



Prescribing Policy for Advanced Practitioners

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or

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temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

1.0 Policy Statement

The East of England Ambulance Service NHS Trust (EEAST) is committed to providing safe and effective healthcare to patients in an appropriate environment, as close to their home as possible. This aligns with the Transforming Urgent & Emergency Care plans from the Department of Health. This policy details the clinical governance and boundaries related to prescribing at EEAST and on behalf of EEAST within community partnerships.

The Trust is also dedicated to the development of a skilled workforce, to support this commitment. Benefits of non-medical prescribing include:

- Improved patient choice.
- Improved patient experience.
- Improved access to health advice and appropriate treatment.
- Appropriate use of a skilled healthcare workforce, who are enabled to complete an episode of care by prescribing.
- Increased efficiency of healthcare resources by providing appropriate care and management at the first point of access, avoiding multiple professional contacts.
- Increased capacity to undertake new ways of working.

EEAST has a duty to ensure that prescribing is undertaken safely and effectively by appropriately qualified healthcare registrants skilled in advanced practice. This policy aims to enable prescribers to prescribe within the law. It will ensure that the Trust processes for prescribing are conducted and managed in line with established standards and legislative requirements.

Non-Medical Prescribing

1.1 Non-Medical Prescribing is prescribing by specially qualified, registered healthcare professionals who are not doctors, working within their clinical competence as either independent or supplementary prescribers.

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- 1.2 Non-medical prescribers are responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about their clinical management, including prescribing. Some disciplines of independent prescribers, under statute, also be able to prescribe unlicensed medicines and controlled drugs.
- 1.3 The term non-medical prescriber refers to a registered healthcare professional, who has completed the required training and had their qualification annotated on the register of their relevant professional body. This includes:
- Paramedics and Physiotherapists: The Health and Care Professions Council (HCPC)
 - Nurses and Midwives: Nursing and Midwifery Council (NMC)
 - Pharmacists: The General Pharmaceutical Council (GPhC)

1.4 Types of non-medical prescribers include:

1.4.1 An independent non-medical prescriber.

They can prescribe licenced medicines, within their scope of clinical competence (with restrictions for some professions: refer to individual professional body guidance). They are responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about their clinical management, including prescribing. Some disciplines of independent prescribers may, under statute, also be able to prescribe unlicensed medicines, off label medicines and controlled drugs (refer to individual professional body guidance).

1.4.2 A community practitioner nurse non-medical prescriber.

This is a. district/community Nurse, and they can independently prescribe from a limited formulary called the Nurse Prescriber Formulary for Community Practitioners (V100/V150).

1.4.3 Supplementary prescribing

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This is a partnership between an independent prescriber (a doctor, dentist or non-medical prescriber) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement.

1.4.4 A combination of both independent and supplementary prescribing may be used in EEAST across our community partners.

1.4.5 Independent Prescribing is limited to those who are Specialist, Advanced or Consultant Practitioners (Band 7 or above).

2.0 Objectives

The objectives of this policy are to support the ongoing strategic development of non-medical prescribing at EEAST:

2.0.1 To ensure the process of independent prescribing is conducted and managed in line with legislative requirements.

2.0.2 To ensure high standards of governance and risk management are maintained at all times.

2.0.3 To ensure appropriate workforce planning of non-medical prescribers to meet service needs.

2.0.4 Outline robust systems for the selection and preparation of EEAST employees to train as non-medical prescribers.

2.0.5 To ensure that there are effective systems and processes in place to assess and support ongoing prescribing competence and continued professional development.

2.0.6 To provide all non-medical prescribers with a governance framework that ensures safe, effective, and appropriate prescribing.

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2.0.7 To ensure that patient safety is paramount in all aspects of non-medical prescribing.

2.0.8 To ensure that the emphasis of non-medical prescribing remains patient focused, improving access to medicines where appropriate within profession specific scope of practice.

3.0 Scope

This policy outlines the governance processes required to assure that non-medical prescribing is undertaken safely, competently and in accordance with relevant legislation.

3.1 This policy applies to all EEAST professional registrants, with a current non-medical prescribing qualification and prescribing annotation, who are employed by EEAST as non-medical prescribers, as part of an advanced practice or other relevant role.

3.2 This policy does not incorporate medical prescribing, non-NHS prescribing (private prescriptions) by independent contractors or other methods of providing or supplying medicines to patients by means of patient group directions (PGDs).

3.3 This policy does not allow the prescribing of blood or blood components by EEAST non-medical prescribers. Further qualification by Blood Transfusion UK would be required.

4.0 Accountability, Indemnity and Legal Liability

4.1 Where a non-medical prescriber is appropriately trained, qualified and prescribes as part of their professional duties with the consent of EEAST, the Trust is held vicariously liable for the non-medical prescriber's actions.

4.2 Appropriate qualification would be a Masters level qualification in Advanced Clinical Practice or equivalent Advanced Practice credentialling with Health Education England or the Royal College of

Emergency Medicine (RCEM), in addition to annotation as an independent prescriber.

5.0 Professional Standards

- 5.1 Where a performance or fitness to practice issue has been identified, which could impact upon the non-medical prescriber's ability to practice competently and safely, this will have an urgent review by a Consultant Paramedic, Director of Nursing or Medical Director within seven days.
- 5.2 Where the healthcare professional is unable to evidence their ongoing prescribing competence, an urgent review with the Clinical Lead for their speciality within 28 days is required to take place.
- 5.3 Where a satisfactory outcome is not achieved, this may result in suspension of their ability to prescribe on behalf of EEAST or community partners, until such time as resolution is achieved.
- 5.4 Patient safety considerations must be paramount in any decision making.

6.0 Prescribing Finance and Administration

Prescription pads (or electronic prescribing services) attract a financial cost.

- 6.1 The prescriber must ensure the correct cost centre prescription pad (J number) is used depending on whether they are working for EEAST or other contracted service.

