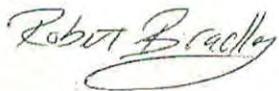


NHS Grampian Staff Policy for Non-Medical Prescribing

Author: NMP Lead on behalf of NMP Group	Consultation Group: Page 13	Approver: Grampian Area Drug and Therapeutics Committee (GADTC)
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Signature: 		Signature: 
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Identifier: NHSG/Policy/NMP/ 1757	Review Date: January 2029	Date Approved: January 2026
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Policy Statement:

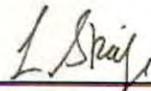
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant guideline, policies, protocols and procedures.

Version 2

This controlled document shall not be copied in part or whole without the express permission of the author or the author's representative.

Executive Sign-Off

This document has been endorsed by the Chief Executive, NHS Grampian

Signature: 

Replaces:

NHSG/Policy/NMP/GADTC1332, Version 1.1

Document application:

NHS Grampian wide. All non-medical prescribers working for Grampian Health Board, including independent contractors working in Grampian.

Revision History:

Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
		This new policy replaces the archived NHSG Staff Policy and Framework for Non-Medical Prescribing including Independent Contractors, Version 4.	
October 2022	October 2022	MGPG removed from front cover. Added to consultation list on page 12.	
September 2025	October 2022	Change of name of policy	Front cover
September 2025	October 2022	Explanation of initialism: Personal Development Plan (PDP)	Page 1
October 2025	October 2022	Adding to scope regarding uni-professional leads	Page 2
September 2025	October 2022	Change of link from local to national	Page 3
September 2025	October 2022	Adding detail about prescribing methods	Page 3
September 2025	October 2022	Independent Prescriber Governance checklist section added	Page 5
September 2025	October 2022	Added information about new appendix with audit and supervision tool	Page 7
September 2025	October 2022	Changed bullet point on policy so managers responsibility is to make all policies and changes available to prescriber rather	Page 8

		than being directly responsible for dissemination	
September 2025	October 2022	Section added giving advice for prescriber which have not been in clinical practice but are returning to role	Page 9
September 2025	October 2022	Section added about job description and letter for files as a short term measure	Page 11
September 2025	October 2022	Appendix 3 added	Pages 17-20
September 2025	October 2022	Appendix 4 added	Pages 21-24
September 2025	October 2022	Appendix 5 added	Page 25
September 2025	October 2022	Appendix 6 added	Page 26

Date Impact Assessed: January 2026

NHS Grampian Staff Policy for Non-Medical Prescribing Including Independent Contractors

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NHS Grampian Staff Policy for Non-Medical Prescribing Including Independent Contractors

1. Introduction

This is a Grampian-wide policy document that should **not** be amended. It specifies the core requirements for clinicians and services which are necessary for clinical and professional governance of non-medical prescribing (NMP). There is detailed guidance and further resources available on the NHS Grampian (NHSG) [NMP intranet pages](#). Together these promote safe and effective prescribing.

The policy details the responsibilities of NHSG staff, managers and supervisors for ensuring that staff under their direction comply with current legislation and professional guidance. Managers must ensure the risks inherent to both staff and patients in the use of medicines are managed appropriately. The policy sets out the governance requirements on Continuing Professional Development (CPD) to ensure staff maintain their competencies to practice as prescribers.

NMP should be utilised, following an appropriate risk/benefit assessment, where there are clear benefits in patient care and better use of health professionals and patients' time. The policy also stipulates the minimum requirements for staff to attain and record the qualification with their professional registering body.

2. Scope

The delivery of high quality prescribing is an active partnership between the individual prescriber, the in service team/line manager, the wider multidisciplinary team, NHS Grampian and of course the patient.

This policy applies to all non-medical prescribers and all staff undertaking the training to become non-medical prescribers within NHS Grampian, in all care settings.

The policy describes the standards, responsibilities and accountabilities of non-medical prescribing and the links to organisational governance in place within NHS Grampian.

The training of a non-medical prescriber is something that takes significant time and organisational support. As such all plans to develop an individual must be recognised within the individual's Personal Development Plan (PDP) and be part of a planned service delivery model where the non-medical prescribers skills will be utilised to the maximum. Likewise, the scope of prescribing activity of qualified non-medical prescribers may develop over time; it is vital that this extension/ change in scope is planned, supported and reviewed with the same care that is applied to initial training.

Recognising that non-medical prescribers may be employed directly by the NHS managed service or via an independent contractor, the policy should help inform individual practitioners, line managers, professional leaders and those involved in

providing organisational assurance of the expectations of NHS Grampian of non-medical prescribers, and their wider workplace, when prescribing on behalf of NHS Grampian.

This policy should also be used by those individual practitioners, line managers and professional leaders to help develop a common understanding of the support, development and peer review/feedback requirements that need to be considered when planning a high quality, sustainable, prescribing function within a service or team.

