Title:

Authorisation of Blood Components by Non-Medical Authorisers Policy

Date effective from:	July 2025	**Review date:**	July 2028
Approved by:	NHS Lothian Policy Approval Group		
Approval Date:	10 December 2024		
Author/s:	NHS Lothian Transfusion Committee subgroup NHS Lothian Lead Nurse for Advancing Roles and Non-Medical Prescribing *Policy adapted from national NHSScotland template written by SNBTS Non-Medical Authorisation Group*		
Policy Owner:	NHS Lothian Transfusion Committee		
Executive Lead:	NHS Lothian Executive Nurse Director		
Target Audience:	Practicing non-medical authorisers (previous title nurse blood authorisers); registered nurses and midwives; clinical nurse and midwifery managers; associate nurse and midwifery directors; clinical directors and associate medical directors; practice supervisors and assessors; physician associate clinical leads		
Supersedes:	New policy		
Keywords (min. 5):	Blood component; authorisation; requesting; red blood cells; fresh frozen plasma; platelets; cryoprecipitate; transfusion; blood		

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Version Control

Date	Author	Version/Page	Reason for change
Sept 2023 – Nov 2024	Lothian Transfusion Committee subgroup and NHS Lothian Lead Nurse for Advancing Roles and Non-Medical Prescribing	v0.1-0.9	New policy under development, based on new national (SNBTS) template
Dec 2024	Lothian Transfusion Committee subgroup and NHS Lothian Lead Nurse for Advancing Roles and Non-Medical Prescribing	v1.0	Approved by the Policy Approval Group

Executive Summary

Authorisation of blood components includes making the clinical decision to transfuse a blood component and providing the written (or otherwise documented) instruction to administer a blood component to a recipient in line with local and national policy and guidelines.

In 2022 a revised framework to support the authorisation of blood components by non-medical healthcare professionals in the UK was published: Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org) This revision of the original framework (Green J and Pirie E (2009) *A Framework to Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion*) reflects the expansion of staff groups for whom authorising blood components has an acknowledged benefit for their professional role and for the patient experience.

This NHS Lothian policy is based on a national SNBTS template reflecting the guidance provided in the UK framework. The policy is limited to the authorisation of blood components and excludes prescribing of medicines, including blood products (as distinct from blood components).

The policy describes the roles and responsibilities of experienced registered and regulated healthcare professionals who need to extend their role to authorise blood component transfusion. This may potentially include, but is not limited to, nurses, midwives and (upon becoming a role registered with the General Medical Council) physician associates. The policy

is also designed to inform and support clinical services, managers, practice supervisors and assessors. The associated governance structure in NHS Lothian, designed to ensure safe blood component authorisation practice, is defined.

Overall, this policy supports development in line with service need where patient care is improved, without compromising patient safety. It also recognises the importance of multidisciplinary contribution and collaboration to the development of this advanced role.

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NHS Lothian

Contents

1.0 Purpose

The primary purpose of this policy is to improve the delivery of care to patients receiving blood transfusions. It is intended to provide robust guidance to help ensure that registered Health Care Professionals (HCPs) who undertake non-medical authorisation of blood components, practice safely.

Authorisation of blood components by non-medical professionals supports a multidisciplinary approach to patient care. In NHS Lothian this role will largely be undertaken by healthcare professionals working in advanced / specialist roles or nurse practitioners. However, this may also be a valuable development in relevant settings where those in suitable roles can evidence appropriate clinical competency and where authorisation of blood components would support service delivery and patient-centred care.

This policy has been developed in response to the changing needs of the service, clinical practice, and the drive to improve delivery of care while preventing delays for those requiring blood transfusion. This policy establishes the criteria and the assessment framework required for the safe authorisation of blood components by HCPs.

The template for this policy has been developed by the Scottish National Blood Transfusion Service Transfusion Team (SNBTS TT) using a “Once for Scotland” approach. By using a “Once for Scotland” approach the SNBTS TT aim to standardise practice across Scotland and reduce unnecessary duplication.