6.1.2 Rotational Model in Primary Care:

The Trust's non-medical prescribers working in Primary Care and GP Out of Hours (OOH) will register as a prescriber by notifying the relevant Integrated Care System via the relevant Practice or GP Out of Hours (OOH) Service and receive independent or supplementary prescription pads aligned / cost number to the

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practice or the Clinical Commissioning Group within which they are working.

6.1.3 For rotational models, The Integrated Care System Business Service Centre will retain responsibility for recording and ordering pads in addition to monitoring any discrepancies in the event of loss or theft.

6.1.4 Non-medical prescriber working for EEAST:

Non-medical prescribers working within the Trust will register as a prescriber by notifying the medicines management group (Medicine Management medicinemanagement@eastamb.nhs.uk) (Appendix 2) and if applicable, receive independent or supplementary prescription pads (or cost numbers for electronic prescribing) aligned to EEAST.

- 6.2 The Pharmacy Technician for medicines management at EEAST will retain responsibility for recording and ordering pads in addition to monitoring any discrepancies in the event of loss or theft.
- 6.3 A central register of practicing non-medical prescribers at EEAST will be held by the Medicines Management Group, which will include a current annual declaration review from each prescriber (Appendix 6).
- 6.4 Identification details or serial numbers of EEAST prescription pads will be noted on the register against the name of the prescriber.
- 6.5 Pads will be stored securely by the Pharmacy Technician for medicines management at a central location.
- 6.6 Prescription pads must be collected in person from the Pharmacy Technician for medicines management and signed for, or transported by secure means or recorded delivery to a place of handover where signed receipt can take place.
- 6.7 The Trust will ensure that mechanisms are in place to monitor the ordering, receipt, administration and circulation of prescription pads.
- 6.8 These mechanisms must enable the rapid identification and reporting of any discrepancies to the Medical Director.

- 6.9 In circumstances where an order is not accurate or there has been loss or theft of prescription pads the process outlined in Appendix 3 must be followed.

7.0 Change of Role or Termination of Contract

Adherence and reference to EEAST human resources must be followed for exiting or changing roles.

- 7.1 Where an EEAST non-medical prescriber is changing their role, a clinical or professional lead (who must be a registered prescriber) will review the appropriateness of continued non-medical prescribing practice relative to any planned change in scope of practice.
- 7.2 In order to continue in the role of an EEAST non-medical prescriber, this requirement must be part of advanced clinical practice.
- 7.3 If a decision is made to discontinue their role as a non-medical prescriber, they should be removed from the EEAST register of non-medical prescribers.
- 7.4 In all cases, where a non-medical prescriber is being removed from the EEAST register of non-medical prescribers, their prescription pad(s) must be returned to the Pharmacy Technician for medicines management (Appendix 4) by secure means or recorded delivery and the following actions must be taken:
- 7.4.1 Identification details or serial numbers of prescriptions and the name of the prescriber must be noted on the database as returned and marked as void.
- 7.4.2 The pads must be shredded and destroyed in the presence of a witness and annotated as "destroyed" on the prescriber database by date and details of the witness noted.

8.0 Bank, Agency and Honorary Contracts

Generally, non-medical prescribing is not a routinely recommended practice for bank or agency staff, however, exceptions may be made with the approval of the Regional or Clinical Leads for the respective advanced practice speciality, in accordance with this policy. In these circumstances, there must be evidence of:

- 8.1 A regular, confirmed and monitored working pattern as an Advanced Practitioner and non-medical prescriber (external to EEAST).
- 8.2 If the worker has not made themselves available for a period of three months, this will be reviewed by the Clinical Lead for their specialism, supported by the Human Resources Department, and they may be decommissioned as a prescriber.
- 8.3 Evidence of a full appraisal and review of non-medical prescribing competence in line with the requirements of this policy, supported by competence verification and aligned to the Competency Framework for all Prescribers (2016).
- 8.4 Continuing yearly submission of the EEAST non-medical prescriber annual review form (Appendix 6), evidencing ongoing competence in line with the requirements of this policy, supported by competence verification and aligned to the RPS Competency Framework for all Prescribers

9.0 Gifts and Benefits

- 9.1 Under law and professional regulation, non-medical prescribers must not advertise or promote medicines, or allow any commercial inducements to impact upon their professional or ethical judgement.
- 9.2 EEAST employees are required to declare any relevant and material interests and any offers of gifts and hospitality. It is recommended that if in doubt, a declaration of interest should be made.

10.0 Who can be prescribed for?

Non-medical prescribers are prohibited from prescribing for:

- 10.1 Themselves
- 10.2 For anyone with whom they have a close personal or emotional relationship (family member, partner or close friend).
- 10.3 EEAST non-medical prescribers may prescribe in acute circumstances for staff members where this would support them to remain in work, providing requirements of 10.2 are satisfied.
- 10.4 During exceptional demand (REAP 3 or above), EEAST non-medical prescribers may repeat a prescription for a staff member, where that staff member cannot gain access to their regular medical professional and by doing so would allow the member of staff to be available for operational resourcing.

11.0 Equality

In accordance with the Equality Act 2010 this Policy has been subjected to an EqIA.

This has enabled resources to be targeted effectively and where required help to reduce inequalities. The EqIA is a process to find out whether a Policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

- 11.1 Evidence gathered at the initial stages, by undertaking an initial screening, has determined the relevance of the policy and how it affects people as service users, members of the public and as employees of the Trust and has indicated that a full EqIA is not required. The Policy will have a positive effect on all relevant groups.

12.0 Training and Education

12.1 To be eligible to undertake a non-medical prescribing course, supported by EEAST, the healthcare professional must:

12.1.1 Be a registered paramedic, physiotherapist, pharmacist, registered nurse or midwife, with the minimum post registration experience specified by each non-medical prescribing course higher education institution.

