

NHS Cheshire and Merseyside Non-Medical Prescribing Policy



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Version Changes Version 2.0 August 2026	
Section	Description of change
3	Addition of NMPs working in or employed by a service with an ICB cost centre to scope, with addition an Other Provider Annual Assurance Form (Appendix 4). Removal of reference to CPIP Pathfinder as now finished.
5 & 14	Removal of the reference for a 'quarterly' review of prescribing data by NMP and mentor. Replaced with requirement to review a minimum of annually and more frequently if newly qualified or new to role.
5.2	Addition of links to PDA 'Boundaries of my Clinical Practice Statement (BCPS) and competency development plan' and The Royal College of Pharmacy Prescribing Competency Framework and Expanding Prescribing Scope of Practice guidance. Wording added to Clarify that copy of P formulary is not required by ICB.
6.2	Wording added to clarify requirement for numeracy assessment in NW region.
6.3	Wording added re requirement for ULEs for practices.
7.18 & 18	Link to ICB 'Working with the Pharmaceutical Industry etc Policy' and ICB 'Conflict of Interest Policy' updated.
7.21	Addition of PCN NMPs to the Non-employee NMPs section
7.24	Community Pharmacy employed NMPs section added
7.4	Removal of reference to the legacy Cheshire and Pan Mersey formularies and addition of link to NHS C&M formulary.
8.10	Example of Prescribing Decision Support changed from Optimise Rx to ScriptSwitch.
15.2	Updated wording around access to the NMPs prescribing data via the BIP.
18	Reference links updated where necessary.
Appendix 1	ATP Form: Link to ICB NMP Policy and NMP inbox email added. Now specifies that only NHS email addresses can be used. 'Prescribing' added to Organisation/Practice/Pharmacy Prescribing Code. Requirement that NMP annotates compliance with the NMP responsibilities detailed in Section 5 of the ICB NMP Policy added.
Appendix 2	GP Practice Annual Assurance Declaration – NHSBSA Prescriber Detail link updated
Appendix 3	Community Pharmacy Annual Assurance Form updated to include requirements of NHSE Professional assurance framework for delivering NHS community pharmacy clinical services.
Appendix 4	Provider Assurance Form added for use with other NHS providers under an ICB Cost code.

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1. Introduction

1. Non-medical prescribing is prescribing by registered nurses, midwives, pharmacists, physiotherapists, podiatrists, radiographers, paramedics, optometrists and dietitians who have successfully completed a non-medical prescribing qualification.
2. Non-medical prescribing enables patients to have timely access to medicines prescribed by the most appropriate practitioner often without them being required to attend further appointments or see additional healthcare professionals.

2. Purpose

1. The purpose of this document is to set out the principles on which non-medical prescribing is based and ensure that:
 - Professional and statutory obligations are met.
 - Prescribing benefits patient care by improving access to medicines.
 - Robust standards are in place for non-medical prescribing.
 - There is clarification on accountability and responsibility.
 - There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved non-medical prescribing programme.
 - All non-medical prescribers (NMPs) are appropriately qualified for their role.
 - All NMPs work within national guidelines and local formularies (including the National Institute for Health and Care Excellence (NICE) and NHS Cheshire and Merseyside Area Prescribing Group).
 - All NMPs are supported in their role and access continuing professional development (CPD).
2. Adherence to this policy will ensure that practitioners are safe in their practice, up to date in their knowledge and aware of their legal and professional responsibilities and boundaries.
3. Adherence to this policy will provide NHS Cheshire and Merseyside and employers with assurance that any NMP working within their organisation has the competencies and the skills required for the role and operates within a framework of clinical governance.

3. Scope

1. This policy applies to:
 - All NMPs, including temporary staff, for example, bank, agency, locum NMPs, working in or employed by General Practice, GP Federation or Primary Care Network (PCN) and working under a GP practice code who, in accordance with their job descriptions, undertake prescribing as part of their role.
 - NMPs working in or employed by a service with an ICB cost centre that prescribe under the specific cost centre code, usually a Y code e.g. PCN services. This excludes trust services.
 - Community pharmacist NMPs delivering NHS commissioned services.
 - All staff employing, managing, supporting and supervising NMPs in a GP Practice, GP Federation, PCN or Community Pharmacy including Clinical Mentors, Designated Medical Practitioners (DMPs) and Designated Prescribing Practitioners (DPPs)
2. This policy is not applicable to NMPs working within:
 - Trusts
 - Independent sector healthcare providers/private organisations who are commissioned to provide NHS services by NHS Cheshire and Merseyside Integrated Care Board.
 - Non-NHS prescribing by independent contractors, for example, private prescriptions in community pharmacy practice.

The above organisations are encouraged to have their own governance/NMP Lead, whose responsibility will be to support, manage and register their NMPs with the NHS Business Services Authority (NHSBSA), and ensure appropriate clinical governance structures are in place for their NMPs.

4. Definitions

1. The term **non-medical prescribing** encompasses three modes of prescribing:
 - Independent Prescribing (V300)
 - Community Practitioner Nurse Prescribing (V100, V150)
 - Supplementary Prescribing
2. **Independent prescribers** are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing.
3. A **Nurse Independent Prescriber** is a first level registered nurse whose name is recorded on the Nursing and Midwifery Council (NMC) professional register, with an

annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing. Nurse Independent Prescribers may legally prescribe from the British National Formulary (BNF) including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction).

4. **Community Practitioners**, including District Nurses and Health Visitors, can prescribe independently from a limited formulary comprising dressings and appliances, and a limited range of medicines suitable for use in community settings.
5. A **Pharmacist Independent Prescriber** is a pharmacist listed on the General Pharmaceutical Council (GPhC) register, with an annotation signifying that the pharmacist has successfully completed an education and training programme accredited by the GPhC and is qualified as an independent prescriber. Pharmacist independent Prescribers may prescribe from the BNF including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction).
6. **Other Allied Healthcare Professionals** (physiotherapists, podiatrists, advanced paramedics, optometrists and therapeutic radiographers) are able to train as independent prescribers. They are regulated by The Health and Care Professions Council (HCPC).
7. **Supplementary prescribers** are professionals who have successfully completed a recognised and approved education and training programme and are accredited by the appropriate professional body. They may be nurses, midwives, physiotherapists, radiographers, podiatrists, pharmacists, paramedics, dietitians or optometrists. Supplementary prescribers may prescribe any medicine (including controlled drugs), within the framework of a patient-specific Clinical Management Plan (CMP), that has been agreed with an independent prescriber (must be a doctor or dentist) and the patient.
8. **Clinical Management Plan** (CMP) is a plan that must be in place before supplementary prescribing can start, which relates to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. The CMP is required to include details of the illness or conditions that may be treated, any known sensitivities, the class or description of medical products that can be prescribed or administered, and the circumstances in which the supplementary prescriber should refer to, or seek advice from, the doctor/dentist. Supplementary prescribers must have access to the same patient/client health records as the doctor.
9. A **Designated Prescribing Practitioner** (DPP) is the designated practitioner who meets the DPP criteria specified in the relevant professional body standards, who is responsible for the non-medical prescribing trainees' period of learning in practice.

The aim of the DPP role is to oversee, support and assess the competence of the non-medical prescribing trainees, in collaboration with academic and workplace partners. Regulatory changes in 2019 mean that experienced NMPs, of any professional background, can become responsible for a trainee prescriber's period of learning in practice, similarly to a Designated Medical Practitioner (DMP), who is a registered medical practitioner. The Royal Pharmaceutical Society (RPS) has published a [competency framework](#) for DPPs which details the knowledge, skills and behaviours required of the designated practitioner responsible for the trainee prescriber's period of learning in practice.

10. The **Designated Medical Practitioner (DMP)** is a registered medical practitioner who provides supervision and support to an allocated non-medical prescribing student, assesses their application of theory to practice and signs off satisfactory completion of the period of learning and assessment in practice.
11. **Practice Supervisors** can be any registered health and social care professional working in a practice environment. The practice supervisor's role is to support and supervise nursing and midwifery students in the practice learning environment. Practice supervisors have been prepared and supported to take up their role and have up-to-date knowledge and experience relevant to the student they are supervising.
12. **Practice Assessors (PA)** are registered nurses, midwives, and nursing associates, or in the case of prescribing programmes any qualified prescriber, who assess a student's practice learning for a placement or a series of placements. A nominated practice assessor also works with the academic assessor to make recommendations for progression for the student they are assigned to. Practice assessors have been prepared and supported to take up their role and have current knowledge and experience relevant for the proficiencies and programme outcomes they are assessing. Further details around the responsibilities of practice assessors can be found from the [NMC website](#) .
13. **Practice Educators (PE)** are qualified prescribers, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge, and experience to support safe and effective learning for HCPC registered applicants.
14. A **Clinical Mentor (Clinical Supervisor for CPIPs)** is a registered medical practitioner or a registered healthcare professional with independent prescribing qualification from the practice/pharmacy or organisation where the NMP is employed or, if from another organisation, under a formal arrangement with the employer. The Clinical Mentor provides support and mentorship and reviews the NMP's prescribing data and CPD portfolio for assurance purposes. The clinical mentor also co-signs the NMP's Approval to Practice ATP form (Appendix 1). The clinical mentor may have previously been the NMP's DPP when they were

undertaking the non-medical prescribing course. For supplementary prescribers, the clinical mentor may be the independent prescriber named on the clinical management plan or another medical prescriber.
All NMPs should have a mentor.

