NHS
Kent and Medway

NHS Kent and Medway Integrated Care Board

Non-Medical Prescribing (NMP) Policy

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1.0 (new policy)	Pharmacy Workforce Designated Prescribing Practitioner Lead	September 2024	New document Stakeholder engagement with from Primary Care Training Hub team
		October 2024	Stakeholder engagement with ➢ Medicines Optimisation Team ➢ Members of the Advanced Practice and Independent Prescribing Strategy Group ➢ Members of the Local Medical Council ➢ Director and Deputy Director of Primary Care NHS Kent & Medway
		February 2025	EHQIA Panel approval and Equality Analysis Appendix included in policy

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1. Introduction and statement of intent

This policy sets out a framework for the development and implementation of non-medical prescribing within NHS Kent & Medway Integrated Care Board (ICB) to establish a consistent approach for non-medical prescribing.

This policy applies to all registered nurses, pharmacists and other allied health care professionals employed by a GP practice or other provider linked to NHS Kent & Medway ICB prescribing budget or prescribing as part of an NHS commissioned service, who, in accordance with their job descriptions, undertake prescribing as part of their role.

This policy relates to all non-medical prescribing activity within the ICB. This policy should be read in conjunction with:

- Royal Pharmaceutical Society, A Competency Framework for all Prescribers
- Kent, Surrey and Sussex Primary Care School Guidance - Multi Professional Independent Prescribing in General Practice
- Relevant professional body's guidance on non-medical prescribing.
- Local provider policies
- GP mythbuster 95: Non-medical prescribing - Care Quality Commission (cqc.org.uk)

This policy excludes those working under a Patient Group Direction (PGD) or Patient Specific Direction (PSD).

2. Aims and objectives.

This policy has been developed to ensure that all prescribing by all non-medical prescribers is managed and governed robustly in Primary Care to ensure:

- Patients benefit from easier and quicker access to treatments.
- Patients receive prescribing that is safe and effective.
- Legal and professional responsibilities around NMP prescribing are highlighted.
- Other healthcare professionals and relevant personal are informed.
- Ensures that NMPs are appropriately qualified and work within agreed national and legal policies.
- NMPs are supported within their role and completion of continued professional development (CPD) is encouraged.
- A register of NMPs is established and maintained
- Assurance is provided to NHS K&M ICB that clinical governance responsibilities around non-medical prescribing are met within primary care and all commissioned services

3. Definitions

Non-medical prescribers can be described as Independent or Supplementary:

Independent Prescribing (IP) - Independent prescribing is prescribing by a suitably qualified practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Nurses, midwives, pharmacists, paramedics, physiotherapists, podiatrists/chiropodists, optometrists, and therapeutic radiographers can train as Independent Prescribers.

Supplementary prescribing - A voluntary partnership between a doctor or dentist and supplementary prescriber, to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. In addition to the professionals that can train to be Independent Prescribers, diagnostic radiographers and dieticians can also train to become supplementary prescribers.

There may be community practitioner nurse prescribers within the ICB who can only prescribe from the Nurse Prescribers Formulary.

Designated Prescribing Practitioners (DPPs) - Workplace-based supervisors who support NMP trainees in their period of learning in practice as part of their prescribing course. The DPP must meet the following criteria:

- Registered healthcare professional in Great Britain or Northern Ireland with legal IP rights (this includes medical prescribers and annotated IPs).
- Meet competencies within Section 1 of Royal Pharmaceutical Society Competency Framework for DPPs before starting the role.
- Be able to assess the trainee's skills including consultation, communication, physical examination, and clinical reasoning.

4. Roles and responsibilities

Integrated Care Board Medicines Optimisation Team

- Registering new prescribers with NHS Business Services Authority (NHSBSA). This can only be done by a ICB authorised signatory on completion of a Non-Medical Prescriber Registration Form (appendix 1)
- Maintaining an up-to-date register of NMPs
- Ensuring the employing practice/organisation have a robust system in place for the governance and oversight of non-medical prescribing in their practice via completion of an Employer Annual Declaration form (appendix 2)

- Providing the NMPs in primary care with access to their quarterly prescribing data to enable the NMP to audit and discuss this with their clinical supervisor and/or their appraisal.
- As with all prescribers if clinical concerns about prescribing of NMPs were raised the routine investigation and escalation process would be followed.
- Production and maintenance of an up-to-date database of non-medical prescribers
- Update NMP policy as required and ensure this is disseminated to relevant individuals.
- Link with others leading on the NMP agenda including those from other organisations to ensure a system approach to NMP is developed.