12.1.2 Have the support of EEAST, having identified a need for non-medical prescribing in their clinical area and is undertaken as part of advanced practice roles or senior leadership roles, retaining advanced or consultant practice competency.

12.1.3 Be able to evidence current clinical, pharmacological and pharmaceutical knowledge relevant to their intended specialist area of practice and be competent and experienced in the clinical area they are employed to prescribe.

12.1.4 To hold the non-medical prescribing modules, a minimum of a PGCert in Advanced Clinical Practice, continuing their education as part of a wider MSc in Advanced Clinical Practice, or equivalence. They must not prescribe until annotated and approved by EEAST, in-line with the requirements of this policy.

12.1.5 Obtain appointment as a Specialist, Advanced or Consultant Practitioner, or senior leader with Advanced Practice competency.

12.1.6 Have access to a clinical, professional or regional lead in the EEAST, who must be a registered prescriber.

13.0 Professional Registration of Non-Medical Prescriber Qualification

13.1 On successful completion of an accredited non-medical prescriber training programme, the awarding body will notify the healthcare

professional's relevant registering body. The healthcare professional is required to ensure:

- 13.1.1 That their qualification has been accurately and completely annotated on their professional regulatory body's register.
- 13.1.2 That they do not commence practice as a non-medical prescriber until their prescribing status has been formally verified and approved according to the process set out in Appendix 1 or Appendix 2 of this policy, which includes alignment to a relevant advanced practice role, and the assignment of a named prescribing clinical, professional or regional lead.

14.0 Maintaining Non-Medical Prescriber Status

- 14.1 The Trust's non-medical prescribers should comply with and be able to evidence their ongoing compliance with the Royal Pharmaceutical Society of Great Britain: [A Competency Framework for all Prescribers \(2022\)](#) by portfolio.
- 14.2 Compliance will be reviewed and confirmed on an annual appraisal basis (Appendix 6) with their respective clinical, professional, or regional lead, who must be a registered prescriber.
- 14.3 Non-medical prescribers will be required to keep up to date with evidence, guidelines and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines - as well as meeting the standards and requirements set out by their respective professional regulatory bodies.
- 14.4 This will be reviewed by annual appraisal (Appendix 6) and within the Trust's non-medical prescribing audit programme.

15.0 Lapsed Non-Medical Prescribing Practice

- 15.1 Where a qualified non-medical prescriber has not prescribed over a twelve-month period, in order to start prescribing again, they must:

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- 15.1.1 Seek approval from their respective clinical, professional or regional lead (who must be a registered prescriber) to return to non-prescribing practice (approval may be influenced by the healthcare professional's current area of clinical practice and the likelihood of their continuing opportunity to maintain the required levels of competency).
- 15.1.2 Agree a period of supervised practice with their respective clinical, professional or regional lead (maximum six months), with a named supervisor (who must be a registered prescriber) who will review their competency against the Royal Pharmaceutical Society of Great Britain: A Competency Framework for all Prescribers (2022).
- 15.1.3 Complete a portfolio evidencing their compliance with the Royal Pharmaceutical Society of Great Britain: A Competency Framework for all Prescribers (2022).
- 15.1.4 On completion of the period of supervised practice, the respective clinical, professional or regional lead (who must be a registered prescriber) will review the healthcare professional's competency with them to inform whether they can be re-approved to practice as an EEAST non-medical prescriber.

15.2 Audit and Monitoring

- 15.2.1 Prescribing in the community is monitored by NHSBA. The Trust must ensure that this data source is accessed, providing, at a minimum, quarterly reports of:
- 15.2.2 A prescribing data extract for all prescribed medicines (i.e. name, form and strength of medicine).
- 15.2.3 Dip sample on the quality of prescription completion and compliance with professional standards and legislative requirements.
- 15.2.4 Non-medical prescriber performance analysis (i.e. numbers of prescriptions issued by Clinical Commissioning Group or total prescriptions across EEAST).

- 15.2.5 Measurement of the quality and efficiency of EEAST non-medical prescribing against NHS England prescribing performance indicators.
- 15.2.6 Monitoring and audit of Controlled Drug prescribing will be undertaken in accordance with The Controlled Drugs Regulations (2013) and is the responsibility of the Controlled Drug Accountable Officer or designated representatives.

16.0 Corruption Concerns

- 16.1 EEAST is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will discuss any issues or concerns.
- 16.2 Alternatively staff may contact the confidential NHS Fraud and Corruption Reporting line 0800 028 40 60; or on-line reporting facility www.reportnhsfraud.nhs.uk Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

17.0 Responsibilities

17.1 Chief Executive Officer

The Trust's Chief Executive Officer is legally accountable for the quality of care that patients receive and for ensuring patient safety.

17.2 Executive Medical Director

The Trust's Executive Medical Director has Trust Board responsibility for all aspects of non-medical prescribing and is responsible for overseeing the development, implementations and sustainability of non-medical prescribing within a safe environment.

17.3 Deputy Clinical Director – Clinical Effectiveness / Consultant Paramedic

The Deputy Clinical Directors will ensure that appropriate and effective professional and clinical leadership is in place for any non-medical prescriber healthcare professionals, employed by the Trust.

17.4 Head of Clinical Development

The Head of Clinical Development will have responsibility for

- 17.4.1 Identifying and supporting new approaches to the enhancement of patient care and service improvement through non-medical prescribing.
- 17.4.2 Ensuring that non-medical prescribing roles are accurately annotated in job descriptions.
- 17.4.3 Ensuring that there are sufficient numbers of places on training programmes to meet identified resourcing requirements.
- 17.4.4 The regular review and ongoing development of the Trust's non-medical prescribing policy.
- 17.4.5 A coordinated approach to the development and maintenance of the Trust's non-medical prescribing roles.
- 17.4.6 The regular review and ongoing development of the Trust's non-medical prescribing policy.
- 17.4.7 A coordinated approach to the development and maintenance of the Trust's non-medical prescribing roles.
- 17.4.8 The provision of and access to suitable continuing professional development opportunities for the Trust's non-medical prescribers, towards maintaining and improving competence in prescribing.