2.0 Policy statement

Non-Medical Authorisation (NMA) of blood components was first introduced in 2009 in response to the amendment of the 1968 Medicines Act (by regulation 25 of the Blood Safety and Quality Regulations (BSQR) 2005 (SI 2005 no. 50)) which excluded blood components from the legal definition of a medicine. The term “authorisation” is used rather than “prescription” because blood components are excluded from the Medicines Act and therefore cannot, legally, be “prescribed”.

Blood components covered by the Blood Safety and Quality Regulations (BSQR) (2005) amendment 25 (SI 2005 no. 50) are whole blood, red cells, fresh frozen plasma, platelets, cryoprecipitate, and granulocytes (white cells).

In 2009, Pirie and Green published a governance framework to “Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion”, which led to the initial development of Nurse and Midwife Authorisation of Blood Components.

Registered nurses in appropriate settings, following a formal course of education and development (as defined in the 2009 Pirie and Green framework), have practiced as Nurse Blood Authorisers (previous terminology) in NHS Lothian since 2009. Associated governance structures to support this practice have, to date, included provision in the NHS Lothian Blood Transfusion Policy and formal approval arrangements with associate nurse directors in relevant departments.

In 2022, the United Kingdom and Ireland Blood Transfusion Network (UK&IBTN) published "Clinical Decision-Making and Authorising Blood Component Transfusion: A Framework to Support Non-Medical Healthcare Professionals", to replace Pirie and Green's framework (2009), due to the changing needs of patients and the further extension of HCP roles.

A major development described in the 2022 framework was the inclusion of other registered HCPs, moving away from specifically requiring Nursing and Midwifery Council (NMC) registration to become authorisers of blood and blood components. Any member of a "registered and regulated" professional body, that can demonstrate a clinical need, can become an authoriser of blood and blood components with the correct training, clinical supervision and clinical assessment. This might include, but is not exhaustive of, HCPs such as operating department practitioners (ODPs) and paramedics who are on the HCPC register or, in future (once a GMC regulated role), physician and anaesthetic associates.

The use of whole blood is currently restricted to trial use in some trauma centres, and granulocytes are authorised very infrequently (approximately 6 patients per year across Scotland), and thus not expected to represent clinical requirement for NMA authorisation. Thus, SNBTS have taken the view to exclude both whole blood and granulocytes from the Non-Medical Authorisation of Blood Components course they provide. Therefore, if NHS Lothian wishes a NMA to authorise these components then it will be the responsibility of NHS Lothian to provide appropriate additional training, governance, support, and guidance on those components.

In NHS Lothian, where there is a clinical need, the NMA is proficient, and working within their own scope of practice they are permitted to authorise the following blood components: red blood cells, fresh frozen plasma, platelets, and cryoprecipitate.

3.0 Scope

This policy is applicable to appropriately trained registered HCPs working within NHS Lothian, who wish to develop their role to include making the clinical decision to transfuse and the authorisation of blood components. The policy is also applicable to registered practitioners who work alongside HCPs who are developing or practicing as NMAs, their line managers and the clinical and service leads who employ them. Undergraduate students are outwith the scope of this policy.

4.0 Definitions

Authorisation of blood components includes making the clinical decision for blood component transfusion and providing the written (or otherwise documented) instruction to administer blood components to a recipient.

Blood components include whole blood, red blood cells, platelets, fresh-frozen plasma, cryoprecipitate, and granulocytes. Please note whole blood and granulocytes are NOT included in the scope of this policy.

Blood products (NOT included in the scope of this policy) are therapeutic products derived from human whole blood or plasma donations. Examples include anti-D immunoglobulin, prothrombin complex concentrate (e.g. Beriplex or Prothromplex).

Clinical lead (for the purposes of this policy) is the person who has clinical leadership responsibility for the department where the NMA will be working and is professionally aligned to the prospective NMA i.e. clinical nurse manager, clinical midwifery manager, clinical director.

5.0 Implementation roles and responsibilities

5.1 Developing non-medical blood component authorisation practice

5.1.1 Governance

A fundamental principle of consent in transfusion is that "the patient remains at the centre of all decisions taken", and this overarching principle should be applied to all aspects of governance in blood transfusion.

