Non-Medical Prescribing Programme
Firstly.....thank you

Mentor website

http://sohsc.tees.ac.uk/sites/practicesupport
Why are we asking for information about you?

Because

- Meet DH/NPC (now NICE) criteria to be a Designated Medical Practitioner (DMP) mentor
- Nursing and AHP professional bodies
- We are approved on the basis that we check your GMC registration and your mentor status
- Your role in the assessment of your student is fundamental to this programme
<table>
<thead>
<tr>
<th>Profession</th>
<th>Independent</th>
<th>Supplementary</th>
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<tr>
<td>Nurses and midwives</td>
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<td>Pharmacists</td>
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<td>Optometrists</td>
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<td>Physiotherapists</td>
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<td>Podiatrists / chiropodists</td>
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<td>Radiographers</td>
<td>√ (Therapeutic)</td>
<td>√ (Therapeutic and Diagnostic)</td>
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<td>Dieticians</td>
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<td>Paramedics</td>
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Non-Medical Prescribing – Story so far

- Community nurse prescribing (1999 -)
- Patient Group Directions (2000 -)
- Independent non-medical prescribing (2002 -)
  - NPEF (until 2006)
- Supplementary non-medical prescribing - (2003)
- AHP’s (2005)
- August 2013 – Physiotherapist & Podiatrists Independent prescribing
- August 2013 – Conversion Programme for SP to IP
- April 2016 – Therapeutic Radiographers IP Dieticians SP
- April 2018 – Paramedics IP
- January 2019 – NMC changes and HCPC consultation ends
Why?

• Improve patient care without compromising patient safety
• Make it easier and quicker 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 Health Service

Department of Health, Social Services and Public Safety
Enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings involving:

- management of long term conditions
- medicines management / medication review
- emergency/urgent care/unscheduled care
- mental health services
- services for non-registered patients e.g. homeless
- palliative care
- etc. etc.
Three types of non-medical prescribing:

**Independent prescribing** responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing.

Nurse and pharmacist independent prescribers are able to prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2, 3, 4 or 5 of the MDR 2002 Regulations.

Optometrist Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue, but cannot prescribe any controlled drugs. Not at Teesside University – though in future?

Physiotherapists and Podiatrists or Chiropodists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers, from June 2015 they can prescribe from a limited list of controlled drugs.

Therapeutic Radiographers NOT unlicensed – CD’s to be confirmed
Advanced practice Paramedics (April 2018) – CD’s not confirmed
Physiotherapists and podiatrists
Any licenced medicine including off-licence use (within area of expertise and guidance/best practice):

• Physios: within overarching framework of human movement, performance and function NB: guidance
• Podiatrists: relevant to treatment of disorders of the foot, ankle and associated structures

But........

• NOT Unlicensed medicines
• NOT all Controlled drugs (restricted list)
• Optometrists only: NOT Medicines to be mixed

NB: But can as supplementary prescribers
Supplementary prescribing may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan, which has been agreed with a doctor.

Nurses, pharmacists, physiotherapists, chiropodists or podiatrists, radiographers and optometrists may train and register as a supplementary prescriber.

Important – you will be developing CMP with your student
Dieticians

Any medicine for any condition including:
Unlicensed medicines
Controlled drugs (sch2 to 5)
Not for you.....

Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners

Community Practitioners, formerly known as District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.
National Curriculum for Non Medical Prescribing

- Department of Health, Social Services and Public Safety
- Nursing and Midwifery Council
- Health and Care Professions Council
- AHP – Colleges/Societies
Module

• 26 days taught contact time
• 12 days supervised practice – negotiated must be no less than 78 hours – 90 hours AHP’s
• 40 credits – degree level 6
• 40 credits – masters level 7
Competence
Work within own level of professional competence and expertise.
Aware of the limits of their skills, knowledge and competence.
Seek advice and appropriately refer to other experts.
He who signs prescription takes accountability
This involves management of the patient in relation to that disease (within clinical competence)
Duty of Candour (GMC/NMC)
It does not have to be an FP10 to be a prescription
Practical Experience

12 days working alongside and shadowing a prescribing Designated Medical Practitioner

Providing......

• Demonstration and evidenced supervised practice - they should spend time with other prescribers including Non Medical, pharmacists, other medical prescribers, NMP leads – they need a variety of exposures to ensure they get an overall picture of what influences prescribing practice.

• Feedback documented x 3 - Reflective dialogue – please comment on skills, attitudes and knowledge to safely prescribe within the area in which your student is clinically competent.

• Assessment of competence to prescribe in their identified area of practice through final sign off by you – your student must demonstrate to you and you should be satisfied that they have an understanding of the skills, attitudes and knowledge to safely prescribe.
Assessment Strategy

A practice portfolio includes:
• Critical Reflective analysis
• P formulary worksheets x 3
• Learning logs
• Case studies x 6 - 1 must be for a child
• Clinical management plans x 3 with DMP x 1 in class
• Successful completion of Objectively Structured Clinical Examination
• A written final examination – must pass numeracy 100%
• PRACTICE - Satisfactory completion of the period of practice experience – documented and evidenced. You are assessing them to prescribe within their own clinical competence and area of practice – **not outside of this.**

Consent......
360° interpersonal skills tool (newish)
Developed with Service user/carer group
• Three service user feedbacks
• One DMP or other health professional feedback
• Student assessment and reflection
The future

**NMC New Standards**

Future ‘practice assessors’ not just medics now

Competency Framework for all Prescribers
Contacts

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