17.5 Clinical Lead – Urgent & Primary Care

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The Clinical Lead – Urgent & Primary Care will have responsibility for

- 17.5.1 Monitoring non-medical prescribing activity across urgent and primary care, identifying any themes or trends that suggest that registrants may be prescribing outside of their areas of competency or the legislative frameworks that govern their practice (i.e. via individual prescribing data).
- 17.5.2 Monitoring non-medical prescriber practice across urgent and primary care to verify that prescribing practice is in accordance with current, evidence-based guidelines.
- 17.5.3 A coordinated approach to the development and maintenance of the Trust's non-medical prescribing roles in Urgent & Primary Care.
- 17.5.4 Newly qualified urgent and primary care non-medical prescribers have access to and undertake mentored supervision during the first twelve months of their prescribing practice.
- 17.5.5 The Trust's urgent and primary care non-medical prescribers have access to sufficient clinical support and supervision to practice safely.
- 17.5.6 The provision of and access to suitable continuing professional development opportunities for the Trust's urgent and primary care non-medical prescribers, towards maintaining and improving competence in prescribing.
- 17.5.7 A coordinated approach to the development and maintenance of the Urgent and Primary Care non-medical prescribing roles.

17.6 Clinical Lead – Trauma & Critical Care

The Clinical Lead – Trauma & Critical Care will have responsibility for

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- 17.6.1 Monitoring non-medical prescribing activity across trauma and critical care, identifying any themes or trends that suggest that registrants may be prescribing outside of their areas of competency or the legislative frameworks that govern their practice (i.e. via individual prescribing data).
- 17.6.2 Monitoring non-medical prescriber practice across trauma and critical care to verify that prescribing practice is in accordance with current, evidence-base guidelines.
- 17.6.3 A coordinated approach to the development and maintenance of the Trust's non-medical prescribing roles in trauma and critical care.
- 17.6.4 Newly qualified trauma and critical care non-medical prescribers have access to and undertake mentored supervision during the first twelve months of their prescribing practice.
- 17.6.5 The Trust's trauma and critical care non-medical prescribers have access to sufficient clinical support and supervision to practice safely.
- 17.6.6 The provision of and access to suitable continuing professional development opportunities for the Trust's trauma and critical care non-medical prescribers, towards maintaining and improving competence in prescribing.
- 17.6.7 A coordinated approach to the development and maintenance of the trauma and critical care non-medical prescribing roles.

17.7 Clinical Lead – Medicines Management

The Clinical Lead – Medicines Management will have responsibility for

- 17.7.1 Involving patients and the public in the development of non-medical prescribing practice.

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- 17.7.2 Providing access to professional pharmaceutical support, where required.
- 17.7.3 Maintaining an up-to-date register of non-medical prescribers working within the Trust for their professional groups.
- 17.7.4 Maintaining robust processes for the initial and ongoing monitoring of non-medical prescriber's qualifications and evidence of competency by clinical leads who are registered prescribers within the Trust.
- 17.7.5 Maintain a central register of all EEAST non-medical prescribers to include a current annual declaration and updates.
- 17.7.5 Overseeing robust processes for monitoring and managing concerns arising from complaints and critical incidents relating to non-medical prescribing.
- 17.7.6 Cascading appropriate medicines related information (e.g. bulletins, notifications, papers or alerts) via email to all non-medical prescribers in a timely manner.
- 17.7.7 Retain responsibility for recording, ordering and issuing prescription pads in addition to monitoring any discrepancies in the event of loss or theft.
- 17.7.8 Ensure the security of stored prescription pads at a central location and ensure security of prescription pads when issued to non-medical prescribers or returned by movers or leavers for destruction

18.0 Clinical, Sector and Professional Leads

- 18.1 The Head of Clinical Development will be the regional professional for prescribing as an annotated non-medical prescriber for EEAST.

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- 18.2 A nominated Advanced Paramedic who is annotated as a non-medical prescriber will be appointed as a locality professional lead for non-medical prescribing.
- 18.3 The Clinical Lead for Urgent and Primary Care the Clinical Lead for Trauma and Critical Care will be responsible for managing performance concerns in their respective specialities
- 18.4 Expertise on medicines management will be provided by the Clinical Lead – Medicines Management.
- 18.5 The pharmacist and a pharmacy technician will provided medicines information expertise.
- 18.4 A EEAST prescribing review group will be held bi-monthly to coordinate and review all prescribing activity and strategy, including those appointed as per 18.1, 18.2, 18.3, 18.4 and 18.5.
- 18.6 The collective responsibility of the prescribing review group will include:
 - 18.6.1 Monitoring competency to practice safely.
 - 18.6.2 Reviewing the Trust's register of non-medical prescribers.
 - 18.6.3 Reviewing the impact of Medicines Regulatory Standards Authority (MHRA), National Institute for Healthcare Excellence (NICE) and other medicines updates and deciding on a dissemination plan.
 - 18.6.4 Ensuring the distribution contact lists of EEAST non-medical prescribers who require notifications, papers or alerts is regularly updated and current.
 - 18.6.5 Cascading organisational learning from concerns and critical incidents via email to all non-medical prescribers in a timely manner.

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18.6 Ensure the offer regular and effective clinical supervision opportunities is enacted across EEAST.

18.6.7 Providing regular learning events or opportunities.

18.6.8 Arrange a minimum of an annual non-medical prescribing meeting for the Trust's non-medical prescribers, delivering case studies, lectures and medicines updates.

18.6.9 Facilitate non-medical prescribing audits as part of the Trust's annual clinical audit plan and ensure reporting through the wider Medicines Management Group and the executive audit committee.