15. A **Patient Group Direction (PGD)** is defined as a written instruction for the supply and/or administration of medicines to a group or groups of patients who may not be individually identified before presentation of treatment. It is NOT a form of prescribing.
16. A **Patient Specific Direction (PSD)** is a direct written instruction following an assessment by a prescriber, including NMPs. This instruction allows another healthcare professional to supply or administer a medicine directly to a patient.
17. An **Approval to Practice (ATP) form** specifies the NMP's areas of competence and scope of practice from which they intend to prescribe, to their employer, to the GP Practice or Community Pharmacy they intend to prescribe in, if not employed by the practice/pharmacy, and to NHS Cheshire and Merseyside. An ATP should be completed for each practice, pharmacy or service where the NMP prescribes.
18. A **Personal (P) formulary** is a list of medications that the NMP can prescribe within their clinical competence, expertise and scope of practice that has been agreed with their clinical mentor.

5. Roles and Responsibilities

5.1 This section contains an overview of the roles and responsibilities of the NMP, employer, clinical mentor and NHS Cheshire and Merseyside.

5.2 The **NMP** will ensure that:

- They adhere to this policy and their own profession's guidance and code of conduct.
- Their NMP qualification has been registered with their professional regulatory body, is annotated on the register and remains current and active.
- They submit a completed Approval to Practice (ATP) form when newly qualified or when they join a different GP practice/pharmacy.
- They agree their areas of practice and competence with their clinical mentor and complete an updated ATP at least annually and following any changes to area of practice and competencies. These updated ATPs do **not** need to be submitted to the ICB but copies of their ATP forms should be kept by the NMP and their practice/PCN/pharmacy.

- They maintain a personal (P) formulary that is up to date. NHS Cheshire and Merseyside recommends that all NMPs maintain a P formulary and only prescribe drugs from this formulary. P formularies do not need to be submitted to the ICB NMP Lead. An example P formulary template can be provided by the ICB NMP Lead.
- They prescribe only within, and not beyond, the boundaries of their knowledge, scope of professional practice and competence. The Pharmacist Defence Association has produced a useful document '[Boundaries of my Clinical Practice Statement \(BCPS\) and competency development plan](#)'.
- They self-assess their prescribing competence annually to identify areas for development and ensure fitness for practice – the [Royal College of Pharmacy Prescribing Competency Framework](#) can be used to support this.
- They review their prescribing data at least annually alongside their clinical mentor and update their areas of competence and scope of prescribing practice and ATP form where necessary. NMPs newly qualified or new to their role will be required to review their prescribing more frequently.
- They put in place a robust development plan when considering expanding their prescribing scope of practice – the [Royal College of Pharmacy Expanding Prescribing Scope of Practice](#) can be used to support with this.
- Their prescribing competency is maintained by means of continuing professional development (CPD) maintaining an up-to-date portfolio documenting what CPD has been completed.
- They inform the ICB NMP Lead of any changes to their details recorded in the ICB NMP Register.
- They are registered with the NHS Business Services Authority (NHSBSA) for each practice, pharmacy or service they work in before commencing prescribing. **No prescribing should take place until the NMP's registration with the NHSBSA has been completed.**
- They are added correctly as an NMP to the clinical system to prescribe under their own credentials.
- Their role as a prescriber is stated in their job description and includes a clear statement that prescribing is required as part of their duties.
- They provide evidence-based, safe, cost-effective prescribing for their patients at all times, which is patient centred and responds to the patient's needs.

- They keep accurate, legible, unambiguous and contemporaneous records of a patient's care, which identifies them as an NMP, including details of all prescriptions issued.
- Patients understand that they are a NMP rather than a GP and understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing from an NMP).
- They liaise with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Prescriptions are legible, legal and in accordance with the BNF 'prescription writing' requirements.
- They comply with the GP practice or Community Pharmacy's procedures, systems, processes and security for prescription stationary.

5.3 The Employer will ensure that:

- The appropriate healthcare professional meets the criteria to attend the non-medical prescribing course.
- The NMP trainee has a nominated Designated Prescribing Practitioner (DPP) from one of the practices/pharmacies they work in and that during the training period the NMP has time to work with their DPP to develop their clinical and examination skills and compile their portfolio of evidence.
- The NMP has submitted a completed Approval to Practice (ATP) form when newly qualified or when they start at a new GP Practice/pharmacy. An updated ATP form will be completed at least annually and following any changes to practice which must be stored by the GP Practice/pharmacy. This can be a ICB ATP form or an employer ATP form, which must include all the information included in the ICB ATP form (see Appendix 1).
- The NHS Cheshire and Merseyside NMP Lead is informed when a new NMP joins or leaves the practice, pharmacy or service.
- The NHS Cheshire and Merseyside NMP Lead is informed of any changes in the NMP's role and circumstances, including contact details.
- The NMP qualification has been registered with their regulatory body on completion of an accredited NMP course and it is annotated on the register before registering with the NHS Business Services Authority (NHSBSA). Please note that it takes the NHSBSA five working days to register NMPs to prescribe in a practice. No prescribing should take place until registration of the NMP with the NHSBSA is complete.

- The indemnity cover in place is appropriate, in date and relevant to prescriber's role.
- The NMP's job description has been altered to clearly identify their scope to practice as an NMP.
- The NMP has access to a prescribing budget.
- They obtain and provide prescription pads/forms and facilitate access to systems to generate electronic prescriptions as appropriate for the NMP.
- They have appropriate procedures and systems in place to ensure, as far as practicable, that all prescription stationery is properly protected, secured, and managed, in line with the most up-to-date NHS Counter Fraud Authority (NHSCFA) policy on '[Management and Control of Prescription forms](#)'.
- The NMP, when qualified, has access to a clinical mentor to enable them to improve standards of care and develop their prescribing skills.
- The NMP has an up-to-date enhanced Disclosure and Barring Service (DBS) certificate where applicable, which meets the organisation's (GP practice, health centre, community pharmacy etc.) requirements.
- They undertake due diligence to ensure appropriate pre-employment checks are undertaken (if a NMP is employed by a third-party organisation e.g. Primary Care Network, Medicines Management company or agency, it is the responsibility of the GP practice or community pharmacy to ensure the third-party organisation has carried out the pre-employment checks).
- The NMP is registered with their relevant professional body annually and has no restriction to practice and prescribe.
- The NMP is added correctly to the clinical system as an NMP to prescribe under their own credentials.
- The NMP is prescribing within their area of competency.
- They inform the ICB NMP lead of NMPs needing to be de-registered with the NHSBSA and the date when they leave the practice/pharmacy.
- The NMP attends supervision and has access to appropriate CPD opportunities. There is an expectation that employers will release NMPs to attend appropriate NMP educational meetings and peer support meetings.
- The NMP's CPD portfolio is monitored at agreed intervals, at least once a year.
- The NMP's prescribing data is audited by the NMP and reviewed with the clinical mentor a minimum of annually. The NMP's ATP form and P formulary

should be updated to reflect any competency and responsibility changes which are within the NMP's scope of professional practice. NMPs newly qualified or new to their role will be required to have their prescribing reviewed more frequently.

- NMPs are responsible for their own actions. Employers are also generally liable, vicariously, for all actions of their employees. Where a NMP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is also held vicariously liable for their actions.
- That anyone they employ is competent to perform their role, have completed the required NMP training/course and receive ongoing supervision and mentorship relevant to their role and scope of professional practice.
- Gain assurance that the NMP has read and understood the NHS Cheshire and Merseyside Integrated Care Board Non-Medical Prescribing Policy.

5.4 The **Clinical Mentor** is responsible for:

- The oversight of the NMP's prescribing competencies in order to assess and verify that the NMP is competent to safely and effectively prescribe.
- Ensuring the NMP only works within their agreed areas of competence and scope of prescribing practice.
- Agreeing areas of practice and competence with the NMP and co-signing the NMP's Approval to Practice form.
- Ensuring the NMP's prescribing data is reviewed a minimum of annually and more frequently if newly qualified or new to role. Where the scope of practice includes, specialist medicines, controlled drugs, off-label prescribing, prescribing for children and high-risk medicines, verifies that the NMP has the appropriate level of training and experience and is competent to safely prescribe these medicines.
- Providing ongoing support and mentorship to the NMP to ensure safe prescribing practice.
- Actively monitoring the NMP's prescribing competencies and continued professional development (CPD) portfolio at agreed intervals (minimum once a year).
- Addressing any prescribing issues in accordance with the practice, pharmacy and/or employing organisation's process for dealing with concerns and informing the ICB NMP Lead as required.

5.5 NHS Cheshire and Merseyside is responsible for:

- Promoting and co-ordinating non-medical prescribing within primary care, including supporting the process towards application for NMP training through to registration and authorisation to prescribe.
- Facilitating NHS-funded applications for the NMP course including nomination for numeracy assessment.
- Maintaining an up-to-date register of NMPs known to them via completion of the NMP ATP forms.
- Registering and de-registering NMPs with the NHSBSA by ICB authorised signatories. Request forms can be found on the [NHSBSA website](#)
- Ensuring a robust system is in place for the governance and oversight of non-medical prescribing via completion of the GP Practice, Community Pharmacy or Other Provider Annual Assurance Declarations (Appendix 2,3 &4).
- Providing NMPs and their clinical mentors with access to their prescribing data for governance and audit purposes.