Employing Practice/Organisation

The employing practice/organisation has overall legal responsibility for both the quality and safety of patient care including, but not limited, to:

- Ensuring the NMP has adequate and appropriate indemnity insurance to meet the needs of their scope and level of practice
- Providing an accurate summary of prescribing responsibilities and competencies within the job description for the role and updating these when necessary. This includes acting as a DPP, when the NMP meets the criteria to do so.
- Ensure the NMP is given time to conduct an annual audit and review of prescribing (as a minimum), including an update of their scope of practice (usually completed at the point of appraisal) and any change in clinical areas of responsibility and competencies. An example scope of practice form is included in Appendix 3 and can be completed by the NMP for their own records and to support the review process.
- Ensuring the NMP has access to clinical supervision in support of their practice, enabling them to improve standards of care and develop their prescribing skills. NHS England provides some guidance here: NHS England » Supervision guidance for primary care network multidisciplinary teams
- Supporting the NMP's Continuing Professional Development (CPD) and ongoing training
- Ensuring that all NMPs have read and are familiar with the NMP policy.
- Ensuring that all NMPs are registered with the NHS BSA and have prescription pads if necessary.
- Ensuring that all NMPs who leave the practice/organisation are de-registered with the NHSBSA.
- Ensuring the Employer Annual Declaration form (appendix 2) is completed and returned to the Medicines Optimisation Team.

Non-Medical Prescribers

NMPs are bound by their professional standards and code of conduct and ethics.

In summary, they must:

- Register their prescribing qualification with their professional body and have an annotation signifying that they have successfully completed the prescribing programme to be legally allowed to prescribe. Pharmacists joining the register in 2026 will be independent prescribers at the point of first registration.
- Ensure they are recorded on the ICB NMP database and that they have been registered with the NHSBSA **before** they begin prescribing for a practice. This applies even if they are currently, or have previously been, registered as a prescriber for other practices within the area
- Ensure that they have the skills and knowledge necessary to always carry out the role and act within the boundaries of their scope of practice; this will include being able to justify their decisions to act and to withhold treatment. The Pharmacist Defense Association has produced a useful document "Boundaries of my Clinical Practice Statement (BCPS) and competency development plan", which can be used to demonstrate evidence of practicing in this way. PDA BCPS Statement
- Keep accurate, legible, unambiguous, and contemporaneous records of each patient's care, recording them during or as soon as possible after the consultation. These should contain details of assessment, prescription, and rationale for prescribing.
- Prescribing should be guided by prescribing policies, guidelines, and formularies both those ratified locally and those produced at a national level.
- Supplementary prescribers must follow the agreed CMP and not adjust it unless these have been agreed with the doctor (or dentist) involved.
- Hold adequate and appropriate indemnity insurance appropriate to their scope and level of practice and be willing to provide evidence of this to their employer (or supplied by their employer).
- Meet the requirements for CPD as specified by their professional regulatory body.
- Partake in an annual audit and review of their prescribing (as a minimum)
- Update their scope of practice (usually completed at the point of appraisal) and any change in clinical areas of responsibility and competencies.
- Inform their manager if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable and/or safe level. In such situations they should not recommence prescribing until their needs have been addressed and their competence and confidence has been adequately demonstrated.
- When supplementary prescribing is chosen to manage the patient's condition then the principles of supplementary prescribing must be explained in advance to the patient/guardian and the patient's agreement sought. The agreement of the patient to be treated by a supplementary prescriber should be recorded in the CMP and the patient's practice records. In addition, patients should be involved in the reviews outlined within a CMP. This may be a joint review by both doctor (or dentist) and supplementary prescriber seeing the patient together. Where this is not possible the doctor (or dentist) should review the patient and later discuss future management of the patient's health with the supplementary prescribers.

- Agree to act as a DPP when they meet the criteria to do so.