19.0 Line Managers

Line managers, who may not themselves be non-medical prescribers, are responsible for ensuring that any issues that could impact upon the healthcare professional's ability to practice competently are reported to a respective clinical, regional or professional lead in the Trust who is a registered prescriber.

20.0 Non-Medical Prescribers

Non-medical prescribers are required to prescribe according to the Royal Pharmaceutical Society of Great Britain: A Competency Framework for all Prescribers (2022), statute, local policy and professional registrant body standards, with an emphasis on the following points:

20.1 Accountability

20.1.1 Acting within the boundaries of their individual knowledge, competence and prescribing rights as registered professionals in their own fields of practice.

20.1.2 Being accountable for all aspects of their prescribing decisions. They must be able to recognise and deal with the consequences that might result from inappropriate prescribing.

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- 20.1.3 Responsibility for initiating care and prescribing safely from the British National Formulary or the Nurse Prescribers Formulary (community practitioner nurse non-medical prescriber).
- 20.1.4 Taking a prudent, cost effective approach to prescribing that meets the needs of the patient.
- 20.1.5 Being familiar with and adhere to the Trust's Clinical Prescribing Policy.
- 20.1.6 Delivering appropriate, evidence based and safe care.
- 20.1.7 Maintain security of prescription stationery (including not pre-signing blank forms) and report any loss or suspected theft of prescriptions as per Appendix 3.
- 20.1.8 Return unused prescription pads (as per 6.4) if post is vacated or circumstances change

20.2 Documentation

EEAST recognises the importance of sound record management arrangements for both clinical and corporate records. The Trust's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

Records created are to ensure that the business of the Trust is carried out effectively and information is available to:

- 20.2.1 Support the care process and the continuity of care.
- 20.2.2 Support day to day business which underpins delivery of care.

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- 20.2.3 Support sound corporate and managerial decision making and provide evidence of decisions taken.
 - 20.2.4 Meet legal requirements, including requests from service users under access to health records legislation
 - 20.2.5 Assist with clinical and other audits and learn lessons from past experience.
 - 20.2.6 Support improvements in clinical effectiveness through audit and research.
- 20.3 Staff must ensure that all records, in particular patient confidential data (PCD), are kept secure at all times when being handled and/or transported between EEAST locations and externally.
 - 20.4 All portable devices containing electronic records must be encrypted and the transportation of patient confidential paper records, particularly externally, must be kept to a minimum and not stored externally except under controlled conditions.
 - 20.5 Records will be kept secure from unauthorised or inadvertent alteration or erasure and will be held in a robust format which remains readable for as long as records are required.
 - 20.6 In the majority of cases the record will be electronic and form part of the NHS spine or EEAST care records database.
 - 20.7 Electronic records will be stored in their respective databases or, in the case of unstructured data, on network drives with restricted access where required, especially with regard to PCD.
 - 20.8 Electronic documents must not be kept on local hard drives as there is a risk that they may be lost, they are not controlled, and this prevents access to others.

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20.9 Records and the information within them will be accessible so they can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

20.10 EEAST records will only be disclosed by EEAST in compliance with the appropriate legislation and regulations.

20.11 The non-medical prescriber should:

20.11.1 Adhere to EEASTs standards of record creation, completion, transportation and securing of patient confidential data.

20.11.2 Apply the documentation standards required by the healthcare professional's regulatory body.

20.11.3 Record the medicines prescribed on the patient care record.

20.11.4 Unless by exception, non-medical prescribers should always document the generic name of a medicine on the prescription.

20.11.5 Be aware of local prescribing guidance that may vary between regions, including anti-microbial stewardship.

20.12 Informed Prescribing

20.12.1 When prescribing, the healthcare professional is accountable and responsible for fully informing the patient in relation to their treatment options, so that they are able to make an informed decision and consent to the treatment offered.

12.12.2 The non-medical prescriber is responsible for making "every contact count" by offering relevant and appropriate health information when prescribing.

20.13 Continuing Professional Development (CPD)

The non-medical prescriber has responsibility for

- 20.13.1 Maintaining compliance with EEAST requirements for CPD and mandatory training to include information governance and record keeping.
- 20.13.2 Demonstrate ongoing competence to prescribe by maintaining a portfolio of evidence (required for annual non-medical prescriber declaration/authority approval to prescribe or if performance issues are raised).

20.14 Adverse Reactions

Where a patient experiences an unexpected or significant reaction to the Trust's non-medical prescriber's prescribed medicine, the healthcare professional should:

- 20.14.1 Implement appropriate treatment to minimise the reaction.
- 20.14.2 Inform the patient's General Practitioner team.
- 20.14.3 Complete an EEAST incident form on DATIX
- 20.14.4 Report the incident using the Medicines and Healthcare Products Regulatory Agency Yellow Card Reporting Scheme (www.yellowcard.gov.uk)

21.0 References

Royal Pharmaceutical Society. A Competency Framework for all Prescribers. London: 2022

The Nursing and Midwifery Council. Standards of proficiency for nurse and midwife prescribers. London: 2006

Appendix 1 – New Registration of a Non-Medical Prescriber (Primary Care / EEAST)

Use this form to advise CCGs of details of new independent prescribers or changes in circumstances. **Note:** One form should be completed for each GP practice from which the prescriber will work.