The NHS Lothian Transfusion Committee (LTC) will maintain a register of HCPs who have completed the SNBTS Non-Medical Authoriser Education Programme and successfully been approved as non-medical authorisers of blood components. This register is a password protected and 'read only' document and is located on the NHS Lothian intranet blood transfusion Lothian Transfusion Committee page. The register is identified as an NHS Lothian Information Asset and has been registered as such IG- Information Asset Register. The register will be reviewed on an annual basis, in line with the standard Information Asset review schedule.

It is the responsibility of the HCP to notify the LTC if they are no longer undertaking the role of non-medical authoriser within NHS Lothian. If the HCP changes their area of clinical practice they must also advise the LTC to ensure records are kept up to date.

A summary of the NHS Lothian process for the approval and preparation of new non-medical authorisers, and maintenance of the NHS Lothian Non-Medical Authoriser Competency Register, are found here.

5.1.2 Clinical Governance

It is acknowledged that, for this role development to be successful, a high level of consultant support will be required. It is essential that all key stakeholders are involved in decision making regarding this role development and that the focus of the development is about improving patient care. National and local policies along with governance processes must be followed to ensure staff and patient safety is aligned to service provision. Clinical governance procedures and risk management strategies must be in place to ensure that:

- The patient is at the centre of all decisions relating to their care
- Practice is aligned to all relevant local policies
- Planning, development, and implementation of change only happens in collaboration with the multi-disciplinary team, senior management, and appropriate NHS Lothian directors
- There is an agreed local need for this development and ongoing competence
- There is a robust process, including clearly identified practice development, for HCPs wishing to undertake this role

- There is clarity of accountability for individuals and clinical teams for all aspects of service and clinical delivery, and this accountability is identified in each HCP's scope of practice in relation to this role. Individual services may wish to define, in a local protocol, clinical circumstances where authorisation of blood components by an NMA is appropriate, for example describing inclusion and exclusion criteria in terms of age, indication, etc.
- There is a register of HCPs undertaking this role within NHS Lothian and this register is reviewed on a regular basis to confirm continuing practice in this role. Arrangements are in place within the organisation for assessment of practice, monitoring and continuing professional development for all HCPs undertaking this role. The transfusion practitioners can assist with maintaining the register
- The HCP's annual appraisal includes confirmation of continuing competency
- If an HCP moves to a new role, continuation of their blood authorisation practice must be risk-assessed, additional training and assessment of competence undertaken if identified as necessary, and a new scope of practice agreed
- If an HCP who is an established non-medical authoriser joins NHS Lothian from another organisation, they will need to refrain from authorising blood components until the continuation of their authorisation practice is risk-assessed, any learning needs identified, additional training and assessment of competence undertaken if identified as necessary, and their scope of practice agreed. The HCP will be expected to share their NMA portfolio and/or proof of training with their clinical lead. The HCP will be required to familiarise themselves with the governance requirements of this role in NHS Lothian, as outlined in this policy, including the requirement to keep a portfolio, undertake an annual review of practice and ensure they are added to the NHS Lothian NMA Competency Register (once competence confirmed)
- A system is in place within the organisation to ensure timely incident and near miss reporting and investigation, including trend analysis. All near miss events, adverse incidents, and reactions (with the exception of mild simple febrile reactions or mild simple allergic reactions involving rash/itch only that have resolved swiftly following appropriate treatment) associated with blood transfusion must be reported in Datix (selecting the 'transfusion' category) in a timely fashion. This ensures that all such reports are reviewed by the relevant hospital transfusion team and, where appropriate, reported to the Lothian Transfusion Committee. Any trends of concern will be escalated to the NHS Lothian Clinical Management Team via this route. The transfusion teams take responsibly for reporting all relevant events and reactions to the Serious Hazards of Transfusion (SHOT) haemovigilance scheme and/or the Medicines and Healthcare products Regulatory Agency (MHRA)

5.1.3 Management responsibilities

Management responsibilities for the implementation and maintenance of a NMA programme:

