NHS England

Multi-Professional Independent Prescribing in General Practice

Kent, Surrey and Sussex Primary Care School Guidance

Surrey Training Hub

Sussex Training Hub

Kent & Medway PCTH

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Document Status

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What is Prescribing?

Prescribers have the legal authority to issue prescriptions and patient specific directions. It involves having appropriate knowledge, alongside complex skills and behaviours that promote the safe and effective use of medicines. The British Pharmacological Society produced Ten Principles for Good Prescribing to support the process and ensure a holistic approach to the clinical decision making involved in starting, monitoring and stopping medicines.

In addition to medical and dental prescribers, some healthcare professions are eligible to train and become prescribers. Multi-professional prescribing (MPP) is the new term to encompass the range of prescribers and prescribing activities undertaken by a healthcare professional other than a doctor or dentist, previously known as non-medical prescribing (NMP).

The Royal Pharmaceutical Society developed A Competency Framework for all Prescribers to support medical, dental and multi-professional prescribers by identifying 10 core competencies that expand their knowledge, skills, motives, and personal traits, to continually improve their performance, and to work safely and effectively. A commitment to equality, diversity, and inclusion (EDI) further supports existing expectations in treating patients fairly and equitably to ensure patients receive the best outcomes from their medications.

In 2024 NHS England published a Prescribing and Support Assurance Framework that demonstrates the resources, governance measures, considerations, and responsibilities in place to ensure and assure safe prescribing.

Which healthcare professions can undertake independent prescribing training?

Independent Prescribing:

Prescribing by an appropriate practitioner (which at the point of writing includes doctors, dentists, nurses, pharmacists, optometrists, podiatrists, and physiotherapists), includes being responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required. This includes the prescribing of medicines within their own scope of practice and following relevant legislation.

The table on the page below summarises the primary care professions who can independently prescribe with additional training.

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Profession	What can be prescribed	Considerations
Registered Nurses	Independent prescribing for nurses is sometimes known as a 'V300 course', (the code that is used to enter the annotation onto the NMC register). They may prescribe any medicine for any medical condition, including off-label and unlicensed medicines subject to clinical good practice (not in Scotland). Nurse independent prescribers can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 controlled drugs (except diamorphine, dipipanone or cocaine for the treatment of addiction).	All Independent Prescribers must ensure their clinical knowledge is current. They will carry out their role in accordance with evidenced based practice, relevant legislation and within their own scope of clinical competence.
Pharmacists	Prescribe any medicine for any medical condition. This includes off-label and unlicensed medicines, subject to accepted clinical good practice. They can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 controlled drugs (except diamorphine, dipipanone or cocaine for the treatment of addiction).	
Physiotherapists	Prescribe any medicine for any medical condition within the overarching framework of human movement, performance, and function. This includes off-label medicines subject to accepted clinical good practice. They cannot prescribe unlicensed medicines. Prescribe the following controlled drugs: oral or injectable morphine, transdermal fentanyl, and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride or temazepam.	
Podiatrists/ Chiropodists	Prescribe any medicine for any medical condition relevant to the treatment of disorders affecting the foot, ankle, and associated structures. This includes off-label medicines subject to accepted clinical good practice. They cannot prescribe unlicensed medicines. Prescribe the following controlled drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam.	
Paramedics	Prescribe any medicine for any medical condition. This includes off-label medicines subject to accepted clinical good practice. They cannot prescribe unlicensed medicines. Prescribe and administer and give directions for the following controlled drugs: morphine sulphate, diazepam, midazolam, lorazepam and codeine phosphate. (College of Paramedics, 2023)	

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Other Prescribing Rights Supplementary Prescribing:

Supplementary prescribing is a partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement. They can prescribe any medicine as agreed by the patient and the doctor as part of a patient's Clinical Management Plan, including off-label, unlicensed, and Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and dipipanone for the treatment of addiction).

Current legislation states that the following professionals are eligible to become supplementary prescribers: dieticians, midwives, nurses, optometrists, paramedics, pharmacists, physiotherapists, and podiatrist/chiropodists.

Community practitioner nurse and midwife prescriber is an NMC registrant who has successfully completed additional training (V100/150) as part of a Specialist Community Public Health Nursing (SCPHN) or District Nursing Specialist Practice qualification (SPQ) programme and can prescribe from a limited community formulary.

All three prescribing qualifications are identified by an annotation next to the name of the individual, in their relevant professional register.

Ongoing developments of independent prescribing

The legislation to implement independent prescribing (IP) by nurses and pharmacists was enacted in 2006, and since that time prescribing rights have and continue to be gradually extended to a range of healthcare professionals where there are evident benefits to patients.

