**Non-medical prescribing Peer review form**

The peer review is a supportive process, providing prescribers with an opportunity to reflect upon their practice and provide assurance of their prescribing expertise.

Non-medical prescribers (NMPs) are required to undertake peer review **yearly** and give a copy of this completed form to their local NMP Lead and to their Line Manager at yearly appraisal. It is recommended that prescriber keeps the form as part of their professional portfolio for revalidation.

NMPs must seek **peer review of 2 cases** of their prescribing activity.

* The reviewer must be appropriate to the level of the prescriber (e.g. an independent prescriber must be assessed by another experienced independent/medical prescriber in the same clinical field, a community nurse prescriber must be assessed by an experienced community prescriber or independent prescriber in the same clinical field)
* The peer reviewer should randomly select 2 cases from the prescriber’s activity to discuss and assess with the prescriber against the criteria below, and sign in the appropriate box
* If the peer reviewer is not satisfied that the criteria have been met, they must discuss with the prescriber and advise that the non-medical prescribing lead will be informed so that support can be provided to achieve the criteria

**Name of Prescriber: Type of Prescriber: Independent/Community Name of Assessor**

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| --- | --- | --- | --- |
| **Criteria Case 1** | **Yes**  Signature of peer reviewer | **No**  Signature of peer reviewer | Comment/Action |
| Documentation is consistent with professional standards and Trust guidance |  |  |  |
| Patient presenting complaint clearly documented |  |  |  |
| Medical history, medication history, including allergies and intolerances, tobacco, alcohol noted |  |  |  |
| Appropriate clinical assessment documented, signs and symptoms documented |  |  |  |
| Accesses and interprets available and relevant patient records, to ensure knowledge of patient management to date |  |  |  |
| Requests and interprets relevant investigations to inform treatment options. |  |  |  |
| Correct diagnosis formulated from the above criteria and documented |  |  |  |
| Refers or seeks guidance from appropriate member of the team if needed |  |  | State here if not applicable for this criterion: |
| Medication prescribed is appropriate for the condition, correct dose, route, frequency |  |  |  |
| Follow-up/patient education to assess efficacy of treatment/when or whom to contact if concerned is documented |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria Case 2** | **Yes**  Signature of peer reviewer | **No** Signature of peer reviewer | Comment/Action |
| Documentation is consistent with professional standards and Trust guidance |  |  |  |
| Patient presenting complaint clearly documented |  |  |  |
| Medical history, medication history, including allergies and intolerances, tobacco, alcohol noted |  |  |  |
| Appropriate clinical assessment documented, signs and symptoms documented |  |  |  |
| Accesses and interprets available and relevant patient records, to ensure knowledge of patient management to date |  |  |  |
| Requests and interprets relevant investigations to inform treatment options. |  |  |  |
| Correct diagnosis formulated from the above criteria |  |  |  |
| Refers or seeks guidance from appropriate member of the team if needed |  |  | State here if not applicable for this criterion: |
| Medication prescribed is appropriate for the condition, correct dose, route, frequency |  |  |  |
| Follow-up/patient education to assess efficacy of treatment/when or whom to contact if concerned is documented |  |  |  |