

Report Title:	Proposed Sussex Non-Medical Prescribing/Independent Prescribing and Designated Prescribing Practitioner- NMP/IP/DPP Organisational Lead role profile
Key question:	The key question to be considered and answered from this proposal how can standardisation across organisations and high level of influential status be assured for this role? How can it be ensured that all organisations with an NMP/IP and DPP workforce have the leadership offered, that is embodied by this role?
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Key priorities for the role	
<p>Four key priorities are:</p> <ol style="list-style-type: none"> 1. Standardised organisational recognition of the role and the management of risk and responsibility held by the postholder/s, layered with the ever-expanding complexity of the role, that links in with a multi professional landscape and legal prescribing framework. 2. Standardisation of minimum expectations and seniority of the role, with the appropriate level of power of influencing senior leadership or board decisions- where appropriate- in an organisation. 3. Appropriate time allocation for the role, a proposal of sliding scale ratio, time versus scale of organisation and numbers on non-medical or multi- professional prescribers- as a minimum expectation. 4. Ensure a sustainable and proactive increase in supervision capacity of the organisation and lead improvements to improve the non-medical prescribing landscape of the system. 	
Job statement	
<ul style="list-style-type: none"> • Responsible for overall governance of non-medical prescribers e.g., multidisciplinary workforce, to ensure the safety of non-medical prescribing workforce and escalate risks and issues to the relevant executive / equivalent. • Responsible for striving to increase supervision capacity around prescribing. • Responsible for policy, multidisciplinary workforce transformation. • Experienced in supporting non-medical prescribers' trainees and non-medical prescribers (mentoring DPPs) • Able to prescribe within competency boundaries/ scope of practice. • Role reports to a board member / equivalent. 	

- Establish and maintain effective work relationships with key stakeholders including health and care provider organisations; Higher Education Institutions; NHS England; Governing and Professional Bodies

Factor	Relevant Job Information	JE Level
1. Communication & Relationship Skills	<p>Provide and receive highly complex, sensitive or contentious information; barriers to understanding; agreement or co-operation required; present complex, sensitive or contentious information to large groups.</p> <p>Communicates multidisciplinary workforce transformation related information, including risks to patients/clients to very senior managers, staff, external agencies require negotiating, persuasive, motivational, reassurance skills; gives formal presentations.</p>	5 a/b
2. Knowledge, Training & Experience	<p>Specialist knowledge across range of procedures underpinned by theory.</p> <p>Professional clinical knowledge acquired through degree supplemented by diploma level specialist management training and/or experience to master's level equivalent.</p>	7
3. Analytical & Judgemental Skills	<p>Highly complex facts or situations requiring analysis, interpretation comparison of a range of options.</p> <p>Develop reports for different audiences. Giving options and making recommendations where appropriate. Analyses service transformation, and workforce issues and data. Reconciles professional differences of opinion.</p>	5
4. Planning & Organisational Skills	<p>Plan and organise broad range of complex activities; formulates, adjusts plans or strategies.</p> <p>Plans specialist education and training provision.</p>	4

	Contribute to development of new models of care incorporating the principles within defined national strategies and initiatives.	
5. Physical Skills	<p>Physical skills obtained through practice; Developed physical skills; advanced keyboard use; Highly developed physical skills, accuracy important; manipulation of fine tools materials.</p> <p>Driving, keyboard skills/ skills needing accuracy and/or speed required for professional practice.</p>	2-3 a/b
6. Responsibility for Patient/Client Care	<p>Accountable for the clinical governance of a specialist multidisciplinary workforce.</p> <p>Accountable for this workforce within organisation / geographical area / network.</p>	7-8
7. Responsibility for Policy/Service Development	<p>Responsible for policy implementation & development for a service.</p> <p>Responsible for proposing and implementing policies for specialist skilled multidisciplinary workforce throughout the organisation / geographical area / network.</p>	4
8. Responsibility for Financial & Physical Resources	<p>Budget holder for multi-professional workforce, procurement of education and training.</p> <p>Holds budget, monitoring, control for specialist workforce. Procurement of education and training. Identifies and manages new funding streams.</p>	4 a-c
9. Responsibility for Human Resources	<p>Major job responsibility – management of a teaching / training and development programme.</p> <p>Provides specialist expertise to develops education programmes for a multi-professional specialist workforce.</p>	3c-4b

10. Responsibility for Information Resources	Records personally generated information. Maintains records research results. Use of systems e.g., programme management.	1
11. Responsibility for Research & Development	R&D activities as major job requirement/co-ordinate, implement R&D activity as job requirement/initiate, develop R&D activities. Conducts research in specialist area/member of audit, research steering group.	3-5
12. Freedom to Act	General policies, need to establish interpretation. Responsible for establishing how national/regional/system policies should be interpreted.	5
13. Physical Effort	Frequent light effort for short periods. Occasional moderate effort for several short periods. Effort required for carrying out clinical/ technical duties.	2-3
14. Mental Effort	Frequent concentration, work pattern unpredictable. Concentration for e.g., analysis, writing reports, meetings, interruptions to deal with workforce service transformation issues.	3a
15. Emotional Effort	Occasional distressing / highly distressing or emotional circumstances. Providing professional emotional support. Breaking unwelcome news to others.	2-3b
16. Working Conditions	Occasional unpleasant conditions. Long periods of concentration i.e., hours. Use of	2

	PC/VDU.	
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1. Key risks and issues

The table below outlines the high-level risks or issues if this role does not exist.

Risk or issue	Mitigation	Risk score
Issue. Lack of standardisation, and parity across Sussex for the person responsible for developing, supporting and providing clinical oversight for this highly specialist multiprofessional workforce.	Agree standardised responsibilities / role profile for the role, and minimum safe level ratio which acknowledges sphere of responsibility and accountability for this growing highly specialist workforce. E.g., WTE of Non-Medical Prescribing Lead: WTE non-medical prescribers	16
Risk to patient safety without governance structure for escalating risks and issues concerning prescribing.	Dedicated Non-Medical Prescribing Lead to support this specialist multiprofessional workforce to manage risks and issues and escalate where necessary. And establish clinical governance frameworks.	16
Risk to XXX safe and effective supervisors.		

Potential Impact to the workforce	Likelihood of threat to the workforce				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Negligible	1	2	3	4	5
2 Minor	1	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Catastrophic	5	10	15	20	25

Low risk	Normal risks which can be managed by routine procedures.
Moderate risk	Responsibility for assessment and action-planning allocated to a named individual.

High risk

Immediate action required by a member of the executive team.