To ensure safe and effective prescribing, a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Care Excellence (NICE) in 2012. This recognised that there are a common set of competencies that underpin prescribing regardless of professional backgrounds.

This framework was updated in 2016, with the collaboration of all professional leadership bodies, and will continue to be reviewed and updated by the Royal Pharmaceutical Society (RPS). The latest version of A Prescribing Competency Framework for all Prescribers was published in 2022.

At the time of publishing this document, Physician Associates (PA) are not able to prescribe, as they are not a statutory regulated profession. This is currently being reviewed, alongside the required Human Medicines Regulations (2012), and it is anticipated the PA regulation in the UK will be in 2024/5. The NHS interim plan has stated that NHS England will work with Department of Health and Social Care to launch a consultation on introducing prescribing rights for PAs within 24 months of their regulation.

From 2026, pharmacists joining the General Pharmaceutical Council (GPhC) register will also be annotated to independently prescribe if they have been fully trained to the 2021 pharmacist initial education and training standards and met GPhC criteria for registration.

Pharmacists who are already registered, as well as those that join the register before 2026, will not receive this annotation at the point of registration. They will need to achieve a practice certificate in independent prescribing before they can apply for annotation to independently prescribe. To be awarded the practice certificate they must successfully complete a GPhC accredited pharmacist independent prescribing (IP) course.

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Supervision and support

Continued supervision and support are an essential requirement throughout training and when working clinically.

Alongside the academic learning through a higher education institute (HEI), all learners will complete a period of learning in practice (PLP). This enables the learners to consolidate and contextualise learning within practice and develop their competencies under the supervision of an experienced prescribing practitioner. The PLP is essential to achieve this qualification and therefore both employer support and continued access to a suitably prepared supervisor is mandatory.

From 2018/2019, nurses, AHPs and pharmacists who have completed a prescribing programme are able to supervise other trainee prescribers, in a role referred to as a designated prescribing practitioner (DPP). This role was previously restricted to medical colleagues and was referred to as a designated medical practitioner (DMP).

The term DPP is used to bring together all the different regulators' terms for the supervision role, including the DMP role. DPPs require at least three years recent prescribing experience. The DPP will take on the supervision and assessment for learners undertaking a prescribing course during the PLP. Consideration of length of practice and experience to expand DPP capacity and capability is currently under review.

The DPP Competency Framework was created to optimise the quality of training in practice and allow the DPP to enhance the learning and assessment process for learners to ensure the safety and quality of the future prescribing. The framework has been developed for use across professions and ensures consistency of competencies for all professionals fulfilling this role.

A DPP will be expected to have effective understanding of the learner's role, their responsibilities and scope of practice as well as demonstrating the values and behaviours expected by their professional body, their organisation, and the NHS Constitution.

Academic and practice-based learning requirements

Typically, the prescribing courses are part-time over a 6–12-month period. There are several university providers locally and across the UK. The choice of university will be determined by the eligible professional's role, and applicants must meet the entry requirements of their chosen HEI, this may include having completed an advanced history taking and physical assessment module. (Minimum requirement for nurses is academic Level 6, and academic Level 7 for all other professions and nurses working at an advanced level). This can vary by profession, region, and HEI based on local training needs.

The Training Hubs across Kent, Surrey, and Sussex recommend individuals working in General Practice complete a Level 6 or Level 7 history taking and physical assessment module, or equivalent, prior to undertaking a prescribing training programme. This will equip the clinician with the skills and knowledge to support the delivery of safe and effective prescribing as part of a holistic consultation. However, equivalent profession focussed physical skills are supported for pharmacists on the primary care pharmacy education programme (PCPEP).

The taught element of the IP course is often completed using a blended teaching model, with both face to face and online learning, although there are some online only providers. All courses provide this teaching alongside both self-directed study and period of learning in practice.

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Applicants should expect to complete a one-day-a-week taught element of the qualification and spend 90 hours of supervised practice within their workplace across the course length. This is facilitated and assessed by their DPP.

Evidence and recording competencies

For an individual on an IP training pathway, there are various ways to document or evidence competencies. Each HEI will state their minimum requirements, however DPPs should use a range of tools as appropriate to the individual learner's learning plan. Please see those listed below (this is not an exhaustive or definitive list). It is imperative that these requirements are discussed with the educational supervisors, employer, prescribing lead, or DPP in the first instance.