6. Application and funding for non-medical prescribing training

6.1 Current information on NMP courses, including how to apply, course providers and application forms can be found on the Health and Education Co-operative website.

6.1 Practitioners wishing to train as NMPs need to:

- Ensure they meet the criteria for the course and have the appropriate numeracy skills to undertake drug calculations.
- In the Northwest region all prospective NMPs are required to successfully complete a numeracy assessment as part of their application for the university course. The assessment pass mark is set at 80% and can be taken a maximum of two times. Further assessments will need approval by the NMP Lead.
- Ensure their employer agrees to support, provide mentorship and release time to complete the course as per the individual course requirements.
- Identify an appropriate Designated Prescribing Practitioner (DPP) who agrees to allocate time to provide supervision for any aspects both theoretical and practical that may be required.
- Have a DBS in place, in line with university requirements.
- Have read the NHS Cheshire and Merseyside NMP Policy and are aware of the expectations.

- Identify the therapeutic area and field, where they already have considerable expertise, and for which they intend to prescribe.
- Ensure all relevant paperwork is fully completed and application form is forwarded to the NMP Lead for sign off.

6.2 The employer should ensure they:

- Have a Universal Learning Environment (ULE) Audit in place to support a candidate for the Non-Medical Prescribing training. If the ULE audit is not in place by the start of the training, the Higher Education Institution (HEI) may withdraw the application and the learner from the programme. This requirement ensures that the practice meets the necessary quality and governance standards for supporting learners in practice.
- Only nominate candidates who meet the criteria for the course and will prescribe as part of their role.
- Ensure the applicant has the support of the medical practitioner/NMP who will act as their DPP.
- Provide support to the practitioner and release them for the pre-requisite number of days as well as time with their DPP.
- Have identified a prescribing role and it is in the practitioner's job description and the relevant budgeting arrangements are in place.
- Have the capacity in the practice/pharmacy/organisation to allow the qualified practitioner to prescribe within their role, both safely and effectively.

6.3 Funding

- Various funding routes are available for non-medical prescribing courses. Applicants should contact their Primary Care Training Hub Locality Lead or [website](#) for information on how to access funding

7 Legal and Clinical Liability

- 7.1 Each qualified NMP is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.
- 7.2 NMPs must only prescribe within their own level of experience and competence, acting in accordance with the professional and ethical frameworks described by their professional body, the [Royal Pharmaceutical Society \(RPS\) Prescribing Competency Framework](#) and within their valid scope of practice.

- 7.3 NMPs should only prescribe under their own credentials. NMPs must not be allocated spurious codes or be set up as locums. The [Human Medicines Regulations 2012](#) stipulate that prescriptions must contain “an indication of the kind of appropriate practitioner giving it”, meaning the profession of the prescriber.
- 7.4 Each qualified NMP should prescribe within the [NHS Cheshire and Merseyside Area Prescribing Group \(APG\)](#) guidance and [formulary](#).
- 7.5 Each NMP must be aware of, and is expected to work within, their professional body’s standards for prescribing (see below) as well as the policies and guidelines ratified by their employer:
- [Nursing and Midwifery Council: Standards for Non-Medical Prescribers](#)
 - [General Pharmaceutical Council: Standards of Conduct, Ethics and Performance](#)
 - [Health and Care Professions Council: Standards for Prescribing](#).
- 7.6 When an NMP is appropriately trained, qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for the actions of the NMP. Employers have a duty to ensure that anyone they employ is competent to perform their role and that they receive the required training and supervision.
- 7.7 The NMP’s job description must include a clear statement that prescribing is required as part of their duties to their post. This is the responsibility of both the employer and the NMP.
- 7.8 All prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice. This is part of the requirements of registration with their professional body. The [Clinical Negligence Scheme for General Practice in England and Wales](#) covers everyone providing NHS services for general practice including NMPs.
- 7.9 The Nursing and Midwifery Council (NMC) requires employers to have the clinical governance infrastructure in place which includes a Disclosure and Barring Service (DBS) check and evidence of up-to-date registration with a professional body to enable the registrant to prescribe once qualified.
- 7.10 The **Care Quality Commission (CQC)** has produced [guidance](#) for GP practices as to what they will be looking for with regards to non-medical prescribing when they undertake inspections:
- CQC will expect practices to have systems or processes to assess, monitor and mitigate risks relating to the health, safety and welfare of patients.
 - CQC will assess how providers ensure that staff have the skills, knowledge and experience to deliver safe and effective care.

- CQC will check how the provider has assured themselves that staff are capable, supported and provided with appropriate training for the role and how ongoing supervision and training is maintained over time.

This expectation is irrespective of who holds the employment contract.

- 7.11 All qualified NMPs need to complete an **ICB Approval to Practice (ATP) form** (Appendix 1) or an employer ATP form, which must include all the information included in the ICB ATP form. Completing the ATP form will identify, to the practice/pharmacy, the employer and clinical mentor, that the NMP has the relevant knowledge, competence, skills and experience (including children and controlled drug prescribing). The ATP form should be updated at least annually.
- 7.12 The NMP's employer must complete a GP Practice, Community Pharmacy or Other Provider Annual Assurance Declaration Form (Appendix 2, 3 and 4) and submit this to NHS Cheshire and Merseyside on an annual basis.
- 7.13 Transfer of information 'transcribing' or prescribing of repeat medicines by a prescriber must only take place within their own areas of competence and scope of practice and with clear recognition of their individual limitation, knowledge and skill. The prescriber must be confident that the patient has been assessed and understood the condition being treated and that the patient is having appropriate follow up and reviews. The prescriber will identify the potential risks associated with prescribing via remote media (telephone, on-line, email or through a third party) and take steps to minimise them.
- 7.14 NMPs must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship (including friends and family), other than in exceptional circumstances (for further details refer to the relevant professional bodies' standards and codes of ethics detailed above).
- 7.15 NMPs must only prescribe for patients directly under their care in their normal working practice.
- 7.16 **If an NMP issues a repeat prescription, they are responsible and accountable as the signatory of that prescription and they must make sure that it is safe and appropriate.** When issuing repeat prescriptions or prescribing with repeats, the NMP should make sure that procedures are in place to monitor the patients' conditions and whether the medicine is still safe and necessary to meet the clinical needs of the patient. The NMP should therefore be familiar with the patient, their condition and the medication required. In addition, prescribing must be within their scope of prescribing practice/competency, and it is recommended that the drugs prescribed are recorded in their P formulary.
- 7.17 NMPs should, where possible, separate prescribing and supply or administration in relation to medicines. Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the NMP can be responsible for the prescribing

and supply/administration of medicines. Where this occurs, an audit trail, documents and processes should be in place to limit errors

7.18 NMPs need to be familiar with and comply with their professional standards on interacting with the pharmaceutical industry. Please see the ICB [Policy Working with the Pharmaceutical Industry, Dispensing Appliance Contractors and Prescribing Associated Products Suppliers Policy](#) and the [ICB Conflicts of Interest Policy and Procedure](#)

7.19 NMPs may prescribe medicines for uses outside of their licensed indications/UK marketing authorisation (off-label).

In doing so they:

- Accept professional, clinical and legal responsibility for that prescription.
- Should only prescribe off-label medication where it is accepted clinical practice and in accordance with local formulary.
- Must be satisfied that it would better serve the patient's clinical needs than a licensed alternative.
- Must be satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy.
- Should explain to the patient in broad terms why the medicines are not licensed.
- Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off-label.

7.20 NMPs should ensure that the patient/carer has sufficient information to enable the patient to derive the maximum benefit from the medicine. They will need to use their judgement regarding the competence of the patient/carer to administer the medicine safely and according to the instructions.

7.21 Non-employee NMPs working in a GP Practice, PCN or Community Pharmacy

- Non-employee NMPs include:
 - Locums, self-employed or from an agency
 - Those employed by a GP Federation, Trust, or Medicines Management Company
 - The responsibility lies with the NMP, their employing organisation and the GP practice/PCN/pharmacy to ensure clinical governance processes are in place even if the NMP is working in the practice/PCN/pharmacy on an ad hoc basis. The practice/PCN/pharmacy must undertake due diligence to ensure that

all appropriate checks have been completed either by themselves or by the agency or employer prior to commencement. This would include but is not exclusive to ensuring that the practice/pharmacy has been provided with evidence of:

- NMP registration details on the professional register.
- Details of their scope of practice and competencies relevant to the role required by the practice.
- Completed copy of their ATP form (to be retained by practice/PCN/pharmacy) from the NMP's agency or employer or completed by the practice.

It is the practice/PCN/pharmacy's responsibility to ensure all documentation has been received and reviewed. This is particularly important if the NMP is self-employed. Evidence of this may be required from the regulator and from NHS Cheshire and Merseyside in the event of an incident.