Training Hub responsibilities

- Guide and support access to relevant NMP course in line with funding streams.
- Support on-going professional development for all healthcare professionals.
- Support the development of new roles within primary care.
- Support engagement of organisations with this NMP policy and its implementation

5. Application Process

Practitioners need to:

- Ensure they meet the criteria for the course and have the appropriate numeracy skills to undertake drug calculations.
- Ensure the employer agrees to release them for the full course requirements.
- Identify an appropriate designated prescribing practitioner (DPP) and comply with any pre-course requirements for entry on the course.
- Identify the therapeutic area and field, where they already have considerable expertise, and for which they intend to prescribe.
- Contact the Kent & Medway Primary Care Training Hub to discuss opportunities to access relevant programmes.
- Pharmacists may be able to access IP training fully funded by the Pharmacy Integration Programme. Applications need to be made directly to the chosen university. The eligibility criteria and universities can be found here: Approved suppliers - Community Pharmacists, Pharmacists in GP and Health and Justice Pharmacists | NHS England | Workforce, training and education

6. Returning to practice or expanding a scope of practice

- If a NMP is returning to prescribing practice after a period away from prescribing it is recommended that the individual appraise their prescribing practice with their manager/clinical lead prior to recommencing a prescribing role.
- A clinical update should be completed by the NMP and they should be assessed as being competent prior to recommencing a prescribing role.
- The NMP and the clinical manager should identify and agree a learning plan, and this should be linked to the NMPs appraisal.
- The CPPE Return to prescribing course is open to any pharmacist prescriber registered in England who needs to regain the competence and confidence to prescribe.

- If a NMP wishes to expand their scope of competency to include additional clinical areas, then they must be able to prove competency in that area. The Royal Pharmaceutical Society Professional Guidance: Expanding Prescribing Scope of Practice provides a structure to support prescribers to identify their developmental needs, highlights ways in which these needs can be met, and offers guidance on how to document the process and outcome.

7. NMP Database

- It is the responsibility of local Medicines Optimisation Teams to maintain a NMP register. The register will contain the following information about each NMP;
  - Name
  - Profession
  - Registration/PIN Number
  - Date of registration expiry (if applicable)
  - Address and telephone number of their base location (including mobile telephone number, if available)
  - Qualification attained (e.g. Independent Prescriber)
  - Prescribing locations
- It is the responsibility of the NMP to inform the local Medicines Optimisation Team of any changes to their details. The NMP is also responsible for informing their professional body of any changes to their details.

8. Prescribing

- Before issuing a prescription, the NMP must carry out a holistic assessment of the patient including whether it is appropriate to issue a prescription, refer the patient to another health professional or recommend self-care.
- Prescribing should be informed by evidenced-based practice using local and national guidelines and formularies
- Prescribers must use the appropriate form, be legible and satisfy all legal requirements. For guidance on prescription writing see Prescription writing | Medicines guidance | BNF | NICE.
- All prescriptions must state the NMP's name, professional registration number, prescribing qualification, GP practice / organisation code & contact details.
- For NMPs prescribing via Electronic Prescription Service (EPS), authorisation to prescribe using their computer system is via the employer.
- NMPs must only prescribe medicines which they are legally entitled to and must not prescribe beyond the limits of their competence and experience. Different types of prescribers hold different prescribing rights. These may be subject to change with the introduction of new legislation. For up-to-date guidance please see the following link Who can prescribe what? : CPE Main site

- NMPs should avoid prescribing for themselves and close family members as a matter of good practice. Further advice must be sought from the relevant regulatory body if this is considered necessary.-

Repeat prescribing

- NMPs should be familiar with the Repeat Prescribing Toolkit developed by the Royal Pharmaceutical Society and The Royal College of GPs. The toolkit provides a resource that can be used to improve practice processes, patient care, and reduce waste by the NMP and their employing organization.
- NMPs may issue repeat prescriptions, only if all the medicines involved are within the NMPs scope of competency, as by signing the prescription they are assuming full clinical and medico-legal responsibility. NMPs may only sign prescriptions that are printed with their own details or using the electronic prescription service (EPS).
- The NMP must ensure that each repeat prescription is regularly reviewed and only re-issued to meet clinical need. A formal review of the patient must take place following a maximum of six issues or six months whichever is the soonest. It is the NMPs responsibility to ensure that there is suitable provision for monitoring each patient's condition and that there is a suitable referral pathway for patients requiring further assessment or treatment.