- Case studies
- Portfolios mapped to competencies
- CPD/revalidation records
- Analysis of prescribing data
- Audits
- Attending networking/learning events
- Case-based discussions
- Personal formularies
- Peer discussions & feedback
- Real life practice examples
- Questionnaires and patient feedback
- Setting SMART objectives
- Video recordings (consented)
- Supervision
- Reading, e.g., articles, standard operating procedures, guidelines, and local policies
- Reflective accounts - identifying gaps
- Observation of practice and clinical assessment skills
- Workplace competency-based assessments

Once qualified it is also strongly recommended that individual prescribers review their prescribing data at regular intervals, ideally with a mentor or peer, and that indemnity cover is reviewed when the scope of practice changes. When changing or expanding their scope of practice, prescribers, and employers, can use the RPS Expanding Prescribing Scope of Practice Guidance.

Prescribing governance process

There is no expectation that all allied health professionals (AHP) and nurses will train to prescribe. This will depend on their existing knowledge and skills, role and needs of practice and population they serve.

There are strict eligibility criteria for acceptance onto prescribing courses to protect patient safety and ensure the right learners are trained at the right time to deliver high quality patient care.

AHPs – dieticians, paramedics, physiotherapists, and podiatrists

From April 2018, legislation was changed allowing paramedics at an advanced level of clinical practice to independently prescribe. Between 2005-2013 podiatrists and physiotherapists qualified with supplementary prescribing. In August 2013, the legislation was updated so that those working at an advanced practice level can now complete independent prescribing training. From 2016 eligible dietitians can become supplementary prescribers following successful completion of a Health and Care Professionals Council (HCPC) approved prescribing programme.

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AHPs

Eligibility Criteria

- Be registered with the HCPC.
- Be professionally practising in an environment where there is an identified need for the AHP to prescribe independently.
- Be able to demonstrate support from their employer/sponsor, including confirmation the entrant will have appropriate supervised practice in clinical area they will prescribe.
- Demonstrate medicines and clinical governance arrangements are in place to support safe and effective independent prescribing.
- The applicant's designated prescribing practitioner (DPP) must be a registered healthcare professional with legal independent prescribing rights.
- Normally have at least 3 years relevant post-qualification experience in the clinical area in which they will be prescribing.
- Be working at a qualified first contact practitioner (FCP) or advanced practitioner level.
- Qualified FCP's must have completed stage 1 and 2 of the roadmaps, either through a HEI/taught or verified portfolio pathway. All AHPs working in primary care seeing undifferentiated and undiagnosed patients must have completed stage 1 and stage 2 of the roadmaps. As recommended by CQC 2023: GP mythbuster 106: Staff not directly employed by a GP practice.
- Be able to demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development (CPD).
- Provide evidence of a disclosure and barring service (DBS) check within the last 3 years.
- Applicants are in good standing with the HCPC and any other healthcare regulator with which they are registered

Nurses

From April 2006, legislation was changed allowing nurses at an advanced or specialist level of clinical practice to become independent prescribers

Eligibility Criteria

- Applicant is a registered nurse (level 1) and is eligible to apply to an independent prescribing programme.
- Previously the NMC recommended that nurses required 3 years post registration experience before undertaking their independent prescribing. Under the new NMC standards, readiness for entry onto a prescribing programme is now determined by whether you can evidence the necessary skills, knowledge and experience to undertake the programme.
- Must be registered with the NMC for a minimum of 1 year prior to application for entry on independent prescribing. See NMC Guidance from 2019: Becoming a prescriber.
- Under the new Future Nurse Proficiencies (NMC 2018), newly qualified nurses will have a higher level of proficiency in skills such as assessment, diagnostics, care planning and management, pharmacology and leadership.
- Nurses need to be able to evidence proficiency in clinical assessment, diagnostics, care/treatment planning, management, and evaluation.
- Have the necessary governance structures in place to undertake, and adequately supported throughout the programme.
- Recognise prior learning and potential to be mapped to RPS competency framework for all Prescribers.
- Have the necessary competence, experience, and academic ability to study the level required for the programme.

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- Be able to demonstrate support from their employer/sponsor, including confirmation the entrant will have appropriate supervised practice in clinical area they will prescribe.
- The applicant's designated prescribing practitioner (DPP) must be a registered healthcare professional with legal independent prescribing rights.
- In the Primary Care and General Practice Nursing Career and Core Capabilities Framework it is recommended that this proficiency and experience sits at the level of enhanced or advanced nursing practice where nurses have critical understanding and detailed theoretical and practical knowledge, and who independently manage complex patients.
- Provide evidence of a disclosure and barring service (DBS) check within the last 3 years.
- Applicants are in good standing with the NMC and any other healthcare regulator with which they are registered

Pharmacist

From April 2006, legislation was changed allowing pharmacists at an advanced level of clinical practice to complete their independent prescribing training. Pharmacists registering with the GPhC from 2026 who have completed their Foundation Training against the new Initial Education and Training of Pharmacists standards, will have Independent Prescribing annotation on registration.

