

Reflective Practice Template:

Non-medical prescriber review of Quarterly Prescribing Form

Non-medical prescriber (Print name):	Date of review:
Supervisor (print name):	
Date/quarter of prescribing data:	
Review of all medication other than controlled drugs	
<p>Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your agreed scope of practice, for example, change in scope of practice if competency agreed by clinical supervisor/DPP, further training before competency agreed. Or explain what action will be taken to ensure no future prescribing.</p>	
Review of branded, non-formulary/‘Do Not prescribe’ (BLACK)/RED formulary items	
<p>Have any branded, non-formulary, BLACK or formulary RED items been prescribed? Yes / No</p> <p>Is there a valid reason for prescribing branded, non-formulary items, BLACK formulary items? Yes / No</p> <p>If ‘No’ please state what action will be taken to ensure no future prescribing of such items.</p>	
<p>What actions will you take to ensure no future prescribing of formulary RED items?</p>	

Review of AMBER / AMBER SHARED CARE drugs

Have any Amber / Amber shared care drugs been prescribed? **Yes / No**

Where **Amber shared care drugs** have been prescribed:

- 1) Was there a shared care agreement/guideline in place and recorded in the patient notes?
Yes / No
- 2) Was all monitoring up to date and in line with the relevant shared care agreement/guideline? **Yes / No**

Reflect on your prescribing of amber shared care drugs and on your competency to exercise your share of clinical responsibility. Consider the following points:

- a. Are you keeping yourself informed about the shared care medicine(s) that were prescribed?
- b. Are you able to recognise the serious and frequently occurring adverse side effects?
- c. Are you making sure appropriate clinical monitoring arrangements are in place and that the patient understands them?
- d. Are you keeping up to date with relevant guidance on the use of the shared care medicine(s) and on the management of the patient's condition?
- e. Have you read and understood the contents/requirements in the relevant shared care protocol/guidance?

Please note down any additional learning / continuing professional development (CPD) that you will undertake following your reflection:

Review of controlled drugs

Do you hold the right to legally prescribe controlled drugs? **Yes / No**

Have you prescribed controlled drugs? **Yes / No**

Morphine Equivalent Daily Dose (MEDD)

1. Have you prescribed opioids where the MEDD is greater than 120mg? **Yes / No**
2. Are you aware of the national guidance and local guidance around high dose opioids in chronic pain? **Yes / No**
National guidance: [Opioids Aware | Faculty of Pain Medicine \(fpm.ac.uk\)](http://opioids-aware.org)
Local guidance: Lancashire and South Cumbria have a [position statement](#)
3. Where MEDD exceeds 120mg, have clinical management plans been put in place, and are these patients being followed up/reviewed and dose reduction considered? **Yes / No**
 If 'No' explain why not and what is being done to mitigate risk to patients:

Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your scope of practice, for example change in scope of practice if competency agreed by clinical supervisor/DPP, further training before competency agreed. Or explain what action will be taken to ensure no future prescribing.

I will commit to keeping up to date in the clinical areas of my practice through regular CPD and reflective practice.

(Please tick)

Signature of non-medical prescriber:

Signature of clinical supervisor/DPP:

Please ensure this completed form and, where applicable, an updated annual declaration/scope of practice form is emailed to:

- MLCSU: MLCSU.nmpregister@nhs.net
- and ICB NMP Lead: iscib-el.nonmedicalprescribingenquiries@nhs.net.