It would not be feasible for this policy to contain specific guidance for every profession that can use non-medical prescribing. It is generic in nature so it can be used widely. For guidance and recommendations specific to the individuals governing body their Uni-professional lead can be approached. This can be identified via professional line structures or via the Advanced Care Academy: gram.acateam@nhs.scot

3. Aims of NMP Policy

The aims of the NMP policy are to:

- Inform non-medical prescribers of their responsibilities to prescribe medicines, wound dressings and appliances safely, appropriately and cost effectively for their patients.
- Set out the standards for health care professionals who wish to prescribe non-medically within NHSG, and to ensure they practice within their competence, which includes relevant ongoing CPD.
- Inform managers of the steps required to support staff to qualify and practice as prescribers.
- Inform non-medical prescribers of the clinical governance structure in place within NHSG to monitor and support prescribers during their clinical practice.

4. Aims of NMP

The aims of NMP are to:

- Improve patient care without compromising patient safety.
- Make it easier for patients to get the medicines they need.
- Increase patient choice in accessing medicines.
- Make better use of the skills of health professionals.
- Contribute to the flexibility of teams working across the NHS

5. Legislation

In order for a group of healthcare workers to be considered for legislative acquisition of non-medical prescribing rights, they must have a professional registering body and make the case for the necessary legislative changes. Once the necessary legislation is in place (which includes specification of any limitations/restrictions on those

prescribing rights), the individual healthcare professional must successfully undertake a programme of learning approved by their registering body and have that qualification recorded by their registering body before they can legally prescribe. At time of review of this document the following professions have legislation in place which grants profession specific prescribing rights: Nurses and Midwives, Optometrists, Pharmacists, Therapeutic Radiographers, Physiotherapists, Podiatrists, Dietitians and Paramedics. The prescribing professions and profession specific prescribing rights are constantly evolving, and the professional regulatory body webpages should be consulted for the most up to date information see the national TURAS resource: [Prescribing | Turas | Learn](#)

There are a number of mechanisms available for both non-medical prescribing and for supply and administration of medicines where no prescribing qualifications are required. The [Medicines Management](#) intranet pages provide further information.

6. Prescribing in Different Settings

6.1. Prescribing For Hospital In-Patients

Non-medical prescribers prescribing for in-patients within hospitals in NHS Grampian may use all approved hospital drug charts within their clinical area, e.g. (list not exhaustive):

- In-patient prescription charts – digital and paper
- Anti-coagulation charts
- Intravenous (IV) fluid charts
- Discharge prescriptions
- Insulin charts.

Most inpatient prescribing is via the Hospital Electronic Medicines Prescribing and Administration (HEPMA) system. A small number of areas use paper prescribing and critical care have the ICCA electronic system.

The Core Discharge Document (CDD) is a clinical record of a patient's admission and care in hospital plus the plan for on-going care provision following discharge. All discharge medicines for each patient must be included on one form to allow review of the patient's full therapy, note that medicines can be transferred from the HEPMA system directly into CDD. The person signing the CDD or discharge letter is confirming that all the medicines listed at the time of discharge are appropriate to be continued.

6.2. Prescribing For GP Practice/Community/Clinic/Hospital Out-Patient Settings

Increasingly hospital clinics are being undertaken by Non-Medical prescribers e.g. Nurses, Pharmacists, Podiatrists, Physiotherapists and Therapeutic Radiographers.

NMPs prescribing for patients in any of the above settings in NHS Grampian may prescribe using either GP10 (for those working in General Practices) or Hospital

Based Prescription (HBP) or HBP Addiction Services (HBPA) forms, or any other approved prescriptions, including for example Community Pharmacy Prescribing (CoPPr) or Hospital Electronic Prescribing and Medications Administration (HEPMA) systems.

Forms listed below and can be ordered as per [Appendix 2](#) (further information available: [Order prescription stationery | National Services Scotland \(nhs.scot\)](#)):

- GP10N forms are for nurse prescribers
- GP10P forms are for independent pharmacy prescribers
- GP10OP forms are for independent optometric prescribers
- GP10NMP forms are for non-medical prescribers such as paramedics, podiatrists, therapeutic radiographers and physiotherapists, dieticians and paramedics
- CDRF controlled drug requisition forms are for prescribers ordering a stock of controlled drugs
- PPCD forms are for private prescribers who write prescriptions for controlled drugs
- HBP forms are for hospital-based prescribers
- HBPA forms are for hospital-based prescribers working within substance misuse services.

Regardless of the prescription form/prescription chart used each prescriber should indicate which type of prescribing they are practicing (e.g. Community Practitioner Nurse Prescriber, Supplementary Prescriber or Independent Prescriber), i.e. print “CPNP”, “SP” or “IP” immediately after their signature on all documentation. This allows the dispensing pharmacist (or doctor) to complete their legal obligation in checking the prescription.

- HBPA and HBPA Single Sheet (SS) - to be issued by Hospital Based Clinic Prescriber working with persons who have substance misuse problems. These prescriptions are dispensed by a community pharmacy.
- HBP and HBP (SS) - to be issued by Hospital Based Prescriber to hospital outpatients for dispensing by community pharmacy.
- Outpatient prescription form** - to be used for urgent changes to therapy or for the supply of specialist therapies, where the hospital pharmacy will dispense the prescription. (For non-urgent changes to therapy a letter to the patient’s GP should be sent requesting him/her to prescribe).