Eligibility criteria for pharmacists who are undertaking a post-registration prescribing course:

- Applicants are registered as a pharmacist with the GPhC.
- Applicants are in good standing with the GPhC and any other healthcare regulator with which they are registered.
- Applicants must have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training.
- For the purposes of developing their independent prescribing practice, applicants must identify an area of clinical or therapeutic practice on which to base their learning.
- Applicants must have a designated prescribing practitioner who has agreed to supervise their learning in practice.
- The applicant's designated prescribing practitioner must be a registered healthcare professional with legal independent prescribing rights, who is suitably experienced and qualified to carry out this supervisory role, and who has demonstrated CPD or revalidation relevant to this role. Although an applicant may be supervised by more than one person, only one prescriber must be the designated prescribing practitioner. The designated prescribing practitioner is the person who will certify that successful pharmacists are competent to independently prescribe.
- The new guidance and standards above mean that pharmacists will no longer need to have two years of practice and relevant experience in a specific clinical or therapeutic area to enrol in an independent prescribing course.
- Some universities offer a course with a larger distance learning option; however, all courses will involve a minimum of 26 days of teaching and learning activity. In addition to this, each pharmacist must successfully complete at least 12 days (90 hours) of learning in a practice environment whilst being supervised by a DPP.
- Provide evidence of a disclosure and barring service (DBS) check within the last 3 years.

In addition to the Primary Care Pharmacy Education Pathway (PCPEP), pharmacists supported with the PCN additional role reimbursement scheme are expected to undertake independent prescribing training if they have not already completed this. NHS England commissions Independent Prescribing training places at specific universities for pharmacists who have completed the pathway.

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NHS England will only fund the course fees for eligible pharmacists at the universities outlined on the pharmacy independent prescribing NHS England website.

All queries regarding training and funding should be directed through the NHS England Workforce, Training and Education (WT&E) Pharmacy School via england.wtepharmacy.se@nhs.net.

Funding

NHS England offer a limited number of funded commissions each year to support the course fees at your chosen university. These are managed by the training hubs and offered based on the eligibility detailed in this guidance document. Details can be found on the training hub websites along with an application process.

Self/practice funding is permitted, but it is strongly recommended that the eligibility criteria set out in this document is followed.

Glossary

AHP	Allied Health Professional
AP	Advanced Practitioner
CPD	Continuing Professional Development
CQC	Care Quality Commission
DMP	Designated Medical Practitioner
DPP	Designated Prescribing Practitioner
FCP	First Contact Practitioner
GPhC	General Pharmaceutical Council
HCPC	Health and Care Professions Council
HEI	Higher Educational Institute
IP	Independent prescribing
MPP	Multi-Professional Prescriber
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
NMP	Non-Medical Prescriber
PA	Physician Associate
PCN	Primary Care Network

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PCPEP	Primary Care Pharmacy Education Pathway
PLP	Period of learning in practice
RPS	Royal Pharmaceutical Society
SCPHN	Specialist community public health nursing
SPQ	Specialist practice qualification

Definitions

Designated Medical Practitioner (DMP)	A designated medical practitioner (DMP) is a medical practitioner who directs and supervises a multi-professional prescriber's (MPP) period of learning in practice – a required element of MPP qualifications.
Designated Prescribing Practitioner (DPP)	To oversee, support and assess the competence of MPP learner, in collaboration with academic and workplace partners, during the period of learning in practice.
Named Practice Supervisor	Practice supervisors' role is to support and supervise pre and post registration multi professional students in the practice learning environment.
Practice Assessor	Practice assessors assess and confirm the student's achievement of practice learning for a placement or a series of placements.
Practice Educator	A practice educator is usually a registered professional who supports learners in the workplace. They facilitate practice education alongside clinical and academic colleagues.

Regulations that control the use of medicines in the UK, these laws overlap:

The Human Medicines Regulations 2012 controls the use of all products defined as medicines, the frameworks for their use and those professions that are authorised prescribers.

The Misuse of Drugs Act 1971 controls all substances, not just medicines that are considered open to abuse and dangerous. These substances are collectively referred to as controlled drugs.

The Misuse of Drugs Regulations 2001 categorises controlled drugs to ensure that patients who require controlled drugs for prescribed medical needs can have access to them under special prescribing controls known as ‘scheduling’.

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