- Ensure a partnership approach involving key stakeholders is used when developing a proposal for the introduction of NMA in a considered clinical area

- Assist with identifying the financial and human resources required to support full implementation and continuing practice
- Agree who will undertake supervision of practice and the practice assessor role in collaboration with the HCP and LTC, and ensure they are suitably qualified to do so
- Confirm indemnity arrangements and regulatory frameworks
- Ensure that robust risk assessments are undertaken to maintain patient safety
- Ensure the HCP undertakes and completes the education and training required
- Support the HCP to work within agreed role boundaries as per the agreed scope of practice
- Amend the individual's job description to reflect the role change if necessary
- Ensure the professional clinical lead has agreed for the HCP to attend the required formal Non-Medical Authorisation Education Programme
- Establish appropriate clinical governance processes and ensure these are adhered to
- Support and advise the HCP on strategies for evaluation of role development
- Carry out regular performance and competency review with the HCP to verify knowledge and competence, linked to annual appraisal and a personal development plan
- In conjunction with relevant clinical lead, ensure completion of the NHS Lothian Checklist for Implementation of Non-Medical Authorisation and Approval of new Non-Medical Authorisers
- Further NHS Lothian information regarding non-medical authorisation (including details regarding the SNBTS non-medical authorisation course) can be found here Blood Transfusion Education and Training

5.1.4 Clinical Lead Responsibilities

See section 4 above for definition of 'Clinical lead' (for the purposes of this policy).

The responsibilities of the clinical lead in introducing and continuing this role development in their clinical area are to:

- Work in partnership to identify a suitable patient group or clinical setting for this role development
- Work in partnership to develop a proposal for service change
- Work in partnership to develop a local procedure which reflects the requirements of the field of practice
- Agree to support, and take responsibility for, the provision of a suitable clinical assessor, including a minimal two-yearly competency assessment of the NMA in blood component authorisation
- Support and advise the HCP on strategies for evaluation of blood transfusion practice, focusing on appropriate and safe use of blood

- In conjunction with the relevant ward/clinical area manager, ensure completion of the NHS Lothian Checklist for Implementation of Non-Medical Authorisation and Approval of new Non-Medical Authorisers

Further NHS Lothian information regarding non-medical authorisation (including details regarding the SNBTS non-medical authorisation course) can be found here Blood Transfusion Education and Training

5.1.5 Recording of Training and Competency

A supervisory learning log and portfolio of evidence is required to provide a structured record of the HCP's learning requirements, training, reflective practice, case-based discussions, and assessment of practice.

The HCP should undertake a period of supervision that is sufficient to enable them to achieve competence prior to final sign off by their practice assessor. The timescale for this period of supervision will vary depending on role, clinical setting and opportunity but must be complete within six months of completing the NMA course.

The transfusion practitioners will be provided with a record of NHS Lothian staff who have enrolled on and completed the SNBTS Non-Medical Authorisation Education Programme. The HCP's name will be added to the NHS Lothian register, pending receipt of competency assessment confirmation. The LTC will contact the HCP if confirmation of competency has not been received within six months of completing the course.

The HCP should undertake further assessment of their competence at least every two years following initial achievement of competence.

The portfolio provided by SNBTS as part of the NMA course that they offer can be used as the record of training, initial and ongoing competency assessment.

The portfolio should be reviewed at least yearly as part of the HCP's annual appraisal.

Once final sign off by the clinical assessor is complete, the NHS Lothian Individual NMA Sign-Off Record must be completed by the new NMA, their clinical lead, ward manager and clinical assessor. It is important to note that this document is distinct, and additional to, the certificate of competence in the NMA's portfolio*. The NMA is responsible for submitting the NHS Lothian Individual NMA Sign-Off Record to the chair of the NHS Lothian Transfusion Committee. Once received, the chair of the NHS Lothian Transfusion Committee is responsible for completing the final section of the NHS Lothian Individual NMA Sign-Off Record, adding the NMA's details to the NHS Lothian NMA Competency Register Lothian Transfusion Committee and returning a copy of the completed NHS Lothian Individual NMA Sign-Off Record to the NMA for their records.