Please send this form to: medicinemanagement@eastamb.nhs.uk

Please tick as appropriate			
New qualification		Cessation as an independent prescriber	
Working for additional practice		Change of name	
Ceased working for specified practice			

Please tick as appropriate										
PRSB:	HCPC		NMC		GPhC		Registration Number			
Profession:										
Title:		First Name:		Surname:						
Email						Contact Number				
Date annotated as an IP						Prescribing outside of EEAST?	Y		N	

Complete if working in community care (outside of EEAST)	NA	
GP Practice Code (D Code)		
Practice Managers Name		
Principal / Accountable GP Partner		
Practice Address		

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Start Date in Practice		End Date in Practice		NA	

Specimen signature of Independent Prescriber:	
---	--

Authorised By:		Date:	
Role:		Date Updated onto EEAST prescribing database:	

PRSB: Professional Regulatory / Statutory Body
 HCPC: Health & Care Professions Council
 NMC: Nursing & Midwifery Council
 GPhC: General Pharmaceutical Council

Appendix 2 – New Registration of a Non-Medical Prescriber (EEAST only)

Please send this form to: [\[Check details\]](#)

Please tick as appropriate		
New qualification	<input type="checkbox"/>	Cessation as an independent prescriber
Working for additional practice	<input type="checkbox"/>	Change of name
Ceased working for specified practice	<input type="checkbox"/>	

Please tick as appropriate										
PRSB:	HCPC	<input type="checkbox"/>	NMC	<input type="checkbox"/>	GPhC	<input type="checkbox"/>	Registration Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profession:										
Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>					
Email	<input type="text"/>				Contact Number	<input type="text"/>				
Date annotated as an IP	<input type="checkbox"/>	Prescribing outside of EEAST?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>			

Please select specialities that you will be prescribing for			
Urgent & Primary Care	<input type="checkbox"/>	Critical Care	<input type="checkbox"/>
Staff Prescribing	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Specify:	<input type="text"/>

Specimen signature of Independent Prescriber:	<input type="text"/>
---	----------------------

Authorised By:	<input type="text"/>	Date:	<input type="text"/>
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Role:		Date Updated onto EEAST prescribing database:	
When effective from:			Or Immediate:

PRSB: Professional Regulatory / Statutory Body

HCPC: Health & Care Professions Council

NMC: Nursing & Midwifery Council

GPhC: General Pharmaceutical Council

Authorisation can be by the Regional Professional Lead Prescriber,
The Clinical Lead – Medicines Management,
the Clinical Lead – Urgent & Primary Care or
the Clinical Lead – Trauma & Critical Care

Appendix 3: Lost, found, stolen or fraudulent use of prescription pads flow chart

Non-medical prescriber or “another” becomes aware that a prescription pad has been:

- lost
- found
- stolen
- used fraudulently



Notify:

- “In-hours”: immediately email your/the practitioner’s named professional lead and the EEAST lead for medicines management, tagging the message as of “high importance (“!”) and attempt to speak to either party as soon as possible
- “Out-of-hours”: immediately speak to CLINICAL ON CALL via switchboard and email medicinemanagement@eastamb.nhs.uk, tagging the message as of “high importance (“!”)
- Complete a DATIX incident form outlining the circumstances of the incident and the measures taken to locate/retrieve the pad, ensuring “yes” is selected



All incidents relating to prescription pads must be reported to the Executive Medical Director, the Information Governance Department and the registrant’s Clinical Lead.

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An incident investigation must be completed for any irregularity or issues relating to prescription pads. The Clinical Lead for medicines management will inform the Executive Medical Director



In all cases of lost, stolen or fraudulently used prescription pads Contact Police on 101

Appendix 4: Non-medical prescriber terminating contract/transfer to non-prescribing role/return of prescription pads.

Reason	
Leaving EEAST employment	Change of EEAST role
Change in Fitness to Practice status	Non-compliance with policy
Other (please specify)	
Temporary Change	Permanent Change

Please tick as appropriate					
PRSB:	HCPC	NMC	GPhC	Registration Number	
Profession:					
Title:		First Name:		Surname:	
Email				Contact Number	

Returned Pads	EEAST	Community	Other (Specify)
Serial Numbers (Unused Pads)			
Serial Numbers (Used Pads)			
Returned to:			

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Confirmed Received By:		Date:	
Role:		Date Updated onto EEAST prescribing database:	

PRSB: Professional Regulatory / Statutory Body
HCPC: Health & Care Professions Council
NMC: Nursing & Midwifery Council
GPhC: General Pharmaceutical Council

Confirmation can be by the Regional Professional Lead Prescriber,
The Clinical Lead – Medicines Management,
the Clinical Lead – Urgent & Primary Care or
the Clinical Lead – Trauma & Critical Care

**Please return form and pads to the Pharmacy Technician – Medicines
Management
by Hand or secured delivery.**

Appendix 5: Bank, Agency or Honorary Contract Prescriber Flow Chart

Conditions required to request authority to be a Trust non-medical prescriber:

- A regular, confirmed and monitored working pattern as a non-medical prescriber (external to the Trust) and a minimum of two working shifts/sessions per month (pro-rata) within the Trust to maintain assurance and monitor competency within a three month period.
- Full appraisal and review of non-medical prescribing competence aligned to the Trust's requirements (Appendix 6) and RPS competencies



Required Approvals::

- The Clinical Lead (Speciality)
- The Trust's named regional professional lead (who must be a registered prescriber)



Authority:

- Submission and authorisation of a named centre's (e.g. primary care centre) non-medical prescribing notification to practice to medicinemanagement@eastamb.nhs.uk (Appendix 1)
- Submission and authorisation of a Trust non-medical prescribing notification to practice medicinemanagement@eastamb.nhs.uk (Appendix 2)



An incident investigation must be completed for any irregularity or issues relating to prescription pads. The Clinical Lead for medicines management will inform medicinemanagement@eastamb.nhs.uk



Continuing authority to non-medically prescribe:

- Annual submission of the EEAST non-medical prescriber annual review form, evidencing ongoing competency verification (Appendix 6)
- Continuing evidence of a minimum shift pattern within a three month period within the Trust

Appendix 6: EEAST non-medical prescriber annual review form

Annual declaration of competency to undertake non-medical independent prescribing: The non-medical independent prescriber has a responsibility to ensure that an appraisal of their prescribing practice, underpinned by this template is pre-planned and undertaken on an annual basis with a clinical, professional or regional lead who is a registered prescriber. Additionally, this form must be utilised to evidence competency, in alignment with the RPS competency framework, whenever any changes are made to prescribing practice.