Unlicensed medications and Off Label Medicines

- Independent nurse and pharmacist non-medical prescribers can prescribe unlicensed medicines for their patients on the same basis as doctors. The responsibility for the use of these medicines' rests with the prescriber, who remains professionally accountable. Licensed products should always be used in preference. The prescriber should agree the treatment choice with the patient / carer and a clear rationale for choice of medicine should be documented.
- A supplementary prescriber may prescribe unlicensed medicines as part of a CMP providing both doctor (or dentist) and supplementary prescriber have discussed and agreed this action with the patient. The following criteria must be followed:
    - The doctor (or dentist) must have agreed the plan and must agree to take responsibility for prescribing the unlicensed medicine.
    - An alternative, licensed medicine would not meet the needs of the patient.
    - There is sufficient robust evidence to support use.
    - The patient has agreed to the use of an unlicensed product.

    - The medication chosen and the reason for doing so is clearly documented within the CMP.
- For reference, community practitioner nurse prescribers, optometrist, physiotherapist, podiatrist, radiographer, and paramedic non-medical prescribers **are not** authorised to prescribe unlicensed medicines.
- There are circumstances when independent and supplementary prescribers may prescribe medicines 'off label'. However, the following practice must be followed:
    - There is no other licensed medicine available that would be appropriate.
    - A clear evidence base supports the use of the medicine 'off label'.
    - The prescribing decision is discussed with the patient / carer.
    - A clear and accurate rationale is documented to support medicine choice.
    - For supplementary prescribers the medicine of choice must be documented within the CMP, the doctor (or dentist) takes responsibility for the prescribing decision and there is joint review and monitoring of patient's care.
- Community practitioner nurse prescribers are not allowed to prescribe "off label" medicines except for nystatin in neonates.
- Some medications prescribed to children are not licensed for use in this patient group. NMPs with training in the treatment of children may prescribe off-label but must follow the steps above. In addition, NMPs must demonstrate knowledge of either a local/national guideline that supports their prescribing practice in children and refer to the British National Formulary (BNF) for Children.

Controlled Drugs

- Nurse and pharmacist independent prescribers can prescribe, possess, supply, offer to supply, administer and give directions for the administration of any controlled drug specified in Schedules 2 to 5 of the 2001 regulations. This does not include cocaine, diamorphine or dipipanone to patients addicted to these, unless for the purpose of treating organic disease or injury suffered by such persons.
- Paramedic independent prescribers can prescribe and administer, and direct others to administer, the following five controlled drugs: Morphine sulphate, Diazepam, Midazolam, Lorazepam and Codeine phosphate.
- Physiotherapists are legally allowed to prescribe 7 controlled drugs as an independent prescriber (oral or injectable morphine, transdermal fentanyl, oral oxycodone, oral dihydrocodeine, oral temazepam, oral diazepam and oral lorazepam).
- Supplementary prescribers can also prescribe any Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and Dipipanone for the treatment

of addiction), providing it is in accordance with the patient's clinical management plan.
- The NMPs Competency Statements must include relevant clinical areas where the prescribing of controlled drugs would be expected (e.g. pain relief).

9. Documentation and record keeping

- All healthcare professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care.
- NMPs should adhere to their own professional/regulatory bodies on standards for record keeping.
- All NMPs are required to document details of the prescription and the consultation into the shared patient record, as soon as possible or within 48 hours from the time of writing the prescription, unless there are exceptional circumstances which would prevent this (i.e. weekend or Public Holiday).
- All prescribing must be done on an FP10 bearing the name of the NMP and the address at which they are prescribing.

10. Adverse Drug Reaction & Incident Reporting

- If a patient becomes aware of a severe or unexpected reaction to a prescribed medicine, the NMP should, if appropriate, use the Adverse Drug Reaction (ADR) Reporting Form or 'yellow card scheme' to report this to the Medicines and Healthcare products Regulatory Agency (MHRA)
- Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines.
- Electronic reporting is the method of choice and can be accessed by logging onto: https://yellowcard.mhra.gov.uk
- Paper versions of the Yellow Card are included in:
  - Nurse Prescribers' Formulary (NPF)
  - British National Formulary (BNF)
  - Monthly Index of Medical Specialities (MIMS) Compendium
  - ABPI Compendium of Data Sheets and Summaries of Product Characteristics.
- Any incident or concern involving Controlled Drugs must be notified via the Accountable Officer at NHS England via email england.southeastcdao@nhs.net
- NMPs should be familiar with their local incident reporting system and use it to report any prescribing or medicines incidents. The national learning from patient safety events link is here; https://record.learn-from-patient-safety-events.nhs.uk/

Appendix 1

Non-Medical Prescriber Registration Form

NHS Business Services Authority needs to be notified, by an authorised signatory, of all non-medical prescribers (NMPs) prescribing for an organisation, even if it is for one day only or infrequent sessions. This allows prescribing to be correctly attributed, which ensures transparency, appropriate governance, correct budget allocation, and appropriate monitoring.