* **PLEASE NOTE:** there are sections in both the NMA's certificate of competence (provided in the NMA portfolio) and also in the NHS Lothian Individual NMA Sign-Off Record which provide for final approval sign-off by the Hospital Transfusion Committee (HTC) chair. The NHS Lothian Individual NMA Sign-Off Record **alone** will be used for HTC sign-off (i.e. there is no requirement to also send the completed NMA certificate of competence (portfolio) to the HTC chair for sign off). Once the completed NHS Lothian Individual NMA Sign-Off Record, including HTC chair

sign-off, has been received back by the NMA, it is important that this is retained along with the completed certificate of competence in the NMA's records.

5.2 Selection Criteria and Training Requirement

The clinical area management team, in conjunction with the senior management team, is responsible for ensuring that any service change will be in the best interest of the patients being cared for in the clinical area.

Any HCP requesting to complete the training and become an authoriser of blood components should seek agreement from their line manager in the first instance. This is to ensure the individual has the right skills, knowledge, and experience to practice.

The clinical team needs to consider which patient groups are suitable and under which circumstances blood component transfusion can be authorised by non-medical authorisers following discussion with the consultant responsible overall for the patient's care.

The NMA framework Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org) (2022) details the person specification staff must meet prior to being considered for a NMA course.

Each of the following criteria must be met by a HCP wishing to undertake the role of NMA:

- Be a HCP who meets the professional standards of their governing body
- Have been registered with their professional body for a minimum of one year prior to the commencement of preparation to become a NMA
- Have the support of their line manager, have confirmed approval for funding, and have approval of the clinical lead and organisation, based on an identified clinical need and service need to improve patient care
- Provide evidence of an appropriate level of knowledge, clinical assessment and decision-making skills and expertise in a relevant clinical specialty. Manage a caseload of patients, or work as part of a clinical team optimising the care of patients who may require a transfusion
- Have a clinical assessor who agrees to undertake this role and has been approved by the relevant speciality clinical lead, meets the required criteria for a clinical assessor and has been approved by the chair of the NHS Lothian Transfusion Committee (LTC) – see section 5.3 for detail
- Have attended and completed all modules of a NMA course aligned to the UK+IBTN framework

The framework also specifies that staff must undertake a personal development needs analysis and have completed the following Learn Blood Transfusion (LBT) eLearning modules (or equivalent):

- Safe Transfusion Practice
- Blood Components and Indications for Use

In addition, SNBTS stipulates that staff should, prior to attendance on the NMA course, have also completed the following LBT eLearning modules:

- Acute Transfusion Reactions
- Consent for Transfusion

5.3 Clinical Assessor Selection

NB In NHS Lothian and in this policy the term 'clinical assessor' will be used in lieu of 'mentor' (in the SNBTS NMA course and UK framework the term 'mentor' is used).

Clinical supervision and assessment is necessary to ensure the HCP feels supported to complete sufficient learning and a period of supervised practice. This will ensure the required standards to practice as a non-medical authoriser are met. Clinical support is identified as a pre-requisite to successful clinical learning (Pop 2017). Clinical assessors must be willing to commit and have the capacity to undertake the required supervision and support.

The assigned clinical assessor must be an experienced doctor of consultant or speciality grade or equivalent, or existing non-medical authoriser, from within the same speciality, who has the capacity to supervise the HCP until competency has been achieved. They must have an active and regular role in blood transfusion within their speciality area.