DECLARATION OF COMPETENCY TO UNDERTAKE NON-MEDICAL PRESCRIBING:

Please complete as appropriate							
PRSB:	HCPC		NMC		GPhC	Registration Number	Date of last appraisal
Profession:							Date of this appraisal
Title:		First Name:		Surname:		Prescribing Mentor	
Email						Contact Number	

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Do you prescribe controlled drugs?			How / Where do you prescribe		Clinical Strategy Prescribing:		
Schedule 2 (e.g. diamorphine, fentanyl)	Y	N	Electronic prescribing manual (pad based) prescribing	Cardiac Care	Y	N	
Schedule 3 (e.g. temazepam)	Y	N		Stroke / Vascular Care	Y	N	
Schedule 4 (e.g. zopiclone, diazepam)	Y	N	I only prescribe within EEAST	Major Trauma / Critical Care	Y	N	
Schedule 5 (e.g. codeine based preparations)	Y	N	I prescribe across primary care	Mental Health Care	Y	N	
Detail other areas for which you prescribe (not aligned to the clinical strategy areas)				Maternity Care	Y	N	
				Learning Disability Care	Y	N	
				Dementia Care	Y	N	
				End of Life Care	Y	N	
				Falls / Frailty	Y	N	
				Respiratory Care	Y	N	
Continual Professional Development				Sepsis	Y	N	
Have you undertaken at least two periods of clinical supervision in 12mths with another non-medical prescriber / mentor					Y	N	
Is your EEAST statutory / mandatory training up- to-date?			Y	N	Date of annotation as a prescriber:		

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What type of staff are you	Permanent		Bank		Honorary Contract		If bank / honorary contract, is this reauthorised?*	Y	N
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*approval from the Clinical Lead for the Speciality

Prescribing groups – which special groups do you prescribe for?											
Children under 12 years?	Y	N	Pregnancy	Y	N	Breast Feeding	Y	N	Renal / Hepatic Impairment	Y	N

Adverse Prescribing Incidents									
Have there been any adverse prescribing incidents / concerns in the past 12 months	Y	N					Are there any outstanding?*	Y	N

**if any outstanding, review impact, learning needs and make an informed joint decision whether to proceed with appraisal

CESSATION OF APPRAISAL							Is the appraisal stopped?	Y	N
Appraisal Continues	Y	N	Decision to cease appraisal and implement performance support plan to address learning needs				Y	N	
Prescribers Signature				Reviews Signature					
Today's Date				Support Plan Review Date					

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***If no, appraisal to be stopped until a portfolio is submitted (required within 4 weeks).

Additional Comments					
Confirmation of competency within the area / field of practice identified					
Prescriber Name		Prescriber Signature			Date
Appraiser Name		Appraiser Signature		Role	Date

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Senior Review Name****		Review Signature		Role		Date	
---------------------------	--	---------------------	--	------	--	------	--

****Regional Professional Lead for Prescribing, Clinical Lead for Primary & Urgent Care, Clinical Lead for Trauma and Critical Care or Clinical Lead for Medicines Management

A copy should be retained by EEAST – A copy should be retained by the prescriber

Appendix 7: Prescribers Agreed Personal Formulary

Personal Details										
PRSB:	HCPC		NMC		GPhC		Registration Number		Date of last formulary agreed	
Profession:									Date of this formulary reviewed	
Title:		First Name:					Surname:			
Email						Contact Number				
Prescriber Name					Prescriber Signature				Date	
Appraiser Name					Appraiser Signature		Role		Date	

Personal Formulary		
Gastrointestinal Dyspepsia / Gastrointestinal Reflux Disease Antispasmodics / Motility Drugs	Cardiovascular systems Positive inotropic drugs Diuretics	Respiratory System Bronchodilators Corticosteroids

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<p>Anti-secretory Drugs / mucosal protectants Acute diarrhoea</p> <p>Chronic bowel disorders</p> <p>Laxatives</p> <p>Anal / rectal preparations Stoma care Drugs affecting intestinal secretions</p>	<p>Anti-arrhythmic drugs</p> <p>Beta-adrenoceptor blocking drugs</p> <p>Drugs used in hypertension or heart failure</p> <p>Nitrates, calcium-channel blockers, antianginals</p> <p>Sympathomimetics</p> <p>Antiplatelet drugs</p> <p>Drugs used in myocardial infarction / fibrinolysis</p> <p>Antifibrinolytic / haemostatics</p> <p>Lipid regulating drugs</p> <p>Local sclerosants</p>	<p>Cromoglicate, Leukotriene Antagonists</p> <p>Antihistamines / Allergy Medications</p> <p>Respiratory stimulants / surfactants</p> <p>Oxygen</p> <p>Mucolytics / Anti-secretory</p> <p>Aromatic inhalations</p> <p>Cough preparations</p> <p>Systemic nasal decongestants</p>
<p>Central Nervous System</p> <p>Hypnotics / anxiolytics Psychosis / related disorder drugs</p>	<p>Infections</p> <p>Antibacterial drugs Antifungal drugs</p>	<p>Obstetrics, Gynaecology & Urinary</p> <p>Drugs used in obstetrics Treatment of vulval / vaginal conditions</p>

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<p>Antidepressants CNS stimulants / ADHD drugs</p> <p>Drugs for obesity Antiemetics / nausea / vertigo drugs Analgesics Anti-epileptic drugs</p> <p>Drugs used in Parkinson's / related disease Drugs used in substance misuse</p> <p>Drugs used in dementia</p>	<p>Antiviral drugs Antiprotozoal drugs</p> <p>Anthelmintics</p>	<p>Contraception Drugs used for Genito-urinary disorders</p>
	<p>Endocrine System</p> <p>Drugs used in diabetes</p> <p>Thyroid & anti-thyroid drugs</p> <p>Corticosteroids</p> <p>Sex hormones / replacement therapy Hypothalamic / pituitary / anti-oestrogens Drugs affecting bone metabolism Other endocrine drugs</p>	<p>Malignant Disease & Immune System</p> <p>Cytotoxic Drugs</p> <p>Drugs affecting the immune response Sex hormones / hormone antagonists</p>
	<p>Skin</p> <p>Emollients & Barrier Preparations Topical Local Anaesthetics / Antipruritic</p>	

