice Manager and see application form in [Appendix 2](#).

**Appendix 2: NHSG Non-Medical Prescriber Stationery Order Form**

First order must be sent to: [gram.pcctgp@nhs.scot](mailto:gram.pcctgp@nhs.scot), thereafter please send to:

CENTRAL STORES, ARI, FORESTERHILL ROAD, ABERDEEN, AB25 2XE.

**Or, email to:** [gram.primarycare@nhs.scot](mailto:gram.primarycare@nhs.scot)

Name.....

Discipline.....

Practice Name and Code.....  
(it is essential these are provided)

Delivery Address: .....

.....  
.....

DESCRIPTION	QUANTITY
GP10P PRESCRIPTION PAD (PHARMACY) (1 pad containing 50 prescriptions)	
GP10N PRESCRIPTION PAD (NURSING)	
GP10NMP - PRESCRIPTION PAD (AHP)	
GP10OP PRESCRIPTION PAD (OPHTHALMIC)	

**\*\*Please note: when ordering, request 1 pad in the quantity column to receive 1 pad containing 50 forms\*\***

NAME.....  
(please print)

SIGNATURE .....

DATE ORDER SUBMITTED .....

DATE ORDER RECEIVED BY STORE .....