This form is to **register, de-register** or **amend details of all non-medical prescribers working in a GP practice or organisation within NHS Kent Medway ICB** with the NHS Business Services Authority (NHSBSA).

Complete all the boxes and return to the NHS Kent and Medway ICB (kmicb.moprojects@nhs.net)

Please copy-in the GP Practice Manger(s) or organisation manager into the email for assurance purposes.

If you are working across multiple practices, i.e., across a PCN, you can add all the details on to one form.

Please ensure that you **inform us promptly if you leave** the employment of this GP practice / organisation so that you can be de-registered with NHSBSA.

Confidentiality

The information you provide on this form will be used to support your registration with the NHS Business Services Authority (NHSBSA), enabling you to start prescribing within the organisation you are employed at.

Following the introduction of the Data Protection Act 2018 and General Data Protection Regulation (GDPR), we would like to make you aware of the following:

- We will only share your information with the NHSBSA for the purpose of processing your application.
- The completed document will be held in an access restricted folder (which will only be accessed by approved members of the NHS Kent & Medway Medicines Optimisation Team) on a secure server.
- The MO team will maintain a secure database of all non-medical prescribers and details of prescribing qualification and signature.

Please tick appropriate box:

☐ New starter joining a practice or newly qualified prescriber ☐ Locum / temporary employee

☐ Amendment i.e., change of name, additional practice(s) ☐ Leaving a practice

Title:	Miss Mrs Ms Mr Other *(please circle as appropriate)*		
Full name:			
Change of name: (if applicable)	From: To:		
Practice / Base Name:			
GP Practice / Organisation Code:		**GP Practice / Org. Tel. No:**	
Prescriber's NHS.net email address:		**Date commenced at practice:** (Day/Month/Year)	
Will you work as a prescriber in another GP Practice / Organisation?	*(include practice name & GP practice code / Organisation name & code)*		
Have you left a GP practice or other NHS organisation?	*(If **leaving,** include GP practice or organisation name, code & **date of leaving)***		
Type of prescriber (please tick as appropriate)	☐ INDEPENDENT NURSE / MIDWIFE PRESCRIBER **(V300)** ☐ COMMUNITY PRACTITIONER NURSE PRESCRIBER **(V100 formulary)** ☐ PARAMEDIC ☐ OPTOMETRIST ☐ PHARMACIST ☐ PODIATRIST ☐ PHYSIOTHERAPIST ☐ RADIOGRAPHER ☐ DIETICIAN		
Professional Registration No:		**Date of prescribing qualification:**	

Please tick to confirm:

☐ I have read the NHS Kent & Medway ICB Non-Medical Prescriber Policy.

☐ I have professional indemnity to cover the scope and level of practice I will be undertaking.

☐ I agree to share these details with the NHS Kent & Medway ICB Medicines Optimisation Team for the purpose stated on page one of this form.

☐ The details I have provided in the form are correct at the time of completion.

NMP specimen signature:	
Date:	

Appendix 2

Non-Medical Prescriber (NMP) Employer Annual Declaration

Employer Organisation name and code	
Name and role of person completing this form	
Contact email address	
Date of completion	

Non-medical prescribing (NMP) is the term used to describe prescribing by a healthcare professional other than a doctor or dentist.

The following declaration is intended to:

- Provide NHS Kent & Medway ICB with assurance that the employing organisation has appropriate governance in place regarding NMPs.
- Remind organisations employing NMPs working in NHS Kent & Medway ICB of their roles and responsibilities as per the NMP Policy.

This form will need to be completed and submitted annually or NMPs may be removed from the NHSBSA register as we will assume they are no longer practicing in Kent & Medway.