Where these forms are required, the prescriber should re-order supplies through the relevant hospital pharmacy.

Each non-medical prescriber who wishes to prescribe for patients in the community must either seek the agreement from every GP practice whose patients they will treat, or belong to a virtual practice with aligned practice code and budget (e.g. Grampian Diabetes Service) as the items prescribed are charged to the practice code/associated budget. Where the need for a virtual practice is identified, the protocol and procedure for enabling this is available on the [intranet](#).

Prescription pads for use in the community will be sent to designated holding points and from there sent out directly to the practitioner. Practitioners prescribing for more than one Practice will be issued with a pre-printed prescription pad with the prescriber code for the main prescribing practice. For the additional practices, practitioners will be issued part-printed prescription pads with practitioner's name, professional registration number and contact telephone number. Prescribers will enter the appropriate unique prescriber code on each prescription form.

7. Clinical Governance Arrangements In Non-Medical Prescribing

Ensuring patient safety and quality care is an integral part of NHS Grampian's clinical governance programme. Whilst NHS Grampian recognises the benefits to patients of non-medical prescribing, it is essential that appropriate organisational governance arrangements are identified, agreed and implemented to support practitioners in this role and in the delivery of safe, effective patient care. The following is also recommended for independent contractors to consider as applicable within their care delivery/staff employment model.

Independent Prescriber Generic Governance Checklist – NHS Grampian As per Appendix 3

A governance checklist has been developed to support managers in ensuring appropriate systems are in place before an independent prescriber begins their role. This is a summary of points contained within this policy. It is considered best practice to follow these recommendations to maintain safe, competent, and effective prescribing within their scope of practice.

This checklist should be completed and regularly reviewed for every independent prescriber. Doing so provides assurance of high-quality, clinically effective, and cost-efficient prescribing across NHS Grampian.

While NHS Grampian holds overarching responsibility for establishing governance frameworks, it is the responsibility of individual line managers to implement these processes within their teams and ensure they are appropriate for their specific clinical areas. Non-medical prescribers have a responsibility to adhere to both national and local governance procedures.

Some professions have made this document bespoke to their own professions and governing bodies. This can be found via their uni-professional lead. Any concerns or issues can be escalated to the Advanced Care Academy. Within Nursing and Midwifery, a designated prescribing lead is available for support. Other professional areas have their own escalation pathways. All enquiries can be directed to the Academy via email: gram.acateam@nhs.scot.uk

7.1. NHS Grampian Responsibility

For NHS Grampian employees, there is an organisational undertaking to:

- Identify ways to support and sustain the transition of staff to extend their capabilities within the services they currently provide.
- Ensure that the appropriate medicines management committees are aware of the medicines being prescribed by prescribers.

When NHS Grampian identifies potential non-medical prescribers to undertake prescribing training (or if already qualified and joining the organisation), the following clinical governance issues must be addressed:

- Clear lines of responsibility and accountability for overall quality of clinical care are identified.
- Development of quality improvement programmes, i.e. clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care, workforce planning and development, access to appropriate CPD programmes.
- Identification and effective management of risk.

7.2. Manager Responsibility

Selection of professionals to train (note how these responsibilities apply exactly in practice may differ between services or where service provision is via commissioned independent contractors but should still be considered).

Key principles to consider for prioritising potential applicants are:

- Patient safety.
- Maximum benefit to patients and the NHS in terms of quicker and more efficient access to medicines for patients.
- Better use of the professional's skills.
- Availability of suitable prescribing professional(s) to provide the support and assessment in practice which is required by the professional regulatory bodies (see [NHSG NMP Designated Prescribing Practitioner \(DPP\) Framework](#)).

The selection of professionals who will be trained as non-medical prescribers is a matter for the managers and clinicians concerned who are best placed to assess local service and patient needs, and decide whether there is a local NHS need for staff to access prescribing training.

It is expected that non-medical prescribers will be mindful of their profession specific legal prescribing entitlements, and will be able to evidence the learning and resources utilised to inform their prescribing practise, particularly when changing or expanding their practise. Managers are responsible for reviewing this evidence as part of annual appraisal

Prior to nurses, midwives, AHPs and pharmacists undertaking NHS funded training, there should be agreement about the therapeutic area in which they will prescribe in relation to the service need for non-medical independent prescribing. All practitioners should have access to:

- A budget to meet the costs of their prescriptions on completion of the course.
- Continuing professional development (CPD) opportunities on completion of the course.