Clinical assessor responsibilities:

- Must be approved by the relevant specialty clinical lead
- Must be approved by the chair of the NHS Lothian Transfusion Committee: this is done by emailing the Committee chair – contact details are found here Lothian Transfusion Committee (scot.nhs.uk)
- Must maintain their own transfusion training and be familiar with NHS Lothian transfusion policy, procedures, and guidelines
- Have the capacity/time to dedicate to supervising the HCP until completion of training and competency is confirmed/ratified
- Must make a commitment to provide ongoing supervision and support
- Proceed with clinical supervision and assessment only of those HCPs who meet the criteria of this NMA policy and are undertaking a recognised NMA course (the transfusion practitioners will receive confirmation of NMA course completion from the SNBTS NMA Education Programme administrative team and this information will be added to the NHS Lothian NMA Competency Register)
- Observe the HCP making the clinical decision to transfuse blood components in clinical practice
- Assess and record the competence of the HCP in relation to authorisation of blood components
- Provide opportunities for the HCP to carry out consultations and suggest clinical management options which can then be discussed
- Allow in-depth discussion and analysis of clinical management using real cases from practice to enable decision-making behaviour to be fully examined
- Facilitate learning by encouraging critical thinking and reflection with the use of the HCP's professional portfolio or learning log

- Complete the NMA competency framework document as the HCP successfully completes each section in the HCP's portfolio of practice (a SNBTS Non-Medical Authorisation of Blood Components Portfolio of Practice is provided to the HCP upon commencement of the SNBTS NMA course)
- Continue to supervise and assess the HCP, including undertaking case reviews, and provide support for the maintenance of ongoing competency or to hand over to another clinical assessor who fulfils the criteria
- Report onwards any concern regarding patient safety or HCP capability or competency

Ensure updates or changes in transfusion practice in the organisation are shared with the HCP.

Support sessions and drop-in sessions for clinical assessors are offered by SNBTS as part of the NMA Education Programme.

Further NHS Lothian information regarding non-medical authorisation (including details regarding the SNBTS non-medical authorisation course) can be found here: Blood Transfusion Education and Training

5.4 Delivering the Service to the Patient

5.4.1 Patient Selection

The criteria by which a NMA can authorise transfusions should be pre-determined and agreed using appropriate governance procedures. This may vary between patient groups due to clinical need.

The decision to transfuse should be guided by an assessment of risk versus benefit with consideration of alternative treatments (see NICE NG24 algorithm-pdf-2178655021). It is expected that NMAs will only authorise blood components within their own clinical area and will act within their scope of practice at all times.

5.4.2 Consent for Transfusion

Valid consent must be obtained for blood component transfusion in accordance with NHS Lothian policy and national guidance including the principles laid out in "Realistic Medicine". The HCP must ensure that, whenever possible, the patient is involved in a shared decision-making process in order to enable informed and valid consent. Consideration of the patient's capacity to give consent and the right to refuse blood transfusion should also be included. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision (SaBTO, 2020).

Further reading on the general principles of consent:

https://www.nhs.uk/conditions/consent-to-treatment/

https://www.nhs.uk/conditions/consent-to-treatment/capacity/

https://www.gov.uk/government/publications/blood-transfusion-patient-consent/guidelines-from-the-expert-advisory-committee-on-the-safety-of-blood-tissues-and-organs-sabto-on-patient-consent-for-blood-transfusion

5.4.3 Authorising Blood Component Transfusion

Authorisers of blood components must ensure that the written instruction to transfuse is made in accordance with NHS Lothian policy and national guidance. Specific guidance for NMAs on making the decision to transfuse can be found in the NHS Lothian Blood Transfusion Procedure: Decision to transfuse

5.5 Health Care Professional (HCP) Responsibilities

The responsibilities of the HCP are to:

- Ensure, together with their clinical team (including line manager, clinical lead, medical consultant and, where appropriate, director e.g. Nurse Director – Acute Services), that this service development is appropriate
- Ensure that they have authorisation from the professional clinical lead prior to undertaking the NMA course
- Ensure their job description reflects the scope of practice to include any new responsibilities
- Demonstrate the ability, knowledge, and competence to undertake the role at a safe and high standard
- Provide documented evidence to support their knowledge and competence in the form of a portfolio
- Attend all in-person sessions of a Non-Medical Authorisation course, and complete all self-directed study as directed by the course
- Ensure, on successful completion of the NMA education programme, that they inform their line manager and the NHS Lothian register holder (please see NHS Lothian Process: Approval and preparation of new NMAs and maintenance of NHS Lothian register of NMAs) that they are now competent to authorise blood components
- Be responsible for maintaining and keeping up to date their knowledge and skills while participating in ongoing performance development and review
- Keep documentation that is accurate, clear, and legible, including rationale for treatment and conversation with the patient / carer
- Interpret blood test results accurately
- Understand the potential risks of transfusion and take appropriate action in the event of any transfusion reaction
- Be aware of the boundaries of their role
- Be aware that the NMA scope covers their current specialty and if they were to change specialty, they would need to refrain from authorising blood components until they have completed any required training and assessment of competency for authorising blood components in the new specialty
- Further guidance regarding responsibilities of the HCP on commencement of, and completion of, an NMA course and when recording adjustment to their scope of