- Each practice/PCN/pharmacy should ensure a practice/pharmacy clinical lead has oversight of any prescribing completed by an NMP.
- If the NMP is working within the practice/PCN/pharmacy for more than one month, it is the practice/PCN/pharmacy's responsibility to follow the current process for all NMPs and arrange for registration of the individual with the NHSBSA via the NMP Lead. The NMP Lead will require a fully completed ATP form to be provided in order to complete the registration.
- Non-employed NMPs should only prescribe under their own name and registration code and shouldn't prescribe on behalf a medical practitioner (as Locum GPs can) or a spurious code.
- For NMPs employed by organisations commissioned to provide contracted healthcare services in GP practices it is the responsibility of the commissioned organisation to have the necessary clinical governance infrastructure in place to ensure safe prescribing practice is carried out by all its NMPs providing healthcare services.

7.22 NHS Cheshire and Merseyside ICB employed NMPs

- NHS Cheshire and Merseyside ICB employed NMPs, and the ICB as their employer, must adhere to this policy.
- ICB employed NMPs who are actively prescribing must submit a completed ICB ATP form (Appendix 1) at least annually and following any changes to competencies. The ATP form should be signed off by their ICB employed Clinical Mentor or a clinical mentor provided under a formal arrangement with the ICB.

- ICB employed NMPs must be registered with the NHSBSA for each practice or service they work in before commencing prescribing and be added correctly as an NMP to the clinical system within the practice/service.
- The ICB as the employer must ensure the ICB employed NMP:
 - Has access to a Clinical Mentor to enable them to improve standards of care and develop their prescribing skills.
 - Attends supervision and has access to appropriate CPD opportunities.
 - Audits and reviews their data with their Clinical Mentor.
- NHS Cheshire and Merseyside accepts vicarious liability for NMPs employed by them, providing that the criteria detailed in 5.2 are met.

7.23 Primary Care Network (PCN) NMPs

- PCNs should allocate a Lead to have overall responsibility for the governance and oversight of the NMPs working for the PCN. Alongside individual NMPs' Clinical Mentors they will provide assurance to the PCN member practices as to ongoing supervision and mentorship of the NMPs and the PCN NMP processes.
- For PCN NMPs that prescribe against a PCN specific cost centre (usually a Y code) the PCN Lead is responsible for:
 - Sign off of the ATP form approving addition of the NMP to the service cost centre code.
 - Completion of the Provider NMP Annual Assurance Form (Appendix 4) for the ICB.
- For PCN NMPs that prescribe directly onto GP practice systems codes (N code) the GP practice is responsible for approving addition of the NMP to the practice code and for providing annual assurance to the ICB but still require the PCN Clinical Mentor to oversee activities of PCN NMP.
- PCN NMPs must be registered with the NHSBSA for each practice or service they prescribe for before commencing prescribing and be added correctly as an NMP to the clinical system in practice/service.

7.24 Community Pharmacy (CP) employed NMPs

- CP NMPs should work in a manner commensurate to the [Royal College of Pharmacy Prescribing Competency Framework](#) which sets out what is expected of safe and effective prescribers.
- Employers should ensure that the CP NMP has access to a Clinical Mentor/Supervisor to oversee the CP NMPs prescribing within commissioned services.

- CP NMPs must hold appropriate professional indemnity arrangements for prescribing activity related to that prescribing-based service (such as, through employer cover, a professional body membership, and/or individual arrangements) in line with the GPhC indemnity requirements, and that any exclusions to that cover have been considered.
- CP NMPs must have a process in place to regularly collect, monitor and review clinical service activity and personal prescribing activity (for example, NHSBSA ePACT2 data, pharmacy contractor recorded information).
- The Clinical Mentor/Supervisor will provide assurance to the employer as to ongoing clinical supervision and mentorship of the NMPs and compliance with the prescribing elements of the NHS commissioned services.
- For CP NMPs that prescribe against a PCN specific cost centre (usually a Y code) the PCN Clinical Mentor/Supervisor is responsible for:
 - Co-Sign off of the ATP form approving addition of the NMP to the service cost centre code.
 - Agreement of the CP NMPs P Formulary.
- The Employer will be responsible for
 - Completion of the Community Pharmacy NMP Annual Assurance Form (Appendix 3) for the ICB.
 - Co-Sign off of the ATP form approving addition of the NMP to the service cost centre code.
- CP NMPs delivering NHS Services may only prescribe using an NHS Assured EPS solution as part of the NHS Terms of [Service EPS in community pharmacy - NHS England Digital](#)
- CP NMPs must provide all NHS Commissioned services in line with the NHS England's Policies, Guidance and standards for CP NMPs

8 Issuing Prescriptions

- 8.1 Prescriptions should only be issued by registered NMPs listed on the NHS Cheshire and Merseyside NMP register.
- 8.2 Prescriptions may only be issued to patients registered with the GP practice that employs/engages with the NMP.
- 8.3 If the prescription needs to be handwritten the NMP should complete the FP10 prescription form in line with the 'Prescription writing' requirements specified in the eBNF.
- 8.4 NMPs who are prescribing controlled drugs should be familiar with the BNF prescription requirements for controlled drugs.

- 8.5 For NMPs prescribing via Electronic Prescription Service (EPS), authorisation to prescribe using their computer system is via the practice/pharmacy.
- 8.6 All computer-generated prescriptions must be in accordance with NHSBSA requirements, available from <http://www.nhsbsa.nhs.uk>. All prescriptions must have the NMP's name, professional registration number, contact number and practice/pharmacy code and must be signed and dated by the named NMP only. Please refer to the [NHSBSA guidance](#) for overprinting requirements and dispensing tokens.
- 8.7 If handwritten prescriptions are required, then this should be done on an individual FP10 prescription form which will bear their name and prescribing identification number as well as the GP practice code. Pre-printed prescription forms intended for handwritten prescriptions can be ordered from Primary Care Support England (PCSE).
- 8.8 It is good practice to only prescribe a 28-day supply of any medication at any one time except where it is standard practice to issue a complete course containing a longer period of treatment as is common with some medicines such as oral contraceptives and hormone replacement treatment. Less commonly, some patients may be issued less than 28-day supplies to limit risk of harm.
- 8.9 All NMPs are advised to prescribe generically except where this would not be clinically appropriate, or where there is no approved generic name for the medicine, or the NHS Cheshire and Merseyside APG formulary recommends use of a brand.
- 8.10 All NMPs are expected to consider relevant prescribing decision support e.g. ScriptSwitch, best practice and cost-effective guidance messages.

9 Adverse Drug Reaction and Incident Reporting

- 9.1 If a patient experiences a severe or unexpected reaction to a prescribed medicine, the NMP should use the 'Yellow Card scheme' to report this to the Medicines and Healthcare products Regulatory Agency (MHRA). Electronic reporting is the method of choice and can be accessed from <https://yellowcard.mhra.gov.uk/>. Paper versions of the 'Yellow Card' are included in the BNF. All adverse reactions and subsequent actions should be documented in the patient's notes.
- 9.2 NMPs should be familiar with their local incident reporting system and use it to report any medicines incidents they are involved in.
- 9.3 Medicines incidents involving controlled drugs (CDs) should also be reported on the [CD reporting portal](#). NMPs will need to register for the portal on first use.

10 Record Keeping

- 10.1 NMPs need to be familiar with and comply with their professional standards on record keeping.
- 10.2 Following a full assessment of the patient, details of this assessment together with details of the prescription must be recorded in the appropriate documentation or on the GP/pharmacy computer system. All prescribers are required to keep accurate, timely, comprehensive and accessible records that are unambiguous and, if handwritten, are legible.
- 10.3 In supplementary prescribing an agreed Clinical Management Plan (CMP), either written or electronic, must be in place, in accordance with CMP guidelines. The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient's record.

11 Security and Safe Handling of Prescription Pads

- 11.1 Controlled stationary is any stationary, which, in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription pads are considered controlled stationery and are issued by NHS England local services and always remain the property of the employer.
- 11.2 Practices must have appropriate procedures and systems in place to ensure that all prescription pads are properly protected, secured and managed, in line with NHS Counter Fraud Authority policy on ['Management and Control of Prescription forms'](#).
- 11.3 The security of prescription forms is the responsibility of both the practice/pharmacy and the individual prescriber. It is advisable to hold only minimal stocks of prescription forms.
- 11.4 All NMPs should be aware of the practice/pharmacy's procedures and systems relating to prescription pads.
- 11.5 It is the responsibility of the practice/pharmacy to order and maintain a register of prescription serial numbers that have been given to NMPs.
- 11.6 Under no circumstances should blank prescription forms be pre-signed before use.
- 11.7 When not in use prescription pads must be stored in a suitable locked drawer/cupboard.
- 11.8 When travelling between patients, prescription pads should be kept out of sight and never be left unattended in the car.
- 11.9 Best practice dictates that where possible; prescription pads should be returned to safe storage at the end of the day.

- 11.10 NMPs must only write prescriptions on a prescription pad bearing their name, professional registration number/PIN number and prescribing qualification.
- 11.11 If a prescription is written in error 'VOID' should be written across the prescription, a note of the prescription serial number made and reason for destruction recorded. The spoiled prescription should be destroyed as soon as possible (see NHSCFA policy on '[Management and Control of Prescription forms](#)').
- 11.12 Prescription pads must be returned to the practice manager/line manager before the last day of employment, commencement of maternity leave or anticipated long-term sickness leave. It is the responsibility of the line manager/practice manager to ensure that prescription pads are retrieved from NMPs. A witnessed destruction and documentation of the destruction should take place.
- 11.13 Old or unused prescription forms should be securely destroyed (e.g. by shredding) once the prescription serial numbers have been recorded, in line with the NHSCFA policy on '[Management and Control of Prescription forms](#)'.