Professional/line managers and medical practitioners responsible for, or using the services of, non-medical prescribers should set out clear lines of responsibility and accountability for overall quality of clinical care. They must ensure that:

- The names of non-medical prescribers are annotated on their professional register before they begin to prescribe.
- Register-checking arrangements are undertaken for new employees who are already non-medical prescribers.
- An accurate list of all qualified non-medical prescribers is maintained, their clinical area and location of practice; date of qualification and with the reasons for any changes, to ensure that an up-to-date record exists.
- Non-medical prescribing activity is included in reports on quality of clinical care to local Clinical Governance Committees.
- Clinical audit of prescribing incorporates non-medical prescribers within it. There is a suggested Prescribing Audit within this document –Appendix 4
- Prescribing by non-medical prescribers is monitored regularly using prescribing or medicines usage information systems as part of the wider monitoring of prescribing by all prescribers. The review should consider the choice and range of medicines prescribed in relation to scope of practice. (In addition, for supplementary prescribers only, prescribing is in line with clinical management plans).
- National and local guideline such as SIGN, SMC, NICE guidelines, Grampian Joint Formulary and other local guidelines, local agreements, [BNF](#) online and drug alerts are available to all non-medical prescribers. Sufficient CPD time is allocated so they can stay aware if these, Prescribers must remain up to date with emails in regards changes to medication available and guidance
- Arrangements are in place for non-medical prescribers to undertake clinical supervision and peer review and use this as an opportunity to reflect on their practice. There is a suggested supervision form within this document –Appendix 5
- Job descriptions are amended to account for prescribing responsibilities. See Section 9
- SLA or written agreement is in place for staff contracted to work in NHS Grampian and that they will follow NHSG guidelines and Clinical Governance requirements.
- All non-medical prescribers are supported in participating in the development review process with their line manager/medical practitioner with reference to prescribing. As per [RPS Competency Framework for all Prescribers](#).

- Workforce planning and development of non-medical prescribing is integrated in organisations' service planning. This ensures the the post holders aspirations (scope of prescribing including symptoms / conditions, acuity, range of drugs, referral pathways etc) for prescribing practice fit with the service model / delivery plan
- Ongoing CPD needs of non-medical prescribers are identified as part of their personal development plan. For NHS Grampian employees this will be linked to the NHS Grampian appraisal process and professional revalidation requirements Line managers must check registration details and qualification are accurate.
- The development of succession planning and contingency planning to ensure continuity of services is supported.
- Non-medical prescribing is included in clinical risk management activities (including Root Cause Analysis), patient safety, confidentiality, handling complaints and controls assurance programmes, and that necessary learning is identified and utilised from these processes.
- Systems are in place for the ordering, safe storage and distribution of prescription pads to prescribers.
- Systems are in place to retrieve prescription pads when staff leave the organisation.

7.3. Non-Medical Prescriber Responsibility

Non-medical prescribers must prescribe only within the limits of their professional expertise and competence and are accountable for their actions and omissions. They are expected to demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values, and those of their carers', when making prescribing decisions and work within a prescribing partnership, e.g. General Practitioner, Consultant In addition, they must:

- Act within their own code of professional conduct, ethics and practice guidelines, including:
 - Keeping up to date with CPD requirements and competencies required for prescribing in accordance with their professional regulators requirements/guidance
- Work within their own level of professional competence and expertise, and must seek advice and make appropriate referrals to other professionals with different expertise
- If the professional has been away from a prescribing role for a prolonged period for whatever reason it is recommended they discuss NMP with their line manager (and/or their clinical supervisor) upon their return to a prescribing role. It is acknowledge that the length and reason of absence would influence this conversation. The intention of this discussion is to determine what support and supervision they need before they can be autonomous in prescribing. There is no guide within legislation or national policy for this time frame however some governing bodies (such as [HCPC](#)) have processes for professionals who have

been away from practice for 2 years. This is not the case for nursing and midwifery therefore it is recommended that in these roles anything over 6 months should lead to a discussion around current competence and support required. If in doubt contact Uni-Professional lead for profession specific recommendations

- Not prescribe for themselves, or for anyone with whom they have a close personal or emotional relationship, other than in an emergency
- Make an appropriate assessment of the patient's condition and only prescribe to meet the patient's genuine clinical needs
- Prescribe only where they have an adequate knowledge of the patient's health, medical and drug history, e.g. from GP/hospital notes, emergency care records
- Be aware of and give consideration to local and national prescribing guidance/guidelines, e.g. Grampian Joint Formulary and antimicrobial stewardship
- Keep accurate comprehensive records of their consultation and prescribing for an individual patient with attention to:
 - Treatment being a shared responsibility between the patient and the health care provider with particular consideration given to the principles articulated Realistic Medicine with respect to shared decision-making.
 - The risks and benefits of taking (or otherwise) any medicine to the patient and/or their representative¹.
- Prior to the prescribing of medicine(s), obtain consent from the patient and document either in the patient's medical records/notes or on an administration form.
- Be aware of the importance of using the yellow card system to report Adverse Drug Reactions (ADRs).
- Be aware of the importance and mechanism of reporting untoward incidents and medication errors within NHS Grampian:
 - First priority is patient safety
 - Report on Datix
 - Discuss with manager line manager
 - Consider [duty of candour](#) requirements
- Comply with NHS Grampian policy document [Guidance For Health Care Staff Within NHS Grampian On Working With The Pharmaceutical Industry And Suppliers Of Prescribable Health Care Products](#) regarding involvement with representatives of the pharmaceutical industry
- Communicate effectively with other practitioners involved in the care of the patient
- Prescribe in accordance with a patient's individual clinical management plan when prescribing as a supplementary prescriber. Refer the patient back to the independent prescriber when their circumstances fall outside the clinical management plan
- Ensure separation of prescribing and dispensing whenever possible. Where a pharmacist is both prescribing and dispensing a patient's medication, a second suitably competent person should normally be involved in the checking process

- Keep a record of the first and last prescription serial numbers of each pad, and store prescription pads securely.