clinical practice can be found on page 15 of the UK framework located here Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org)

Further NHS Lothian information regarding non-medical authorisation, including the application form for the SNBTS Non-Medical Authorisation Education Programme, can be found here Blood Transfusion Education and Training

5.6 Compliance

Sign off regarding the competence to authorise blood components will be verified by a consultant or agreed suitably experienced senior doctor, or established non-medical authoriser, following a period of supervision that is sufficient to enable the HCP to achieve competence. The timescale for this period of supervision will vary depending on role, clinical setting and opportunity but must be complete within six months of completing the NMA course.

Supervised practice should include:

- Discussion of the patient's clinical condition
- Indication for transfusion including risk/benefit
- Discussion of the patient's transfusion history including previous complications, special requirements and informed and valid consent
- The HCP is responsible for identifying any further learning needs and/or requirement for supervision or competency assessment that they may have at any time during their NMA practice.
- The HCP is responsible for refraining from NMA practice if they do not feel competent and until such time that any associated identified learning needs have been met.
- The HCP is responsible for retaining all documentation relating to evidence of course completion, confirmation of initial and ongoing competence in their TURAS account (appraisal section).

5.7 Indemnity

By law, nurses, midwives, and health care professionals must have in place appropriate indemnity arrangements in order to practice in the United Kingdom. Appropriate cover is an indemnity arrangement which is accurate to the individual's role and scope of practice. To meet the needs of vicarious liability, a register of approved authorisers should be maintained by the organisation as part of the risk management and governance process. Staff directly employed by NHS Lothian have their professional indemnity provided by the organisation. However, the job description of the HCP must be amended to reflect the role of non-medical blood authorisation within their scope of practice, clearly outlining their accountability and responsibilities (United Kingdom & Ireland Blood Transfusion Network, 2022).

Staff not directly employed by NHS Lothian will be responsible for arranging their own professional indemnity cover through an insurer.

Information on professional indemnity can be found at:

- Professional Indemnity: A requirement for registration, Nursing and Midwifery Council (NMC)
- Professional Indemnity and your registration, Health and Care Professions Council (HCPC)
- Professional Indemnity Requirements, General Pharmaceutical Council (GPhC)

6.0 Associated materials

NICE NG24 algorithm (Blood Transfusion) algorithm-pdf-2178655021

NHS Lothian Non-Medical Authorisers (NMA) Competency Register, approved by Lothian Transfusion Committee (LTC), 8 January 2025 at Lothian Transfusion Committee

Checklist for implementation of Non-Medical Authorisation and approval of new Non-Medical Authorisers, approved by Lothian Transfusion Committee, 8 January 2025

Individual NMA sign off record, approved by Lothian Transfusion Committee, 8th January 2025

NHS Lothian Process: Approval and Preparation of New Non-Medical Authorisers and Maintenance of NHS Lothian Register of Non-Medical Authorisers, approved by Lothian Transfusion Committee, 8 January 2025

NHS Lothian Blood Transfusion Procedure: Decision to transfuse, approved by LTC October 2023

NHS Lothian Blood Transfusion Procedure: Consent for Transfusion, approved by LTC October 2023

NHS Lothian Blood Transfusion Procedure: Patient information and shared decision making, approved by LTC October 2023

NHS Lothian Blood Transfusion Procedure: Written authorisation to transfuse a blood component, approved by LTC October 2023

NHS Lothian Blood Transfusion Procedure: Transfusion Education and Training, approved by LTC October 2023