12 Loss or Theft of Prescription Pads

- 12.1 It is the responsibility of the practice/pharmacy to ensure that they have effective processes in place for staff to report incidents involving prescription forms. These processes should be documented within a Standard Operating Procedure (SOP) or policy and widely communicated to staff.
- 12.2 All NMPs must inform their line/practice/pharmacy manager of any lost or stolen prescriptions. This must be done on the same day the prescriptions were noted to be lost/stolen. If theft of prescriptions occurs during a weekend the prescriber should notify their line manager/practice/pharmacy manager on the next working day.
- 12.3 All incidents involving lost or stolen prescriptions should be reported. It is the responsibility of the practice/pharmacy and the NMP to ensure the incidents are reported.
- 12.4 All incidents involving theft of prescriptions must be reported to the [NHS England CAS alerts](#) website and to the Controlled Drug reporting website – <http://www.cdreporting.co.uk> as well as on the practice/pharmacy reporting system. Details of the approximate number of scripts lost or stolen, their serial numbers and when and where they were lost or stolen will be required. If there were any witnesses to the event, then a description of possible suspects may be requested.
- 12.5 To support practices/pharmacies and NMPs to learn from incidents involving lost or stolen prescription pads, all incidents must also be reported in accordance with the ICB's incident reporting policy.

13 Controlled Drugs (CDs)

- 13.1 NMPs must only prescribe CDs if they are legally entitled to do so.
- 13.2 NMPs must not prescribe beyond their limits of competence and experience. This must be stated on their Approval to Practice form (Appendix 1) and approved by their clinical mentor.
- 13.3 Legally the prescription must include the dosage to avoid uncertainty on administration.
- 13.4 All CD incidents and concerns should be reported via the CD reporting website – <http://www.cdreporting.co.uk>. NMPs will need to register the first time they use the website.
- 13.5 NMPs should be aware of the practice/pharmacy policies around the handling and management of CDs.
- 13.6 All employers/practices/pharmacies and NMPs should be aware of and refer to the [“Controlled drugs: safe use and management guideline \(NG46\)”](#) published by the National Institute for Health and Care Excellence (NICE), April 2016.

14 Clinical Mentoring and Continuing Professional Development (CPD)

- 14.1 Clinical mentoring and CPD are essential elements of the clinical governance framework for non-medical prescribing.
- 14.2 NMPs are responsible for their own on-going professional development and are expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may result in removal from the NMP register and an inability to practice.
- 14.3 CPD requirements should be identified at least annually, during the NMPs appraisal process.
- 14.4 NMPs are required to maintain a CPD portfolio, including a review of prescribing related critical incidents and learning from them.
- 14.5 Clinical mentors and the employers should ensure that NMPs have access to relevant education, training, and development opportunities.
- 14.6 CPD may also be met by:
 - Reading
 - Clinical supervision
 - Peer/clinical review
 - Shadowing colleagues (buddying) – particularly useful for those who are newly qualified prescribers.

- 14.7 **Every** NMP should have access to clinical mentoring in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.
- 14.8 Clinical mentors are responsible for reviewing the NMPs CPD portfolios at agreed intervals, at least annually, for assurance purposes.
- 14.9 NMPs and their clinical mentors should review their prescribing data a minimum of annually, with the objective of reflection and identification of ongoing learning needs, particularly where this might indicate a change is needed to the ATP or P formulary following an extension to scope of practice. NMPs newly qualified or new to role will be required to review more frequently.
- 14.10 Clinical mentors should verify that the NMP has the appropriate level of training and experience and is competent to safely prescribe where the scope of practice includes, specialist medicines, controlled drugs, off-label prescribing, prescribing for children and high-risk medicines.
- 14.11 Clinical mentors and NMPs should agree how often they should meet to discuss competencies, prescribing and CPD. The decision should consider the experience of the NMP and should be more frequent to support newly qualified NMPs, or where there has been a change in role.
- 14.12 To support all prescribers to effectively prescribe a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012. The [framework](#) was updated in September 2021 by the Royal Pharmaceutical Society.
- 14.13 It is the responsibility of the NMP to ensure that their clinical mentor and employer/line manager, is informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The NMPs should not continue with prescribing activities in this case until their needs have been addressed, and their competence or confidence is restored.
- 14.14 If returning to prescribing practice after a period of time or changing speciality, it is recommended that NMPs:
- Appraise their prescribing practice with their clinical mentor prior to recommencing a prescribing role.
 - Are assessed by their clinical mentor as being competent to prescribe prior to recommencing a prescribing role.
 - Identify and agree a learning plan with their clinical mentor.
 -

15 Audit

15.1 This policy supports the governance processes for all non-medical prescribing within NHS Cheshire and Merseyside together with specific safeguards such as:

- Numeracy assessment: only practitioners who have successfully completed the mandatory on-line numeracy assessment will be nominated for the Independent/Supplementary Programme for non-medical prescribing.
- Approval to Practice form (Appendix 1): defines and reviews safe prescribing parameters and provides assurances around CPD. This should be updated annually as a minimum, or sooner if competencies change.
- GP Practice, Community Pharmacy Annual Assurance or Other Provider Declaration (Appendix 2,3 and 4): Provides NHS Cheshire and Merseyside with assurance that the NMP's employing organisation has appropriate governance in place regarding non-medical prescribing and reminds them of their roles and responsibilities. Annual Assurance will be undertaken by ICB Place teams.

15.2 NHS Cheshire and Merseyside will ensure that individual electronic prescribing data (ePACT2) is available via the NMP Prescribing Report on the Business Intelligence Portal (BIP). Access to individual NMP's prescribing data for the NMP and their mentor is set up via the Place NMP Lead when an NMP is added to the register.

15.3 A clear audit trail for prescriptions is essential and NMPs may only prescribe on prescription forms bearing their own name and registration/PIN number. It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within a GP practice, which could result in an item being incorrectly attributed via ePACT2 data to an NMP. If the issued medication is not within their areas of competence and scope of prescribing practice (as detailed on their ATP form) this could raise concerns. GP Practices should ensure that administrative staff who deal with computer generated prescriptions are aware of this issue, and that computer systems are correctly set up to help avoid this problem.

15.4 The Electronic Prescription Service (EPS) is a way of issuing prescriptions and electronic signing of prescriptions represents the prescriber's authorisation. It will be important to bear in mind the following:

- Prescriptions electronically sent to the NHS spine for access by the dispensing pharmacy must be authorised by the prescriber and this is represented by the electronic signature.
- The signature must not be used by any other person than the authoriser.
- The practice/pharmacy must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management issues.

- 15.5 ICB NMP Leads will have access to NMP prescribing data and may conduct routine and periodic audits to discharge responsibility for maintaining the integrity of the NMP register. Such audits may be proactive (e.g. a review of a particular area of prescribing such as antibiotics) or reactive when a concern has been identified (e.g. relating to the volume or scope of prescribing).

16 Review of Policy

- 16.1 This document may be reviewed at any time in line with changes to any current legislation or guidelines, in line with regulatory bodies or on the request of the NHS Cheshire and Merseyside Medicines Optimisation Team. In the event of a serious untoward incident or a significant event analysis the policy may be updated with relevant learning requirements or changes.

17 Equality

- 17.1 The aim of this guidance and related support materials is to meet the diverse needs of the population to be served and the NHS workforce has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS Cheshire and Merseyside is committed to ensuring equality of access and non-discrimination, irrespective of age, disability (including learning disability), gender reassignment, and marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equality of opportunity for all. This document has been designed to ensure that no-one receives less favourable treatment owing to their personal circumstances.

18 References and Resources

- Alternative Provider Medical Services (APMS) Contract NHS England [Part 13\) Persons who shall perform the Services. \(Part 19\) Prescribing](#)
- Care Quality Commission (CQC) [GP Mythbuster 95: Non-medical prescribing](#)
- [Cheshire and Merseyside Training Hub](#)
- [Controlled Drug \(CD\) Reporting Portal](#)
- Department of Health (2005) [Supplementary prescribing by nurses, pharmacists, chiropodists/podiatrists, physiotherapists, and radiographers within the NHS in England: a guide for implementation](#)
- Department of Health (2006) [Improving patients' access to medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England](#)
- General Pharmaceutical Council (GPHC) (2022). [Standards for the education and training of pharmacist independent prescribers](#)
- General Pharmaceutical Council (GPHC). [Standards of Conduct, Ethics and Performance](#)
- General Pharmaceutical Council (GPHC)(2024) [Inspection decision making framework](#)
- General Medical Services (GMS) Contract [Prescribing and Dispensing. \(Part 15\) Persons who Perform Services.](#)
- Health and Care Professions Council (HCPC). [Standards for Prescribing](#)
- [Health and Education Co-operative website](#)
- [Human Medicines Regulations 2012.](#)
- Medicines and Healthcare Products Regulatory Agency (MHRA), [Yellow Card reporting site](#)
- Medicines and Healthcare Products Regulatory Agency (MHRA) [Central Alerting System Website](#)
- National Institute for Health and Care Excellence (NICE) (2016) [Controlled drugs: safe use and management \(NG46\)](#)

