

Scope of Practice NMP

Table 1.1 Who can become an NMP in the United Kingdom. Source: Based on HEE.¹

Independent and supplementary prescribers	Supplementary prescribers only	Community practitioner prescribers
<ul style="list-style-type: none"> • Nurses/midwives • Pharmacists • Physiotherapists • Podiatrists • Paramedics • Optometrists • Therapeutic radiographers 	<ul style="list-style-type: none"> • Diagnostic radiographers • Dieticians 	Nurses (health visitors and district nurses)

Table 1.2 A summary of what NMPs can prescribe. Source: RCN / Royal College of Nursing.⁵

	Independent prescriber	Supplementary prescriber
CDs	Yes – Schedule 2–5 CDs, except diamorphine, dipipanone, or cocaine for treatment of addiction	Yes – Schedule 2–5 CDs, except diamorphine, dipipanone, or cocaine for treatment of addiction
Unlicensed medicines	Yes – provided they are competent and take responsibility for doing so. May vary for nurse prescribers in Scotland	Yes – covered by the Clinical Management Plan (CMP)
Off-label/off-licence prescribing	Yes – should only be prescribed where it is best practice to do so and must take full clinical and professional responsibility for their prescribing	Yes – covered by the CMP
Private prescribing	Yes – for any medicine within their competence	Yes – for any medicine covered by the CMP

Non-Medical Prescribing (NMP)

Doctors are by far the largest group of prescribers, who, along with dentists, can prescribe on registration. They have been joined by independent and supplementary prescribers from a range of other non-medical healthcare professions, who are able to prescribe within their scope of practice once they have completed an approved education programme. This extension of prescribing responsibilities to other professional groups is likely to continue where it is safe to do so and where there is a clear patient benefit. NMP is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist.¹ Non-medical prescribers (NMPs) include nurses, midwives, and pharmacists, as well as other allied healthcare professionals who have completed an accredited prescribing course and registered their qualification with their regulatory body (Table 1.1). This enables them to prescribe medications as either community practitioner nurse prescribers (with a v150 or v100 course) or independent prescribers (with a v200 or v300 course) (Table 1.2).

Royal Pharmaceutical Society (RPS)

In January 2019, the RPS and the Royal College of Nursing (RCN) co-created *Professional Guidance on the Administration of Medicines in Healthcare Settings*.² The guidance was developed in response to the announcement of the withdrawal of the Standards for medicines management by the Nursing and Midwifery Council (NMC) and will be hosted on the RPS and RCN websites. Application of this guidance is a multidisciplinary responsibility. All staff groups involved in the administration of medicines should be involved in developing organisational policies and procedures. In addition to corporate and clinical governance responsibilities, registered healthcare professionals are personally responsible for putting patients first and for a commitment to ethics, values, principles, and improvement. They are also responsible for practising within their own scope and competence, using their acquired knowledge, skills, and judgement.

Scope of practice

The Health and Care Professions Council (HCPC) (2020)³ identifies scope of practice as the activities a healthcare professional carries out within their professional role. The healthcare professional must have the required training, knowledge, skills, and experience to deliver these activities lawfully, safely, and effectively. They must also have appropriate indemnity cover for their prescribing role. Scope of practice may be informed by regulatory standards, the professional body's position, employer guidance, guidance from other relevant organisations, and the individual's professional judgement.

The benefits of NMP

NMP has demonstrated patient care and economic benefits. Consequently, investing in NMP is seen as 'an investment to save,' and encouraging NMP capacity is seen as a vital upskilling priority and features as a key enabler in the planning and delivery of new care models and transforming care. NMP training can support role and career development by enabling practitioners to take on greater responsibilities for managing patient care. NMP enhances patient care by supporting patients' timely access to treatment with medicines, enabling choice while helping to reduce waiting times and hospital admissions and maximising the wider skills of the healthcare team.

NMP healthcare professionals

The British National Formulary (BNF) and the National Institute for Health and Care Excellence (NICE) (2021)⁴ identify that to protect patient safety, the initial prescribing and supply of medicines prescribed should normally remain separate functions performed by separate healthcare professionals. However, there are several situations whereby simultaneous *prescribing* and *administration* or supply are required of the same practitioner, such as in the context of emergency situations.

Registered nurses

Nurse independent prescribers (formerly known as extended formulary nurse prescribers) can prescribe any medicine for any medical condition. Unlicensed medicines are excluded from the Nurse Prescribing Formulary in Scotland. Nurse independent prescribers can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs (CDs). This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Nurse independent prescribers must work within their own level of professional competence and expertise.

Pharmacists

Pharmacist independent prescribers can prescribe any medicine for any medical condition. This includes unlicensed medicines subject to accepted clinical good practice. They can also prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 CDs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Pharmacist independent prescribers must work within their own level of professional competence and expertise.

Physiotherapists

Physiotherapist independent prescribers can prescribe any medicine for any medical condition. This includes 'off-label' medicines subject to accepted clinical good practice. They are also allowed to prescribe

the following CDs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride, or temazepam. Physiotherapist independent prescribers must work within their own level of professional competence and expertise.

Therapeutic radiographers

Therapeutic radiographer independent prescribers can prescribe any medicine for any medical condition. This includes 'off-label' medicines subject to accepted clinical good practice. Prescribing of CDs is subject to legislative changes. Therapeutic radiographer independent prescribers must work within their own level of professional competence and expertise.

Optometrists

Optometrist independent prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except CDs or medicines for parenteral administration. They must work within their own level of professional competence and expertise.

Podiatrists

Podiatrist independent prescribers can prescribe any medicine for any medical condition. This includes 'off-label' medicines subject to accepted clinical good practice. They are also allowed to prescribe the following CDs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam, and temazepam. Podiatrist independent prescribers must work within their own level of professional competence and expertise.

Paramedics

Paramedic independent prescribers can prescribe any medicine for any medical condition. This includes 'off-label' medicines subject to accepted clinical good practice. Prescribing of CDs is subject to legislative changes. Paramedic independent prescribers must work within their own level of professional competence and expertise.

Prescribing supervisor

The prescribing supervisor is an independent supervisor who completes assessment and teaching in practice (previously known as a designated medical practitioner). The practice supervisor (PS) is a colleague in practice who must be able to provide guidance and supervision for your practice-based learning while you are on the course. The PS must be someone with whom you normally work, and they must meet specific criteria as outlined by the higher education institution. Support for the PS role is provided by the university NMP course leads and NMP leads in organisations.

Following completion of an NMP course

The newly qualified NMP must:

- Register with the relevant regulator, i.e. GPhC, NMC, or HCPC.
- Provide confirmation to their employers of their successful annotation.
- Complete any other local/employer requirements, e.g. scope of practice/formulary.
- Ensure they have appropriate indemnity arrangements.
- Maintain competence and undertake annual continuing professional development and revalidation as specified by their regulator.
- Ensure they have appropriate support to undertake their prescribing role.