**Procedure for Registration of Non-Medical Prescribers**

|  |
| --- |
| **CONTROL RECORD** |
| **Reference Number**MOGG/140525/010 | **Version**  **8.1** | **Status****Ratified** | **Author**Lucia CallandSenior Pharmacist |
| **Sponsor**Chief Pharmacist |
| **Amendments** | **Updated to streamline the process for NMP registration.**  |
| **Purpose** | To provide a procedure for the registration of non-medical prescribers with the ICB |
| **Audience** | Non-Medical Prescribers and their employers, Medicines Optimisation Team |
| **Approving Body**  | Nottingham and Nottinghamshire Medicines Optimisation and Governance Group | **Date approved** | 14/05/2025 |
| **Date of issue**  | December 2023 updated May 2025 |
| **Review Date** | May 2026 |

|  |  |
| --- | --- |
| **Contents** | **Page** |
| Registration requirements and supporting information | 3 |
| Deregistration requirements | 4 |
| Non-Medical Prescriber Amendments | 4 |
| Appendix 1 – Sample signature form | 5 |
| Appendix 2 – Record of Destruction of Unused Non-Medical Prescriber Prescription Forms  | 6 |

**Registration Requirements**

* NMPs must register with the ICB so that their prescribing is allocated to the appropriate prescribing code by completing **both** forms listed below:
* NHSBSA form - <https://www.nhsbsa.nhs.uk/sicbls-icbs-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations>
* Appendix 1 – sample signature form (page 5)

**Both forms should be returned by email to the** **NMP Registration email address –** nnicb-nn.nmpregistration@nhs.net

**Supporting information**

* The NMP must have successfully completed an accredited non-medical prescribing programme and the Approved Education Institution has notified the relevant professional body.
* Their professional register has been annotated with their qualification (it is the responsibility of the prescriber to complete the formal processes for their own professional body including the payment of required fees).
* Prescribing of a non-registered NMP is assigned to the Lead GP and therefore will be difficult to monitor.
* All NMPs need to be linked to the practice code for each practice they work in. NMPs that are not directly employed by the practice for example PCN pharmacists requiring multiple practice registration will require email confirmation from the Practice Manager or GP Partner from each of the practices in order to be linked to the practice code.
* NMPs may be registered to multiple practices without the need for spurious codes as the prescribing is attributed using the NMP code and the practice code, spurious codes are only required for GPs.
* The Medicines Officer will inform the practice when the paperwork has been processed and sent to the NHSBSA.
* NHSBSA complete registration within three working days and do not notify the ICB when registration has been completed. You will be contacted by the Medicines Officer if the NHSBSA have any queries in relation to your request.
* **It is the NMP employer’s responsibility to have systems and processes in place to ensure NMPs are working within their competence.**

**Deregistration requirements**

1. Practices and the ICB have a responsibility to inform the NHSBSA of any NMP who leaves a practice. The appropriate form can be found at <https://www.nhsbsa.nhs.uk/sicbls-icbs-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations>
2. Failing to notify when NMPs leave may result in their prescribing at a new practice being assigned to the leaving practice code.
3. On termination of contract, it is the responsibility of the **NMP’s line manager** to inform the Medicines Optimisation Team (nnicb-nn.nmpregistration@nhs.net)
4. It is the responsibility of the NMP to hand deliver any remaining prescription pads to their line manager and complete a witnessed destruction form (see Appendix 2) when the prescriptions are shredded. The destruction form should be retained in the NMPs personnel file.

**Non-Medical Prescriber Amendments**

The Medicines Optimisation Team should be notified of any changes to the name of the prescriber, title, or qualification by completing the appropriate form which can be found at NHSBSA form - <https://www.nhsbsa.nhs.uk/sicbls-icbs-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations>

Please send the completed form to the NMP Registration email address **–**nnicb-nn.nmpregistration@nhs.net

**Appendix 1 – Sample signature form**

|  |  |
| --- | --- |
| Name (as it appears on the professional register):  |   |
| PROFESSIONAL GROUP |  |
| JOB ROLE |  |
| DATE OF QUALIFICATION |  |
| Regulatory body registration number  |  |
| Work email address |  |
| Work Base:  |  |

* I agree to prescribe according to current legislation within my own competence and expertise and to comply with approved NICE guidance, appropriate APC guidance and local policies and formularies relating to medicines.
* I confirm that I have read the Counter Fraud Authority’s Management and Control of Prescription Forms [here](https://www.cpsc.org.uk/application/files/3115/2579/6094/Management_and_control_of_prescription_forms_2018.03.pdf)
* I understand any FP10 pads issued to me must be managed securely and returned to my line manager as/when I leave my post.

Date: ……………………………….

Name of prescriber (print): …………………………………………….

Signature of prescriber: ………………………………………………..

Practice Manager/GP/Superintendent Pharmacist/Appropriate IHCP manager:

I verify that the above information is accurate

Name: (print) ……………………………………………………….

Job title: ……………………………………………………….

Name of Practice/Service ..........................................................

Signature: …………………………………………………………

Date: …………………………..………

**Appendix 2 - Record of Destruction of Unused Non- Medical Prescriber** **Prescription Forms**

**(To be retained and kept in Non-Medical prescriber’s file)**

Name:

Designation:

I confirm that I have shredded the following unused prescription forms.

Number of Prescription Forms:

Serial Number of Prescription Forms (first and last number) ………………….

………………………………………….

Signature of Staff Member:

Date:

Signature of Manager Witness:

Date:

Copy to be retained in Personal File