- NHS Business Services Authority website [NHS Prescription Services information and Guidance for SICBs and ICBs.](#)
- NHS Business Services Authority 2021 [Overprinting Requirements for EPS Prescription and Dispensing Tokens](#)
- NHS Business Services Authority [Information Portal](#) for Prescriber Details report
- [NHS Cheshire Area Prescribing Committee \(APC\) Formulary](#)
- [NHS Cheshire and Merseyside Area Prescribing Group \(APG\)](#)
- NHS Cheshire and Merseyside [Conflicts of Interest Policy and Procedure](#)
- NHS Cheshire and Merseyside [Working with the Pharmaceutical Industry, Dispensing Appliance Contractors and Prescribing Associated Products Suppliers Policy](#)
- NHS Counter Fraud Authority (2025) [Management and control of prescription forms: a guide for prescribers and health organisations](#)
- NHS England (2026) [Professional assurance framework for delivering NHS community pharmacy clinical services](#)
- NHS Primary Care Support England (PCSE) [website](#) for ordering NHS stationery
- NHS Resolution [Clinical Negligence Scheme for General Practice in England and Wales](#)
- Nursing and Midwifery Council (NMC). [Standards for Non-Medical Prescribers](#)
- Personal Medical Services (PMS) Contract Part 20 [Persons Who Shall Perform the Services. Schedule 4 – Prescribing.](#)
- Pharmacy Defence Association (PDA) [‘Boundaries of my Clinical Practice Statement \(BCPS\) and competency development plan’.](#)
- The Royal College of Pharmacy (2022) [Expanding Prescribing Scope of Practice guidance](#)
- The Royal College of Pharmacy (2024) [Patient Safety Professional Standards: Responding to Patient Safety Incidents](#)
- Royal Pharmaceutical Society (2019). [Competency Framework for Designated Prescribing Practitioners](#)
- Royal Pharmaceutical Society (2021). [Competency framework for all prescribers](#)

Appendix 1 ICB Non-Medical Prescriber (NMP) Approval to Practice (ATP) Form

Appendix 1 is included for illustrative purposes only to demonstrate the information collected through the Non-Medical Prescriber (NMP) Approval to Practice (ATP) process. The appendix is not intended for completion; all submissions must be made via the Microsoft Forms version, available here:

[Non-Medical Prescriber \(NMP\) Approval to Practice \(ATP\) Form.](#)

Please note:

- This form should be completed and returned to the ICB NMP inbox, via email nmp@cheshireandmerseyside.nhs.uk **before** an NMP can be registered with the NHS Business Services Authority (NHSBSA) and prescribe in their employing organisation.
- This form must be updated annually as the 'Annual Declaration' and before any changes are made to prescribing practice. These updated ATP forms do not need to be returned to your Place NMP Lead but a copy must be stored at your practice or pharmacy.
- **The NMP must not start prescribing until they have received confirmation from the C&M NMP Team that their details have been submitted to the NHSBSA.**

Confidentiality

The information provided on this form will be used to support the NMP's registration with the NHSBSA, enabling them to start prescribing within the organisation they intend to prescribe.

Following the introduction of the Data Protection Act 2018 and General Data Protection Regulation (GDPR), NHS Cheshire and Merseyside 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.
- NHS Cheshire and Merseyside will maintain a secure database of all NMPs which will include the NMP's email address and the name of their clinical mentor and their email address for the purposes of access to the prescribing database and any NMP related communications.
- We may need to communicate with you and your clinical mentor via e-mail. The e-mail address you and your mentor provide will be included in a 'NMP distribution list' which will be used to distribute information.

Please ensure that you inform us promptly if you leave the NMP role in this organisation/practice/pharmacy so that you can be de-registered with NHSBSA for this organisation/practice/pharmacy.

DECLARATION: (Please X as applicable)	NEW Application ☐	ANNUAL Application ☐	UPDATED Application ☐
Prescriber's Name:	Title: (Mr /Mrs /Miss/ Ms)	Forename(s):	Surname:
Prescriber's secure email address (NHS email address only):			
Employing Organisation:			
Profession: e.g., Nurse / Pharmacist/ Physio/ Paramedic		(Please X as appropriate) Independent Prescriber V300 ☐	
		Supplementary Prescriber ☐	
		V100/V150 ☐	
Professional Registration No: (NMC/GPhC /HCPC)		Date of Qualification as a Prescriber:	
Date Started as NMP at Current organisation/practice/pharmacy:		Job Title: Practice Nurse / ANP/ Practice Pharmacist/ ACP etc.	
Base/Practice/Pharmacy:	Organisation/Practice/Pharmacy Prescribing Code:	Organisation/Practice Tel. No:	
Clinical Supervisor / Mentor		Clinical Supervisor / Mentor's email (NHS email address only)	
Will you work as a prescriber in another Provider/ Practice/Pharmacy? (Please X as applicable) YES ☐ NO ☐		If YES - Please detail the provider/practices/ pharmacies	

☐ Please X to say you have read the NHS Cheshire and Merseyside Non-Medical Prescribing policy which can be found [final-nhs-cheshire-and-merseyside-nmp-policy-v10-march-2024.pdf](#)

☐ Please X to say you will comply with the NMP responsibilities detailed in Section 5 of the ICB NMP Policy.

☐ Please X to confirm you have professional indemnity to cover the scope of activities you will be undertaking.

Will you be prescribing any Schedule 2–5 Controlled Drugs? (Please X as applicable)

YES ☐ NO ☐

If YES, please indicate below (X) which CD Schedules you may prescribe within your scope of prescribing practice.

Schedule 2 ☐	e.g., morphine, oxycodone, fentanyl (except diamorphine, dipipanone or cocaine for treating drug addiction)
Schedule 3 ☐	e.g., Temazepam, tramadol, pregabalin, gabapentin, buprenorphine
Schedule 4 ☐	e.g., Zopiclone, Diazepam, Testosterone
Schedule 5 ☐	e.g., Codeine based preparations (Co-codamol 8/500, Zapain), Oramorph 10mg/5ml

Areas of Competence and Scope of Prescribing Practice			
The following areas of practice have been identified as appropriate for prescribing, in line with the British National Formulary (BNF) categories. Please X each box that supports the clinical areas in which you will prescribe.			
Chapter 1: Gastro-intestinal system	☐	Chapter 2: Cardiovascular system	☐
Chapter 3: Respiratory system	☐	Chapter 4: Nervous system	☐
Chapter 5: Infection	☐	Chapter 6: Endocrine system	☐

Chapter 7: Genito-urinary system	☐	Chapter 8: Immune system & Malignant disease e.g., Tamoxifen	☐
Chapter 9: Blood and Nutrition	☐	Chapter 10: Musculoskeletal system	☐
Chapter 11: Eye	☐	Chapter 12: Ear, Nose & Oropharynx	☐
Chapter 13: Skin	☐	Chapter 14: Vaccines	☐
Chapter 15: Anaesthesia e.g., Emla cream	☐	Other (please specify) (e.g., wound management products, elasticated garments, appliances)	☐
Community Practitioner Nurse Prescriber Formulary (V100/V150)			☐
I confirm I hold an up-to-date Personal (P) Formulary <i>Please note: a P formulary template is available from your Place NMP Lead</i>			☐

Repeat prescribing is associated with a higher level of risk. NMPs must ensure they follow the Competency Framework which states that they should always prescribe within their own scope of professional practice and act to minimise risk and ensure patient safety. Prescribers accept personal responsibility and accountability for prescribing and clinical decisions and understand the legal and ethical implications.

Will your role include Repeat Prescribing? Yes ☐ No ☐

Continual Professional Development (CPD) – how do you keep your skills, prescribing knowledge and competence up to date? (Please X as Appropriate)	
Reading current literature / publications NICE guidelines	☐
Reading updates on prescribing and reflecting on my personal prescribing data	☐
Attending CPD events / study days	☐
Clinical supervision within non-medical prescribing role and area of prescribing practice	☐
Will you prescribe for children under 12 years old? This information is required as prescribing in children is considered a specialist area of practice.	Yes ☐ No ☐

Will you be carrying out home or care home visits? In these circumstances, the prescriber may need an FP10 prescription pad, available from Primary Care Support England	Yes ☐ No ☐
--	---

Please sign below to state:

- That you and your clinical mentor confirm agreement to share your details with NHS Cheshire and Merseyside for the purpose stated on page one of this form.
- All the details provided in this form are correct at the time of completion.
- That you agree to your roles and responsibilities as detailed in the NHS Cheshire and Merseyside Non-Medical Prescribing policy.
- That you have read understood and agree to adhere to the requirements and obligations in the NHS Cheshire and Merseyside Non-Medical Prescribing policy.
- That you will review your ePACT prescribing data with your clinical supervisor/mentor.

Signature of NMP	Date:
Signature of Employer Clinical Mentor	Date:
Signature of GP Practice/Community Pharmacy Clinical Mentor (where applicable)	Date:

For NMPs not directly employed by a practice/pharmacy, additional approval to register the NMP with the NHSBSA is required from an individual within the GP Practice/Community Pharmacy with the authority to do so:

Name/Role of Approver	Practice/Pharmacy Name
Signature:	Date:

Appendix 2 Non-Medical Prescriber (NMP) GP Practice Annual Assurance Declaration

This declaration must be completed by a GP Practice Contract Holder and returned annually by the end of Quarter 1 (June).