The following questions apply to all NMPs in the employing organisation and are based on CQC requirements and the NHS Kent & Medway ICB NMP Policy:

Declarations	**Agreement (tick)**
I confirm we have a system in place to ensure that all NMPs are registered with their professional body AND have a valid prescribing qualification, both at the point of joining the practice AND periodically thereafter.	
I confirm all NMPs are up to date with safeguarding training and have a current Disclosure and Barring Service (DBS) certificate.	
I confirm that all NMPs working in this organisation/practice are registered with the NHSBSA and are set up on the clinical system to prescribe under their own credentials.	
I confirm we have a system in place to ensure that all NMPs are working within the limits of their competency and have appropriate indemnity to reflect their scope and level of practice.	
I confirm we update prescribing responsibilities and competencies for each NMP in their job description as necessary.	
I confirm we have a system in place to ensure that all NMPs have access to appropriate clinical supervision and training.	
I will ensure that the ICB Medicines Optimisation Team is informed of all NMP joiners and leavers, regardless of duration or status of employment.	

Please list below the names of NMPs working in your practice / organisation and confirm the declarations above apply to them. Include occasional staff, such as locums or any PCN staff who do regular sessions as prescribers. In order for the ICB to have up to date records, the MO Team will cross check the below NMPs with our records, and any discrepancies will be followed by via email.

NMP Full Name	NMP Signature	Date

Signing this form provides an assurance that, in line with the NHS Kent & Medway ICB Non-Medical Prescriber Policy, you have discussed and agreed the above with the appropriate members of your organisation/practice and they have confirmed agreement with the declarations.

Name:

Signature:

Date:

Please email completed and signed forms to the Medicines Optimisation inbox

kmicb.moprojects@nhs.net

Appendix 3

Example Scope of Practice Document

Name:		**Contact phone number:**		**Email address:**	
Designation:		**Practice:**		**Line manager:**	
Initial prescribing qualification		**Date initial qualification achieved**		**Prescriber's unique identification code:**	
Clinical Consultation and Physical Examination Course completed?		☐ **YES**	☐ **NO**	**Date qualification achieved**	
Evidence of yearly prescribing update (please state)?					

	Please identify scope of practice currently prescribing for (BNF Chapters and subcategories)	**Please tick relevant areas of prescribing**	**Evidence of competence to prescribe in this area**	**Examples of recommended education courses required**	**Evidence of initial training / education to prescribe in this area (including dates of training)**	**Evidence of CPD updates (please state most recent, including dates)**
	Advanced Clinical Practitioners who have a recognised ACP qualification, credentialised or are able to evidence how they met the NHS WT&E Multiprofessional ACP Framework may prescribe in multiple areas, however they are still required to evidence within individual sections in regard to their training and competencies developed.					
Gastrointestinal	Chronic bowel disorder					
	Constipation / Diarrhoea					
	Disorders of gastric acid and ulceration					
	Food allergy					
	Gastro-intestinal smooth muscle spasm					
	Liver disorders and related conditions					
	Obesity					
	Rectal and anal disorders					
	Reduced exocrine secretions					
	Stoma Care					

Cardio-vascular	Arrhythmias			Cardiac Arrhythmias and 12-lead ECGs level 6-7		
	Blood clots / anticoagulation			2 day anti-coagulation training		
	Hypertension			CHD 5-7		
	Heart Failure			Caledonian HF Module		
	Hyperlipidaemia			CHD 5-7		
	Myocardial ischaemia			CHD 5-7		
	Oedema			Caledonian HF Module		
	Vascular disease			CHD 5-7		
Respiratory	Airways disease: Asthma COPD			Ideally ARTP level Asthma Level 5-7 COPD Level 5-7		
	Allergic conditions					
	Conditions affecting sputum viscosity					
	Cough and congestion					
Central nervous system	Epilepsy			Epilepsy Level 6-7		
	Mental Health disorders			Mental Health Medication Management Level 6-7 Psychosocial Assessment and Interventions for Anxiety and Depression Level 6-7		
	Nausea and labyrinth disorder					
	Pain			Pain Management Level 6-7 and/or If related to scope of prescribing practice		
	Sleep disorders					
	Substance dependence			Substance Misuse and Health Level 6-7		

Infections	Amoebic			If related to scope of prescribing practice consider antibiotic stewardship recommendations		
	Bacterial / Fungal / Viral					
	Helminth / Protozoa					
Endocrine system	Diabetes mellitus			Pitstop (oral therapies) Pitstop advanced (injectable therapies) accredited via UoG or Diabetes Level 6-7		
	Disorder of bone metabolism			Denosumab -Training session with osteoporosis nurse		
	Thyroid disorders					
Genitourinary system	Bladder and urinary disorders			Kidney Care Level 6-7		
	Bladder instillations					
	Contraception			Contraception level 6-7		
	Erectile and ejaculatory conditions			Sexual Health level 6-7		
	Vaginal and vulvar conditions			Sexual Health level 6-7		