LearnBloodTransfusion (LBT) eLearning material located at TURAS Learn https://learn.nes.nhs.scot/. In particular:

- LBT Safe transfusion practice
- LBT Blood components and indications for use
- LBT Consent for transfusion
- LBT Acute transfusion reactions

SNBTS patient information leaflets National policies, factsheets and patient information | National Services Scotland

7.0 Evidence base

United Kingdom and Ireland Blood Transfusion Network (UK&I BTN) Framework 2022 (Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org)

Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), 2020 Guidelines from the expert advisory committee on the safety of blood, tissues and organs (SaBTO) on patient consent for blood transfusion

Barton T.D. (2006) Clinical mentoring of nurse practitioners: the doctor's experience *British Journal of Nursing* 15(15) pp 820-824

British Society for Haematology (2017) *The administration of blood components: a British Society of Haematology Guideline* Administration of Blood Components (b-s-h.org.uk)

Green J. and Pirie E. (2009) A framework to support nurses and midwives making the clinical decision and providing written instruction for blood component transfusion *NHS Blood and Transplant*

Lin Y., Tinmouth A., Mallick R. and Haspel R. (2016) BEST-TEST2: assessment of haematology trainee knowledge of transfusion medicine *Blackwell Transfusion*

Royal Pharmaceutical Society (2021) A competency framework for all prescribers *NB **this resource relates only to the prescription of medicines (not blood components)** but may be a useful resource*

Nursing and Midwifery Council (2015) The Code - The Nursing and Midwifery Council

Health and Care Professions Council (2016) Standards of conduct, performance and ethics | (hcpc-uk.org)

General Medical Council Code of conduct for Council members - GMC (gmc-uk.org) and (2024) Good medical practice - professional standards - GMC (gmc-uk.org)

Nursing and Midwifery Council (2020) Professional Indemnity: A requirement for registration Nursing and Midwifery Council (NMC)

- Professional Indemnity and your registration, Health and Care Professions Council (HCPC)
- Professional Indemnity Requirements, General Pharmaceutical Council (GPhC)

Pirie, L. and Green, J. (2007) Should nurses prescribe blood components? *Nursing Standard* 21(39) pp 35-41

Pop, R.S. (2017) Mentoring nurse practitioners in a hospital setting *Journal of Nursing Research* 25(4) pp 304-309

8.0 Stakeholder consultation

Key stakeholders have been identified and consulted in the process of developing this NHS Lothian adaptation of the SNBTS NMA policy template. This has included:

- Nurse director and associate nurse directors
- Midwifery director
- Medical director and associate medical directors
- Transfusion Committee and Hospital Transfusion Team members
- NHS Lothian Lead Nurse for Advancing Roles and Non-Medical Prescribing
- Non-Medical Authorisers
- Clinical education leads (medical, nursing, midwifery, ODP)
- Ward and department managers
- Clinical managers
- Associate director of quality
- Transfusion practitioners
- Haematology consultant blood transfusion leads
- Clinical hospital-based teams

This policy was placed on the NHS Lothian Consultation Zone, for a period of 4 weeks, to give all NHS Lothian staff an opportunity to provide comment/feedback.

An Equality Impact Assessment was completed for the NHSScotland national policy template, on which this policy is based, by SNBTS on 15 December 2022. A separate NHS Lothian 'Record of decision not to carry out an Impact Assessment' was completed in August 2024 to provide further assurance that this policy does not have a differential impact on equality, socio-economic disadvantage, or children's rights for the people who work for NHS Lothian or use our services.

9.0 Monitoring and review of practice

A process of continuous and quality improvement must be implemented. The clinical team must ensure that:

- The impact of the role development is assessed using appropriate audit and / or research methods linked to outcomes
- Blood transfusion practice is audited against NHS Lothian blood transfusion policy and national guidelines focusing on appropriate and safe use of blood
- There is a reporting and dissemination strategy in place to ensure that evidence as it emerges is available to all key stakeholders
- The practitioner's role development must be discussed at performance appraisal / review with their line manager