GP Practice name and code	
Name and role of GP Practice Contract Holder completing this form	
Date of completion	

The following declaration is intended to:

- Provide NHS Cheshire and Merseyside with assurance that the GP Practice has appropriate governance in place regarding non-medical prescribing.
- Remind GP Practices of their roles and responsibilities with regards to NMPs working in their practice.
- Highlight to the GP Practices the Care Quality Commission (CQC) expectations and contractual requirements regarding NMP.

Non-medical prescribing (NMP) is the term used to describe prescribing by a healthcare professional other than a doctor or dentist. NMPs working in primary care include nurses, pharmacists, physiotherapists and paramedics. NMPs may be directly employed, locums, contracted as part of a commissioned service, or have other contractual relationships with the practice.

The [Human Medicines Regulations 2012](#) stipulate that prescriptions must contain “an indication of the kind of appropriate practitioner giving it”, meaning the profession of the prescriber. NMPs cannot be allocated spurious codes or be set up as locums. **All NMPs should prescribe under their own professional credentials.**

[NHS Business Services Authority](#) needs to be notified, by an authorised signatory, of all NMPs prescribing for a GP Practice, even if it is for a short period or for infrequent sessions. This allows prescribing to be correctly attributed, which ensures transparency, appropriate governance, correct budget allocation, and appropriate monitoring. It also helps support the requirements of the Care Quality Commission (CQC). The ICB Place NMP Lead is the authorised signatory for NMPs working in GP Practices.

Contractual Requirements and CQC Expectations

General Medical Services (GMS) [PRN00220-standard-general-medical-services-contract.pdf \(england.nhs.uk\)](#) (Part 14) Prescribing and Dispensing. (Part 15) Persons who Perform Services.

Personal Medical Services (PMS) [PRN00222-standard-personal-medical-services-agreement.pdf \(england.nhs.uk\)](#) (Part 20) Persons Who Shall Perform the Services. Schedule 4 – Prescribing.

Alternative Provider Medical Services (APMS) [NHS England » Standard alternative provider medical services contract 2023/24](#)) Part 13) Persons who shall perform the Services. (Part 19) Prescribing

[CQC](#) has produced guidance for GP practices as to what they will be looking for with regards to NMP when they undertake inspections.

These expectations are irrespective of who holds the employment contract.

- *We will expect practices to have systems or processes to assess, monitor and mitigate risks relating to the health, safety and welfare of patients.*
- *We will assess how providers ensure that staff have the skills, knowledge and experience to deliver safe and effective care.*
- *We will check how the provider has assured themselves that staff are capable, supported and provided with appropriate training for the role and how ongoing supervision and training is maintained over time.*

Domain	CQC requirement	Assurance question	Confirmation
Qualification	NMPs must be registered with the appropriate professional regulator, AND have their prescribing qualification annotated on the register.	Do you have a system in place to ensure that all NMPs are registered AND have a valid prescribing qualification, both at the point of joining the practice AND periodically thereafter?	Yes/No
Competency	NMPs should work to the Royal Pharmaceutical Society (RPS) ' Competency Framework for All Prescribers ' and should not prescribe outside their competency.	Do you have a system in place to ensure that all NMPs are working within the limits of their competency?	Yes/No
Supervision	Practices must provide appropriate supervision and allocate an appropriate senior clinician to provide day-to-day supervision of all their NMPs*.	Do you have a system in place to ensure that all NMPS have access to appropriate clinical supervision?	Yes/No
Training	Practices must assure themselves that staff are capable, supported and provided with appropriate training for the role.	Do you have a system in place to ensure that all NMPs have appropriate access to training?	Yes/No
Medical indemnity	All NMPs must have adequate professional indemnity that includes prescribing.	Do you have a system in place to ensure that all NMPs have appropriate indemnity provision**?	Yes/No
Governance systems	We will expect practices to have systems or processes to assess, monitor and mitigate risks relating to the health, safety and welfare of patients.	Do you have a system in place to minimise any risks to patients (e.g. policies and procedures; communication of alerts and guidance; consultation audits and random case reviews; complaints and significant events)?	Yes/No

* Health Education England has published guidance for employers on [Workplace Supervision for Advanced Clinical Practice](#). The Health and Care Professions Council has also published guidance for allied health professionals on [supervision standards](#). **The [Clinical Negligence Scheme for General Practice in England and Wales](#) covers everyone providing NHS services for general practice including NMPs. The indemnity scheme does not cover non-NHS work and does not provide legal representation for inquests and disciplinary investigations.

The following questions apply to all NMPs in the GP Practice, regardless of employment status.
Please answer on behalf of your GP practice:

	Confirmation
I will ensure all NMPs working in this GP practice are set up on the NHSBSA and clinical system to prescribe under their own credentials	Yes/No
I will ensure the ICB Place NMP Lead is informed of all NMP joiners and leavers, regardless of duration or status of employment	Yes/No
I will undertake due diligence to ensure any NMPs, including third party or self-employed locums, have had all appropriate checks completed prior to commencement, including evidence of NMP registration on professional register and a completed Authority to Practice form and are provided with a copy of the ICB NMP Policy.	Yes/No
I will ensure any practice employed NMPs job descriptions has been altered to clearly identify their scope to practice as an NMP.	Yes/No
I will ensure a practice lead has oversight of any prescribing by an NMP.	Yes/No
I will ensure all practice employed NMPs complete their Annual Declaration and a copy is stored at the practice.	Yes/No
I will ensure that the list of practice NMPs on the NHSBSA 'Prescriber Details' report, accessed via the Prescriber Details - Datasets - Open Data Portal , is reviewed on an annual basis and inform the NMP Lead of any updates that are required.	Yes/No

Signing this form provides an assurance that, in line with the NHS Cheshire and Merseyside Non-Medical Prescriber Policy, you have discussed and agreed the above with the appropriate members of your GP Practice and they have confirmed agreement with the declarations above.

Name of Contract Holder:

Signature:

Date:

Please also email completed and signed forms to: *Insert contact details.*

Appendix 3 Non-Medical Prescriber (NMP) Community Pharmacy Annual Assurance Declaration

This declaration must be completed by the community pharmacy owner and returned annually by the end of Quarter 1 (June).

Community pharmacy name and code	
Name of community pharmacy owner completing this form	
Date of completion	

The following declaration is intended to:

- Provide NHS Cheshire and Merseyside with assurance that the community pharmacy has appropriate governance in place regarding non-medical prescribing.
- Remind community pharmacies of their roles and responsibilities with regards to NMPs working in their pharmacy.
- Highlight to the community pharmacies the General Pharmaceutical Council's (GPHC) standards and expectations regarding NMP.

Non-medical prescribing (NMP) is the term used to describe prescribing by a healthcare professional other than a doctor or dentist. NMPs working in primary care include nurses, pharmacists, physiotherapists and paramedics. NMPs may be directly employed, locums, contracted as part of a commissioned service, or have other contractual relationships with the community pharmacy.

The [Human Medicines Regulations 2012](#) stipulate that prescriptions must contain “an indication of the kind of appropriate practitioner giving it”, meaning the profession of the prescriber. NMPs cannot be allocated spurious codes or be set up as locums. **All NMPs should prescribe under their own professional credentials.**

[NHS Business Services Authority](#) needs to be notified, by an authorised signatory, of all NMPs prescribing for a community pharmacy, even if it is for a short period or for infrequent sessions. This allows prescribing to be correctly attributed, which ensures transparency, appropriate governance, correct budget allocation, and appropriate monitoring. It also helps support the requirements of the GPHC.

The ICB Place NMP Lead is the authorised signatory for NMPs working in community pharmacy.

Community Pharmacy General Pharmaceutical Council (GPHC) Standards

The [GPHC](#) has standards for registered pharmacies that set out the requirements for the provision of pharmacy services at or from a registered pharmacy. The responsibility for meeting these standards lies with the pharmacy owner. These standards apply to agency workers and contract workers, as well as employees and other people who are involved in the provision of pharmacy services by a registered pharmacy.

These standards include that:

- Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability
- Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided

- Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out or are working under the supervision of another person while they are in training.
- Pharmacy services are managed and delivered safely and effectively

The GPhC have an [Inspection Decision Making Framework](#) for Community Pharmacies that details examples of how these standards can be demonstrated. The following are included:

- where a pharmacy offers a prescribing service, there is clear documentation of the consultation with the patient, treatment prescribed and any follow up or monitoring that needs to be done either by the pharmacist prescriber or general practitioner
- pharmacist independent prescribers can show that they are working within their competence

NHS England have published a professional assurance framework. Compliance and discharge of these standards is mandatory for any contractor/employer and professional undertaking to provide NHS England or Locally Commissioned NMP services.