Malignant disease	Malignant disease			Cancer Care Level 6-7		
Blood & nutrition	Anaemias			If related to scope of prescribing practice		
	Iron disorders					
	Fluid & electrolyte imbalances					
	Metabolic disorders					
	Mineral and trace elements deficiencies					
	Nutrition (oral)					
	Vitamin deficiency					
Musculoskeletal system	Arthritis					
	Hyperuricaemia and gout					
	Neuromuscular disorders					
	Pain and inflammation in MS disorders					
	Soft tissue and joint disorders					
EYE	Allergic and inflammatory eye conditions					
	Dry eye conditions					
	Eye infections					
	Glaucoma and ocular hypertension					
	Retinal disorders					
Ear	Otitis externa					
	Removal of earwax					
Nose	Nasal congestion					
	Nasal infection					
	Nasal inflammation, polyps and rhinitis					
Oropharynx	Dry mouth					
	Oral hygiene					
	Oral ulceration & inflammation					

	Oropharyngeal bacterial / fungal & viral infections					
Skin	Dry & scaling skin disorders			Recognised Tissue Viability Course Recognised Dermatology Course		
	Infections of the skin					
	Inflammatory skin conditions					
	Perspiration					
	Pruritus / Rosacea and acne					
	Scalp and hair conditions					
	Skin cleansers, antiseptic and desloughing agents					
	Skin disfigurement					
	Superficial soft-tissue injuries and superficial thrombophlebitis					
	Warts & calluses					
Vaccines	Post-exposure prophylaxis					
	Vaccines			PHE approved Immunisation & Vaccination programme and updates		
Anaesthesia	Anaesthesia's			Minor surgery		
Other drug preps						
Dressings				**Basic Wound Management as a minimum**		

Appliances / Incontinence / Stoma						

☐ **My identified scope of prescribing practice has been discussed and agreed (mentor/ principal GP)**

Prescriber's Signature:		**Date completed:**	
Received by:		**Date:**	
Comments:	Highlight training needs etc.		

Appendix 4

Equality Analysis (EA)

An Equality Analysis not just about addressing discrimination or adverse impact; the policy should also positively promote equal opportunities, improved access, participation in public life and good relations.

Person completing the analysis

Add Name	Neha Bhatia
Job title	Pharmacy Workforce Designated Prescribing Practitioner Programme Lead
Directorate	Chief Medical Officers Directorate
Date completed	5 February 2025
Who will be impacted by this policy?	x Staff (ICB) x Staff (Primary Care) ☐ Service Users ☐ Carers ☐ Patients ☐ Relatives

Assess the impact of the policy on people with different protected characteristics
When assessing impact, make it clear who will be impacted within the protected characteristic category. For example, it may have a positive impact on women but a neutral impact on men.

Protected characteristic Protected characteristics explained	**Characteristic Group**	**Impact of decision** Positive/Neutral/Negative
Age		**Neutral**
Disability		**Neutral**
Gender reassignment		**Neutral**
Marriage and civil partnership		**Neutral**
Pregnancy and maternity		**Neutral**
Race		**Neutral**
Religion or belief		**Neutral**
Sex		**Neutral**
Sexual orientation		**Neutral**

If there is insufficient evidence to make a decision about the impact of the policy, it may be necessary to engage with members of protected characteristic groups to establish how best to meet their needs or to overcome barriers. If there is a negative impact on a staff group, engagement should also take place, unless there is an appropriate reason for this not to be required.

Has there been specific consultation on this policy?	No

Did the consultation analysis reveal any difference in views across the protected characteristics?	No

Disability Protected Characteristic
We need to ensure that we meet the Accessible Information Standard (AIS) which aims to support people with a disability, sensory loss or impairment to receive information they can understand and any communication support they need.
For more information please contact our Comms and Engagement Team.

Positive impacts: Where any positive impact has been identified, consider where lessons can be learned for other policies.	No

Mitigating negative impact: Where any negative impact has been identified, outline the measures taken to mitigate against it.	No

Conclusion: Advice on the overall equality implications that should be taken into account by the policy approving committee.	N/A