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Nutrition & Blood	Musculoskeletal & Joint Disease	Topical corticosteroids Preparations for eczema, psoriasis etc Drugs for acne / rosacea Preparations for warts and calluses Sunscreens and camouflage Shampoos & other scalp / hair drugs Anti-infective skin preparations Cleansers, antiseptics, wound healing
Drugs used in anaemia / blood Fluids & electrolytes Intravenous nutrition Oral nutrition and supplements Minerals Vitamins Bitters & tonics Drugs used in metabolic disorders	Drugs used in rheumatic diseases / gout Drugs used in neuromuscular disorders Drugs used for the relief of soft tissue inflammation	
	Eyes / Ears / Oropharynx	
	Anti-infective /antiviral eye preparations Corticosteroids & other anti-inflammatory drugs Mydriatics / Cycloplegics Treatments for glaucoma Local anaesthetics Miscellaneous ophthalmic preparations Contact lenses	Vaccines & Immunisations Vaccines and antisera Immunoglobulins International travel
Anaesthesia		
Local anaesthetics		

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Drugs acting on the ear
Drugs acting on the nose
Drugs on the oropharynx

Appendix 8 - Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
					The lead or committee is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be

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What	Who	How	Frequenc y	Evidence	Reporting arrangements	Acting on recommenda tions	Change in practice and lessons to be shared
							shared with all the relevant stakeholders.
Format and delivery of Professional Update for Role training / CPD	Clinical Lead for Education & Clinical Practice Head of Organisational Development	Annual review / compliance reports	Annual / cyclical	Compliance reports	Workforce and Quality Governance Committee	Clinical Lead of Education and Clinical Practice to act upon content needs and creation / Head of Operations team to act upon compliance against post	New programmes Accountability reviews

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What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
						qualification updates	
Defined scope of practice for EEAST	Clinical Lead for Education & Clinical Practice Sector Clinical Leads Clinical Best Practice Group	Changes in national or local clinical guidelines Changes in Career/Service Delivery Model	Adhoc but formal review at least 6 monthly	National Guidance Audit and Research activity	Quality Governance Committee	Clinical Lead of Education and Sector Clinical Leads and wider Medical Directorate	By clinical instruction, update to policy

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What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
	Education & Learning Group	Annual review of scope of practice aligned to CLIIPS report					

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Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	Prescribing Policy for Advanced Practitioners
Is the process new or existing? If existing, state policy reference number	POL
Person responsible for process/policy	Deputy Clinical Director – Clinical Effectiveness
Directorate and department/section	Medical Directorate
Name of assessment lead or EIA assessment team members	Clinical Lead for Education & Clinical Practice
Has consultation taken place? Was consultation internal or external? (please state below):	Yes

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The assessment is being made on:		
	Written policy involving staff and patients	x
	Strategy	
	Changes in practice	x
	Department changes	
	Project plan	
	Action plan	
	Other (please state) Training programme.	

Equality Analysis												
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The Scope of Practice policy looks to provide the organisation with a mechanism to develop, review and manage scope of practice within the clinical workforce of the organisation. This should also be used in conjunction with other policies that will guide the management of staff in the event of wilful policy violation or issues surrounding clinical practice.</p>												
<p>Who does the policy/procedure/practice/event impact on?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Race <input type="checkbox"/></td> <td style="width: 25%;">Religion/belief <input type="checkbox"/></td> <td style="width: 25%;">Marriage/Civil Partnership <input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Gender <input type="checkbox"/></td> <td>Disability <input type="checkbox"/></td> <td>Sexual orientation <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Age <input type="checkbox"/></td> <td>Gender re-assignment <input type="checkbox"/></td> <td>Pregnancy/maternity <input type="checkbox"/></td> <td></td> </tr> </table>	Race <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Marriage/Civil Partnership <input type="checkbox"/>		Gender <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>		Age <input type="checkbox"/>	Gender re-assignment <input type="checkbox"/>	Pregnancy/maternity <input type="checkbox"/>	
Race <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Marriage/Civil Partnership <input type="checkbox"/>										
Gender <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>										
Age <input type="checkbox"/>	Gender re-assignment <input type="checkbox"/>	Pregnancy/maternity <input type="checkbox"/>										
<p>Who is responsible for monitoring the policy/procedure/practice/event?</p>												

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Ownership of the policy sits with the Medical Directorate but led by the Clinical Lead for Education and Clinical Practice. Clinical and Operational leadership teams are responsible for day to day monitoring of compliance and management in line with the policy, reporting back to policy ownership if there are any requirements for policy review.

What information is currently available on the impact of this policy/procedure/practice/event?

The Trust has had for many years defined scopes of practice for its clinical workforce, the impact of scope of practice definition is supportive to the clinician and has been used in the assessment of clinical practice undertaken and supported actions of the organisation to support patient safety, staff and public confidence in the organisation. Whilst there has not been a scope of practice policy before, other policies such as the 'Variations to clinical practice and clinical competency policy' has been used as a surrogate when making decisions surrounding scope of practice. Again, this has been supportive in providing support to patient safety, staff and maintaining organisational and public confidence. Including use within formal processes such as serious incidents and external regulatory activity such as Health and Care Professions Council fitness to practice hearings.

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>

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Please provide evidence: No concerns of negative impact

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>

Please provide evidence:

Action Plan/Plans - SMART

Specific

Evaluation Monitoring Plan/how will this be monitored?

Who: All staff members

How: in application of policy

By: Deputy Clinical Director – Clinical Effectiveness

Reported to: Compliance and Risk Group