[NHS England » Professional assurance framework for delivering NHS community pharmacy clinical services](#)

Domain	GPhC and/or NHSE requirement	Assurance question	Confirmation
Employment	• The following employment checks have been completed, recorded and are appropriate for employment as an NMP - ○ are registered as an independent prescriber, with the appropriate annotation in the General Pharmaceutical Council (GPhC) register. ○ Right to work / proof of identity ○ Evidence of required level of English language competence (GPhC guidance) ○ Enhanced DBS checks (issued in last 3 years) DBS check tool DBS guidance ○ Healthcare Professional Alert Notice (HPAN) check ○ Structured references – two referees who have agreed to provide references to include clinical practice for current or recent posts (see NHSE guidance for appropriate referees) • Robust and appropriate induction support is provided for all pharmacists new to the business or to delivering clinical services	Have you a system in place to confirm and record appropriate employment checks both at the point of employment AND periodically thereafter? Have you confirmed that the register entry includes no sanctions that affect their ability to deliver the service for which they have been employed. If an individual has any conditions imposed on their practice that may impact service delivery or patient safety, employers are recommended to seek appropriate advice to mitigate risk. Employers using locum staff should consider how to seek assurance that relevant employment checks have been completed All records should be kept for at least 5 years and should be available to commissioners on request	Yes/No

Medical indemnity	All CP NMPs must hold appropriate professional indemnity arrangements for activity related to the relevant clinical pharmacy service, whether through employer cover, professional body membership, and/or individual arrangements, in line with the GPhC indemnity requirements, and that any exclusions to that cover must have been considered. The pharmacy contractor should maintain up to date records of indemnity arrangements which are available for the ICB to review as part of the ICB governance and assurance process.	Do you have a system in place to ensure that all NMPs have appropriate indemnity provision and a complete and up to date record detailing these arrangements?	Yes/No
Competency	All CP NMPs: - are appropriately trained and competent to deliver the requirements of the prescribing-based service. - can show that they are working within their competence and to the Royal Pharmaceutical Society (RPS) 'Competency Framework for All Prescribers' and should not prescribe outside their competency. - maintain an up-to-date declaration of practice outlining their prescribing scope, clinical competence and limitations, and only operate within their individual competence and scope of practice	Do you have as system in place/and keep records to demonstrate that all CP NMPs are suitably skilled and clinically competent for the role they are undertaking and their scope of practice is agreed and recorded? This applies to both permanent and locum staff. Do you have a system in place to ensure that all NMPs are working within the limits of their competency? All records should be kept for at least 5 years and should be available to commissioners on request	Yes/No
Supervision	All CP NMPs: - have the appropriate skills, qualifications and competence for their role and the tasks they carry out or are working under the supervision of another person while they are in training. - maintain a professional portfolio to demonstrate continued competency and reflective practice (including prescribing).	Do you have a system in place to ensure that all NMPS have access to appropriate clinical supervision and maintain a professional portfolio? - NMPs are not asked to expand their scope of practice (including prescribing) without appropriate development support and clinical risk-assessment - NMP have regular access to a named clinical supervisor or prescribing mentor, for example, one supervision session per month	Yes/No

		Time is allocated regularly, and at least annually, to complete a review of prescribing practice (prescribing appraisal) and agree and record areas of clinical competency and scope of practice between the pharmacist prescriber and their clinical supervisor and employer.	
Training and development	Employers must ensure that - - all NMPs have the appropriate skills, qualifications and competence for their role and the tasks they carry out. - they support access to communities of practice and/or peer networks where they currently exist for pharmacists and pharmacy technicians delivering clinical services - they ensure the NMP has read and adheres to Standard Operating Procedures (SOPs), service specifications and service level agreements (SLAs) covering activities relevant to their role and scope of practice within the community pharmacy setting - structured development plans are put in place for pharmacists new to prescribing, with reference to relevant professional curricula and frameworks, including mentorship and appropriate induction - all NMPs engage in regular continuing professional development relevant to their prescribing role and the specific prescribing-based service. an appraisal is scheduled at least annually for all NMP to discuss performance and development opportunities. This could be recorded in line with the GPhC inspection decision making framework.	Do you have a system in place to ensure that all NMPs have appropriate access to training?	Yes/No
Governance systems	The pharmacy must ensure: clinical risk assessments are conducted before any new clinical services are commenced, including when pharmacists and pharmacy technicians are expanding their scope of practice PRN02380iv-risk-assessment-template.docx	Do you have a system in place to minimise any risks to patients (e.g. SOPs relevant to all clinical services, relevant policies and procedures pertinent to clinical governance and safety; communication of alerts and guidance; consultation audits and random	Yes/No

	- the safety and quality of pharmacy services is reviewed and monitored. The pharmacy should have a process in place to regularly collect, monitor and review clinical service activity and prescribing activity (for example, NHSBSA ePACT2 data, pharmacy contractor recorded information). This should consider the following (as a minimum): - patient demographics - scope of practice - alignment with NHS Cheshire and Merseyside formulary and/or national formularies and guidance. - prescribing metrics (for example, high-risk medicines, antibiotic prescribing rate, controlled drugs, generic prescribing) - prescription volume and cost - patient outcomes for example, clinical outcomes, patient experience) - referral rates to other services (for example, general practice, urgent care)	case reviews; complaints and significant events)?	
Incident Management	The Pharmacy has a process in place to identify, record, and act on: - prescribing errors - clinical incidents and/or near misses - patient safety concerns - whistleblowing concerns The pharmacy contractor must have an incident reporting system complying with the Incident Reporting System approved particulars relating to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended). The pharmacy contractor should record any events that meet the national definition of a patient safety incident via the Learn from Patient Safety Events (LFPSE) Service. See Royal College of Pharmacy Patient Safety Professional Standards - Responding to Patient Safety Incidents Framework. NHS England » Incident recording guidance for NHS prescribing-based services in community pharmacy	Do you have a system in place record, manage, understand and learn from any identified patient incidents related to the prescribing service in line with local and national requirements?	Yes/No

Evidence of this process and confirmation of the points listed above should be available to the ICB, on request, to review as part of the ICB governance and assurance process.

The following questions apply to all NMPs in the community pharmacy, regardless of employment status.

Please answer on behalf of your community pharmacy:

	Confirmation
I will ensure all NMPs working in this pharmacy are set up on the NHSBSA and clinical system to prescribe under their own credentials	Yes/No
I will ensure the NMP Lead is informed of all NMP joiners and leavers, regardless of duration or status of employment	Yes/No
I will undertake due diligence to ensure any NMPs, including third party or self-employed locums, have had all appropriate checks completed prior to commencement, including evidence of NMP registration on professional register and a completed Authority to Practice form and are provided with a copy of the ICB NMP Policy.	Yes/No
I will ensure any pharmacy employed NMPs job descriptions has been altered to clearly identify their scope to practice as an NMP.	Yes/No
I will ensure a pharmacist lead has oversight of any prescribing by an NMP.	Yes/No
I will ensure all pharmacy employed NMPs complete their Annual Declaration and a copy is stored at the pharmacy.	Yes/No
I will ensure that the list of pharmacy NMPs on the NHSBSA 'Prescriber Details' report, accessed via the Informations Portal , is reviewed on an annual basis and any inform the NMP Lead of any updates that are required.	Yes/No
Signing this form provides an assurance that, in line with the NHS Cheshire and Merseyside Non-Medical Prescriber Policy, you have discussed and agreed the above with the appropriate members of your pharmacy and they have confirmed agreement with the declarations above. Name of pharmacy owner: _____ Signature: _____ Date: _____ Please also email completed and signed forms to: Insert Place contact details.	

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Appendix 4 Other Provider Services Annual Assurance Declaration

This declaration must be completed by the NMP lead for the provider service and returned annually by the end of Quarter X

Provider name	
Date of completion	

The following declaration is intended to:

- Provide NHS Cheshire and Merseyside with assurance that the provider has appropriate governance in place regarding non-medical prescribing.
- Remind provider of their roles and responsibilities with regards to NMPs working in their organisation.

Non-medical prescribing (NMP) is the term used to describe prescribing by a healthcare professional other than a doctor or dentist. NMPs working in primary care include nurses, pharmacists, physiotherapists and paramedics. NMPs may be directly employed, locums, contracted as part of a commissioned service, or have other contractual relationships with the practice.

The following applies to all NMPs in the Provider, regardless of employment status.

The organisation should:	Yes	No	If no, is an action plan in place, and a timeline to address?
Have an NMP Lead or Authorised Signatory, who registers and de-registers their NMPs with the NHS Business Services Authority (NHSBSA).			
Have an NMP Lead or equivalent, who supports, manages and ensures appropriate clinical governance structures are in place for their NMPs.			
Have an in date NMP Policy			
Maintain an up-to-date register of the NMPs working for the services they provide.			
Provide prescribing data to the NMPs for audit and review alongside their clinical mentor.			

The organisation must have systems 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 and at least annually thereafter.			
All NMPs are registered with the NHSBSA and set up on the clinical system to prescribe under their own credentials and are de-registered on leaving.			
All NMPs are working within the limits of their competency and in accordance with the Royal Pharmaceutical Society (RPS) Prescribing Competency Framework.			
All NMPs have completed an Approval to Practice (ATP) on joining and on an annual basis.			
All NMPs have access to a clinical mentor and can evidence that regular clinical supervision takes place.			
All NMPs have appropriate access to training and maintain a continuing professional development (CPD) portfolio.			
All NMPs have appropriate indemnity provision, and their job description identifies their NMP role.			

Signing this form provides an assurance that, in line with the NHS Cheshire and Merseyside Non-Medical Prescriber Policy, you have discussed and agreed the above with the appropriate members of your Provider and they have confirmed agreement with the declarations above.

Name of NMP lead:

Signature:

Date:

Please also email completed and signed forms to: