**April 2019** 

**Annual approval to practice as an NMP**

In line with the trust NMP Policy, an NMP should not practice within their role at UHB (SH/BHH/GHH/community) without an annual appraisal of their practice.

For ongoing NMP registration, this form must be completed and submitted as part of your appraisal documentation

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| Full Name of proposed NMP (as appears on your payroll) |  | | | | | | | |  |  |  |
| Profession |  | | | Payroll number | |  | | | | |  |
| Professional Registration Number |  | | | Expiry Date | |  | | | | |  |
| Professional Registration Body |  | | |  | |  | | | | |  |
| Job Title |  | | |  | |  | | | | |  |
| Non Medical Prescribing Status | Independent Prescriber | | Yes / No | | Supplementary prescriber | | | Yes / No | | | |
| Directorate / Speciality |  | | Site of Practice (BHH, SH, GHH, Community) | | | | |  |  |  |  |
| Contact Details | Ext | Bleep | Email | | | | Mobile | | | | |

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| **Scope of Practice** | | |
| Description of the scope of your prescribing practice, to include your area of competence (including evidence of relevant diagnostic / assessment skills), clinical areas and any patient conditions that apply.  Supplementary prescribers should include the Clinical management plan templates they will be using | | |
|  | | |
| **Controlled Drugs (Only complete if controlled drug prescribing is necessary to your scope of practice)** | |  |
| Controlled drugs are not part of my prescribing scope of practice □ | |  |
| Request to prescribe Controlled Drugs (CDs) | |  |
| **Details of why CD prescribing is required for your practice including brief description of**   * **Types of patients** * **Reasons for using CDs** * **Inpatient/outpatients** |  | |
| **Details of range of controlled drugs that you may need to prescribe** |  | |
| **Do you have the relevant knowledge, skills and competency to prescribe controlled drugs? How have you demonstrated this?** |  | |
| **Are you competent in the legal prescribing of CDs?** |  | |

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| **Please answer yes to 1 relevant statement below regarding your NMP practice.** | |  |
| I am actively prescribing (have prescribed in the last 3 months) |  | |
| I actively use my prescribing skills in practice but have not prescribed in the trust in the last 3 months  If yes please give details of how you use your prescribing skills and how frequently you prescribe |  | |
| I am not actively prescribing or using my prescribing skills (within the last 12 months)  Please give details of why you are not using your NMP skills and the details of the time period. |  | |
| I am qualified as an NMP, registered with my professional body but not authorised to prescribe within the trust |  | |
| Do you have a certificate from Pharmacy confirming your trust NMP registration? |  | |

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| **Please answer the questions below.** | |  |
| How do you prescribe? | EP only □  EP and Paper prescriptions □  Paper prescriptions only □ | |
| How many NMP CPD hours have you undertaken in the last 12 months? |  | |

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| **To be completed with your line manager.** | |  |
| Is your prescribing role in your current job description? |  | |
| Was your prescribing practice included in your latest appraisal? |  | |
| Is it appropriate for you to remain on the Trust register? |  | |

This Form must be kept in your personal file along with your appraisal paperwork.

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| Date of completion: |  |
| NMP Signature: |  |
| Line Manager Signature: |  |