8. Patient Records: Access and Updating

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care. Records should be made in a timely manner by all professionals involved in a patient's treatment, with the information needed for them to care safely and effectively for that patient. It is a necessary way of promoting communication within the healthcare team, and between practitioners and their patients/clients. Good record keeping requires effective team working and is a pre-requisite for promoting safe and effective care for patients.

In line with best practice the details of any prescription, together with other details of the consultation with the patient, should be entered on to the shared patient record immediately (e.g. GP case notes or hospital notes) or, failing that, as soon as possible after the consultation. **Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription.** This information should also be entered at the same time on to the patient record and on to the nursing patient record (where a separate nursing record exists) (SEHD 2006).

The record should indicate clearly:

- The date of the prescription.
- The name of the prescriber (and that they are acting as a Non-Medical Independent/Supplementary Prescriber).
- The name of the item prescribed (including strength), together with the quantity (or dose), frequency and treatment duration.

9. Legal and Clinical Liability

Prescribers are accountable for all aspects of their prescribing decisions. They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients or colleagues) that might result in inappropriate prescribing.

All prescribers should ensure that they have sufficient professional indemnity insurance, for instance by means of membership of a professional organisation or trade union which provides this cover.

The Royal Pharmaceutical Society Medicines, Ethics and Practice states that all pharmacists who own a pharmacy, superintendent pharmacists, and pharmacist managers should ensure that all professional activities undertaken by them or under their control are covered by adequate professional indemnity insurance. The standard for prescribing within the Code also says that pharmacists must only prescribe within the limits of their registration and must comply with statutory requirements applicable to their prescribing.

The NMC states that every nurse/midwife prescriber should ensure s/he has professional indemnity insurance, by means of a professional organisation or trade

union body. Prescribers must also be aware of the level of indemnity insurance offered by their insurer to determine whether it is sufficient for purpose.

Both the employer and employee (or contractor) should ensure that the employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service. This should be in place prior to the individual starting the NMP course. If a situation arises where someone is already in -post with an NMP qualification but this is not in their job description then a risk assessment should take place. After discussion with line manager if it is essential to service for the individual to continue prescribing then adding a letter to their file indicating such will safeguard the prescriber and organisation. The letter template is appendix 6. However best practice is for prescribing to be in the individual's job description and therefore the line manager should contact the job evaluation team as soon as possible to get this added. To contact this team the job evaluation coordinator can be reached on gram.jobevaluation@nhs.scot

Where a nurse, midwife, AHP or pharmacist is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. In addition, Nurse Independent Prescribers are individually professionally accountable to the Nursing and Midwifery Council (NMC) for this aspect of their practice, as for any other, and must act at all times in accordance with the NMC Code of Professional Conduct. AHP prescribers are accountable to the Health Professions Council. Pharmacist Independent Prescribers are individually accountable to the GPhC and must at all times act in accordance with the GPhC standards for conduct, ethics and performance. Optometry in the UK is regulated by the General Optical Council and Optometrist prescribers must act in accordance with their standards.

10. Prescribing Support

Prescribing support can be defined as the use of additional professional input into one or more elements involved in the prescribing process. It has the overall objectives of promoting high-quality, cost-effective medicine use and of improving the pharmaceutical care of patients. This should allow NHS resources to be used more effectively and prescribers to operate with greater efficiency, allowing more time to spend with individual patients and also to improve the health of their practice's population.

Benefits have been demonstrated for the co-ordination and implementation of prescribing policies both within and across practices, the closer involvement of pharmacists in day-to-day medicines management, and an improvement in the use of scarce resources through more efficient prescribing systems and decision-making processes, e.g. Grampian Joint Formulary. Monitoring of non-medical prescribing and feedback to the prescriber will highlight what has been prescribed and how much this has cost. Benchmarking against prescribers working in similar areas can identify outliers. Monitoring of prescribing data of non-medical prescribers will be incorporated into existing systems used for GPs. Within hospital, systems to monitor non-medical prescribing need to be developed.

Within NHS Grampian, prescribing support is available to prescribers from a number of sources which include:

- Grampian Area Formulary
- Practice and HSCP pharmacists
- Hospital clinical pharmacists
- HSCP prescribing groups and Medical Prescribing Leads
- Grampian Area Drug and Therapeutics Committee (GADTC), Formulary Group, Medicine Guidelines and Policies Group
- Pharmacy departments
- Pharmacy and Medicines Directorate
- Medicines Information department gram.medinfo@nhs.scot

Non-medical prescribers should be aware of these resources and the advantages that they may be able to provide.

11. References

- 1) **Scottish Executive Health Department (NHS Scotland). 2006. Non Medical Prescribing in Scotland. Scottish Executive. Available online:** <https://www.gov.scot/publications/non-medical-prescribing-scotland-guidance-nurse-independent-prescribers-community-practitioner-nurse-prescribers-scotland-guide-implementation/> [Accessed 15/04/2022]
- 2) **Royal Pharmaceutical Society. 2021. A Competency Framework for all Prescribers. Available online:** <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YajDh2nA8N5G3A%3d%3d> [Accessed 15/04/2022]

12. Useful Websites

Regulatory body information

- 1) General Optical Council. Updated independent prescribing education and training requirements published. <https://optical.org/en/news/news-and-press-releases/updated-independent-prescribing-education-and-training-requirements-published/>
- 2) Independent Prescribing – College of Optometrists. [Independent prescribing - College of Optometrists \(college-optometrists.org\)](https://www.college-optometrists.org/)
- 3) General Pharmaceutical Council. Pharmacist Independent Prescribing. <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>

- 4) Health and Care Professions council. Standards for prescribing.
<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>
- 5) Nursing and Midwifery Council. Standards for prescribers.
<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/>

Other

- 1) British national Formulary online: <https://www.bnf.org/products/bnf-online/>
- 2) NHS Grampian Intranet Medicines Management pages: [Medicines Management \(nhsgrampian.org\)](https://www.nhs.uk/grampian/medicines-management/)
- 3) NHS Grampian Joint Formulary: [Grampian Area Formulary \(scot.nhs.uk\)](https://www.nhs.uk/grampian/joint-formulary/)
- 4) NHS Grampian Medicines Management Policies and Guidance: [Policies and guidance \(nhsgrampian.org\)](https://www.nhs.uk/grampian/medicines-management/policies-and-guidance/)
- 5) NHS Grampian Non Medical Prescribing pages: [Non-medical prescribing \(nhsgrampian.org\)](https://www.nhs.uk/grampian/non-medical-prescribing/)
- 6) NHS NSS Order prescription stationery: [Order prescription stationery | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/nss/order-prescription-stationery/)

13. Consultation Group

Policy Developed and updated by the following colleagues on behalf of NHS Grampian Non-Medical Prescribing Group. This document was taken to the wider group for discussion and agreement on: 28th October 2025

Rob Bradley	Nurse Consultant Advanced Practice
Kim Cruttenden	Principle Pharmacist (Acute Pharmacy)
Catriona Cameron	AHP Lead - Aberdeenshire
Audrey Steele-Chalmers	AHP Professional Lead - Moray
Birgit Teismann	HSCP Lead Pharmacist - Aberdeenshire
Laura Karim	Pharmaceutical Care Services Improvement and Development Manager
Fiona Fergusson	Nurse Consultant Older Adult Mental Health - MHLN NMP Lead
Lesley Macleod	Lead Advanced Nurse Practitioner Dr Grays Hospital
Medicine Guidelines and Policies Group	
Professional Advisory Group, Grampian Medicines Management Group	

Appendix 1: NMP Database Form and Primary Care Prescribing Codes

As a new prescriber/prescriber changing their area of employment/practice, or prescribing qualifications in NHS Grampian – you must complete a database form:

<https://forms.office.com/r/203XhksyAF> (Note: Not necessary to complete if only adding a primary care prescribing code for an additional GP Practice, but retaining original post/role or qualification not changing).

- You will need to upload your signature at the end of the form, so have this available - the best quality will be provided by a scanner rather than a photograph, but either is acceptable so long as clear and sharp.
- Towards the end you will find an option to tick the box to receive a copy of your submission - select that so that you get a copy for your reference/sharing with any managers etc. who need an update on your new qualification. The link to your signature will not work, but it is still uploaded centrally for any checks required.
- Typically, you need to notify at least your line manager, your clinical lead, and in the acute setting – pharmacy department.

Primary Care only

To obtain your prescribing code from Public Health Scotland (PHS), please also complete the relevant profession/regulatory body specific form (e.g. Nurse/AHP, etc) available via [this link](#)

- Complete as instructed at the top of the form and send to gram.acateam@nhs.scot for approval.
 - (Note: You do not need to print out, as you are not signing the form). Just complete as a word document, and,
 - **Do not complete section E (Nurses)/section D (AHPs)** – this is for the Primary Care Contracts team gram.pcctgp@nhs.scot
 - Some of the information you may need from your manager/clinical lead/Practice Manager, e.g. the practice code if you do not already have it. Practice managers will often complete this on your behalf if you speak to them.
- Please note **you will need a separate prescriber code for each practice**, which means a separate form for each practice.
- Once approved, the primary care team will liaise with PHS to get your code(s) for you.
- If you need prescribing pads this is a separate process – please liaise with your Team Lead/ Practice Manager and see application form in [Appendix 2](#).

Appendix 2: NHSG Non-Medical Prescriber Stationery Order Form

First order must be sent to: gram.pcctgp@nhs.scot, thereafter please send to:
 CENTRAL STORES, ARI, FORESTERHILL ROAD, ABERDEEN, AB25 2XE.

Or, email to: gram.primarycare@nhs.scot

Name.....

Discipline.....

Practice Name and Code.....
 (it is essential these are provided)

Delivery Address:

.....

.....

DESCRIPTION	QUANTITY
GP10P PRESCRIPTION PAD (PHARMACY) (1 pad containing 50 prescriptions)	
GP10N PRESCRIPTION PAD (NURSING)	
GP10NMP - PRESCRIPTION PAD (AHP)	
GP10OP PRESCRIPTION PAD (OPHTHALMIC)	

****Please note: when ordering, request 1 pad in the quantity column to receive 1 pad containing 50 forms****

NAME.....
 (please print)

SIGNATURE

DATE ORDER SUBMITTED

DATE ORDER RECEIVED BY STORE.....

Appendix 3: NMP Grampian Generic Staff Governance checklist for NMP

Dimension	Rational	Needs met?
Alignment with Service Offer		
How do the post holders aspirations (scope of prescribing including symptoms / conditions, acuity, range of drugs, referral pathways etc.) for prescribing practice fit with the service model / delivery plan?	<ul style="list-style-type: none"> • Effective use of resources i.e. training and development (Inc. ongoing CPD), time, peer support, oversight and review • Sustainability of the service – a service modelled on the prescribing rights of an individual with no resilience or succession planning is a development with risk 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p> <p>Reviewed when in post (by prescriber, line manager, clinical supervisor and potentially clinical or uni-professional led)</p>
Is the service able to provide the appropriate support in terms of DPP and the time to undertake training and development?	<ul style="list-style-type: none"> • Delivery of the practical aspects of support in identifying the appropriately qualified / experienced medical and non-medical prescribing support is key – these resources are limited and so identification and agreement to utilise these resources is important 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p>
<p>What access to support services are required to facilitate effective and efficient prescribing by the individual within the service?</p> <ul style="list-style-type: none"> • Is access to labs order comms required? • What data access is needed to support prescribing decisions? 	<ul style="list-style-type: none"> • Labs resources are finite and therefore additional access should be confirmed appropriately; new tests or additional pickup points are particularly important to be discussed. • Data access may require additional Informal Governance work to be completed and this may take significant time. 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p>
How will medication prescribed be supplied?	<ul style="list-style-type: none"> • Each mechanism of supply has its own 	<p>Before starting in post (by line manager and</p>

<p>Direct application / administration from stock Over labelled stock to take away Prescription to be dispensed within the a) hospital b) homecare service c) community pharmacy</p>	<p>legal requirements and constraints.</p> <ul style="list-style-type: none"> • A conversation with pharmacy colleagues will provide advice on the best mechanisms of supply for an individual circumstance. 	<p>potentially with clinical or uni-professional lead)</p>
<p>What format will the NMP's prescription be in and how will access to those prescribing systems / processes be given and maintained?</p> <ul style="list-style-type: none"> • HBP • GP10 • CoPPr • Kardex / HEPMA 	<ul style="list-style-type: none"> • Each route for prescribing has its own requirements for an individual to access and to follow when an individual with rights ceases to work for the organisation, moves roles or whose right to prescribe is rescinded. Appropriate access and removal is key to supporting clinical governance. 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p>
Clinical Governance		
<p>How will ongoing registration checks for professional registration and prescriber status be undertaken and by who?</p>	<ul style="list-style-type: none"> • Additional NMP registration needs to be part of the ongoing checks of professional registration status as part of public protection and organisational governance. • All NMPs need to be recorded on the NHSG NMP register(s) 	<p>Before starting in post by line manager</p> <p>Reviewed regularly when in post by line manager</p>
<p>Who is the identified post holder accountable for the individual's prescribing practice?</p>	<ul style="list-style-type: none"> • NHSG will require a hierarchy of accountability for the individual's practice • Likely this will be the line manager through to uni-professional clinical lead or if supervision is in a matrix arrangement 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p> <p>Reviewed when in post (by prescriber, line manager, clinical</p>

	<p>this could be done via the line manager e.g. Consultant on ward</p>	<p>supervisor and potentially clinical or uni-professional led)</p>
<p>Who will assure that clinical liability arrangements are in place? (NMP being in the JD will provide this)</p>	<ul style="list-style-type: none"> For managed service CNORIS will cover those services recognised and approved by NHSG where the scope of prescribing is accepted by NHSG 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p>
<p>Who will assess an individual's competence to prescriber AND how?</p> <ul style="list-style-type: none"> Initially On an ongoing basis <p>Audit and supervision tools contained in NMP policy. Also RCP framework can be used,</p>	<ul style="list-style-type: none"> NMP qualifications are undertaken within a specific c scope in which competence is generated and assessed as part of the academic award The assessment of competence on an ongoing basis is central to delivery of high quality prescribing Scope of practice will develop over time and so the associated demonstration of competence needs to move with that changing scope. This will need to be part of ongoing appraisal process once Independent Prescribing has been achieved? 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p> <p>Reviewed when in post (by prescriber, line manager, clinical supervisor and potentially clinical or uni-professional led)</p>
<p>How will clinical assessment and any prescribing decisions be recorded in the clinical record within the service setting and be communicated to the patient's General Practice for recording.</p>	<ul style="list-style-type: none"> The GP or inpatient medical records are the key record for medication history and requires to be maintained as such (see NMP policy for further detail) 	<p>Before starting in post (by line manager and potentially with clinical or uni-professional lead)</p>
<p>How will quality be demonstrated and assured?</p>	<ul style="list-style-type: none"> Oversight and feedback on prescribing in terms of formative feedback 	<p>Before starting in post (by line manager and potentially with clinical</p>

	<p>from someone with the clinical expertise to review the case for prescribing at an individual patient level.</p> <ul style="list-style-type: none"> • Feedback via data reports to identify any outlier prescribing practice for follow-up. • Inclusion of prescribing quality in annual review, objective and appraisal processes. 	<p>or uni-professional lead)</p> <p>Reviewed when in post (by prescriber, line manager, clinical supervisor and potentially clinical or uni-professional led)</p>
Corporate Governance		
<p>How will the individual's prescribing costs be resourced?</p>	<ul style="list-style-type: none"> • Prescriptions are akin to a chequebook allowing prescribers to order drugs and appliances with the costs being accrued to the organisation. • As such financial approval is required both for the service development within which the prescribing will take place AND for the coding of such prescribing that will enable an appropriate financial audit trail of prescribing to both the individual and the service. 	<p>Approval of the budget holder alongside assurance that appropriate finance expertise is aware of the arrangements and that any financial accounting is in place e.g. cross charging</p>

Appendix 4: Prescribing Audit Tool

This tool can be used to review six prescribing decisions or recommendations following a review of clinical notes. This process should follow a case-based discussion format with a peer reviewer and can be used to support your professional revalidation. If able to perform an electronic search of prescribed medications over a time period then review this information to ensure prescribing within scope of practice.

Please sign and date the declaration section when complete.

Name/Designation	
Date	
Peer Reviewer/Designation	

Name of medication prescribed, or decision not to prescribe, de-prescribe or a recommendation						
The Consultation						
1. Is there clear documentation of an appropriate clinical assessment						
2. Are evidence-based treatment options considered						
3. Is there evidence of shared decision making with patient/carer						

4. Is the medicine prescribed or recommended indicated for clinical condition and at correct dose and quantity*						
5. Is the medication in line with NHSG formulary						
6. If a decision to de-prescribe has been made, have appropriate guidelines been followed e.g., Polypharmacy Guidance Realistic Prescribing, 2018						
7. Is there an appropriate follow-up plan in place						

****If medication is an antibiotic ensure you apply the principles of antimicrobial stewardship in prescribing decisions which incorporates getting it 'right' for every patient-every time: Right Person, Right Drug, Right Dose, Right Route, Right Duration***

Prescribing Governance						
1. Is the medication prescribed or discussed within your scope of practice						

2. If prescribing/assessing remotely, have you undertaken appropriate identity checks and minimised risks associated with remote prescribing						
3. If the medication is unlicensed/ off label has this been discussed with patient/carer and is it supported by NHSG or national guidance						
4. If a medication is prescribed is this in a generic form						

Reflective Peer Discussion Comments

NMP Declaration: I can confirm that I have reviewed my prescribing practice and can provide assurance that I am prescribing within my agreed scope of practice confirmed by my approval to practice form. I am aware that false declaration could result in removal of my prescribing rights from the organisation and further investigation.

Print Name	
Signature	
Date	

Appendix 5: Independent Prescriber (IP) Supervision Recording Document

Name of IP:	
Membership Body:	
Level of IP:	
Supervisor:	
Supervisor title:	

Previously agreed actions

NMP Case Based Discussions (provide examples of medications prescribed, do not include patient identifiable information)

Ongoing NMP CPD

Any prescribing or prescription issues

Actions

Date of next supervision:

Supervisee Signature		Date
Supervisor Signature		Date

Appendix 6: NMP Letter Template

{Insert Date}

Dear ***{insert post holders name here}***

Upon verification of your successful completion of the Non-Medical Prescribing Course, and registration of such with your registered body, we will be adding a copy of this letter to be retained in your personal file to record this change in status.

As Non-Medical Prescriber you must act within the scope of your clinical competence. This requires participation in relevant continuing professional development and care assurance activities evidencing maintenance of prescribing competency. You must fulfil this non-medical prescribing role within the patient/client group relevant to your post and you must practice within the policies, procedures and guidelines of NHS Grampian and your registered professional body.

You should also be aware of the “[NHSG Staff Policy and Framework for non-medical prescribing](#)” which is available on the NHS Grampian Intranet.

For reasons of legal indemnity both the individual and organisation require written evidence that prescribing is part of their job role. This letter satisfies this obligation. Gold standard would be to have Non-Medical Prescribing included in an individual’s Job Description or Job Specification; this would also meet legal requirements. If a service wishes to update a job description to include non-medical prescribing they should obtain a copy of the existing Job Description, track the changes on this, in agreement with the relevant employee(s), and then request a job analyst to review the proposed changes via the gram.jobevaluation@nhs.scot email address.

Kind regards

{Insert line manager name and signature here}