



Kent, Surrey & Sussex
Training Hubs
WORKING TOGETHER



Prescribing Governance & Guidance

For Kent, Surrey & Sussex Training Hubs

Contents

What is Independent Prescribing?	2
Professions who can Prescribe and Remit	2
Ongoing Developments of Independent Prescribing	3
Supervision and Support	4
Academic and Placement Requirements.....	4
Evidence and recording competencies	5
Prescribing Governance Process	5
AHPs – Paramedics, Physiotherapists, Podiatrists/Chiropodists and Dieticians	5
Nursing	6
Pharmacist.....	7
Abbreviations.....	8
Definitions.....	9
References	9

Acknowledgement to Thames Valley and Wessex Primary Care School for sharing this document so that we might amend for local use within Kent, Surrey, and Sussex.

This document has been created to provide system wide clarity and a clear governance process when approving funding requests for the primary care workforce for independent or supplementary prescribing training.

What is Independent Prescribing?

Prescribing by an appropriate practitioner (which at the point of writing includes doctors, dentists, nurses, pharmacists, optometrists, podiatrists, and physiotherapists), who are 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.

Professions who can Prescribe and Remit

Independent Prescribing (V300):

Profession	What can be prescribed	Considerations
Nurses	Prescribe any medicine for any medical condition, including off-label medicines subject to clinical good practice (not Scotland). Nurse Independent Prescribers can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs.	All Independent Prescribers must ensure their knowledgebase is current and practice in accordance with the latest best practice guidance, relevant legislation and within their own scope of clinical competence.
Pharmacists	Prescribe any medicine for any medical condition. This includes off-label 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.	
Physiotherapists	Prescribe any medicine for any medical condition. This includes off-label medicines subject to accepted clinical good practice. 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. This includes off-label medicines subject to accepted clinical good practice. 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. Prescribe and administer and give directions for the following controlled drugs: Morphine Sulphate, Diazepam, Midazolam, Lorazepam and Codeine phosphate. (College of paramedics, 2023)	

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.

The Royal Pharmaceutical Society Prescribing Competency Framework has been developed to support those that prescribe by identifying 10 core competencies that expand their knowledge, skills, motives, and personal traits, to continually improve their performance, and work safely and effectively. A commitment to equality, diversity, and inclusion (EDI) further supports existing expectations in treating patients fairly and equitably and ensuring this supports patients to receive the best outcomes from their medications.

Current legislation states that Dieticians are only eligible to become supplementary prescribers.

Community practitioner nurse and midwife Prescribing is a registrant who has successfully completed a prescribing course 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 their 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 it is deemed safe and where there are evident benefits to patients.

To support all those to prescribe effectively and safely, 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 has been updated in 2016, with the collaboration of all governing bodies, and will continue to be reviewed and updated by the Royal Pharmaceutical Society (RPS).

The [Royal Pharmaceutical Society Prescribing Competency Framework](#) has been developed to support those that prescribe by identifying 10 core competencies that expand their knowledge, skills, motives, and personal traits, to continually improve their performance, and work safely and effectively. This supports patients to receive the best outcomes from their medications.

Currently Physician Associates (PA) are not able to prescribe, as they are not statutory regulated, 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 NHSE 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 automatically be annotated to independently prescribe if they have been fully trained to the 2021 initial education and training of pharmacist standards, passed the GPhC registration assessment, and met GPhC criteria for registration.

A large proportion of pharmacists who are already registered, as well as those that join the register before 2026, will not automatically receive this annotation. 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.

Supervision and Support

While in training and once practising as a prescriber, staff require ongoing support and supervision.

As well as completing academic learning through 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 element is essential to achieve this qualification and therefore both employer support and access to a suitably prepared supervisor is mandatory.

From 2018/2019, those who have completed a prescribing programme are enabled to take on a Designated Prescribing Practitioner (DPP) role, in addition to existing Designated Medical Practitioners (DMP). The term DPP is used to bring together several different professionals that are experienced DPP (minimum of 3 years prescribing experience) and take on a supervision and assessment role for trainees undertaking a prescribing course during the PLP. Consideration of length of practice and experience to expand DPP capacity and capability is currently under review.

There is a [competency framework for DPP's](#) created to optimise the quality of training in practice and allow the DPP to enhance the learning and assessment process for learners and ensure the safety and quality of the future prescribing. The framework has been developed for use across multi professions and ensures consistency of competencies for all professionals fulfilling this role. A DMP/DPP will be expected to have effective understanding of the trainee'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.

[The NHS values | Health Careers](#)

Academic and Placement Requirements

Typically, the prescribing courses is run over a 6-month period and is part time. There are a number of university providers both 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, please note some universities will ask for health professionals to have completed an advanced history taking and physical assessment module prior to starting their prescribing courses. (Minimum requirement for nurses, academic Level 6 and academic Level 7 for all other professions and nurses working at an advanced level.

The Training Hubs across Kent, Surrey, and Sussex strongly recommend, based on best practice, completing a Level 6 or Level 7 history taking and physical assessment course prior to undertaking prescribing as this will equip the clinician with the skills and knowledge to support the delivery of safe and effective prescribing.

The taught element of the prescribing course can be completed using a blended teaching model, with both face to face and online learning available alongside both self-directed study and learning in practice.

Applicants should expect to complete one day a week taught element of the qualification and spend 90 hours of supervised practice within their workplace across the 6-month period, this is facilitated and assessed by their DMP/DPP.

Evidence and recording competencies

For an individual on a prescribing training pathway, there are various ways to document or evidence competencies, 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 designated prescribing practitioner (DPP) in the first instance.

- Case studies
- CPD records
- Audits
- Attending networking/learning events
- Peer discussions & feedback
- Questionnaires and patient feedback.
- Video recordings (consented)
- Supervision
- Reading, e.g., articles, standard operating procedures, guidelines, and local policies
- Portfolios mapped to competencies
- Looking at prescribing data analysis
- Case-based discussions
- Personal formularies
- Real life practice examples
- Setting SMART objectives
- 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 and that indemnity cover is reviewed when the scope of practice changes.

Prescribing Governance Process

There is no expectation that all allied health professionals (AHP) and nurses will train to prescribe, it would depend on their existing knowledge and skills, role and needs of practice and population they serve. There is a strict eligibility criterion for acceptance onto prescribing courses to protect patient safety.

AHPs – Paramedics, Physiotherapists, Podiatrists/Chiropodists and Dieticians

From April 2018 legislation was changed allowing paramedics at an advanced level of clinical practice to independently prescribe. Between 2005-2013 physiotherapists qualified with supplementary prescribing. In August 2013 the legislation was updated so those working at an advanced practice level can now complete independent prescribing.

AHPs and Paramedics

Eligibility Criteria

- Be registered with the HCPC.
- Be professionally practising in an environment where there is an identified need for the paramedic 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.

- Have an approved DMP or DPP to supervise and assess.
- Normally have at least 3 years relevant post-qualification experience in the clinical area in which they will be prescribing.
- Be qualified as a First Contact Practitioner (FCP) - therefore 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 per the following guidance:
 - NHSE guidance of scope of practice from for [Paramedics in general practice, Podiatrists First Contact Practitioners, MSK First Contact Practitioners](#)
 - CQC guidance from 2023: [GP myth buster primary care first contact practitioners](#)
 - HEE Roadmaps released in 2021: First Contact Practitioners - Roadmaps to Practice [Stage 1 Roadmap verification process](#)
- Be working at a qualified FCP or Advanced practitioner level.
- 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.

Nursing

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 (level1) and is eligible to apply to an independent prescribing programme.
 - *Previously the NMC recommended that nurses needed to be 3 years post registration before undertaking their independent prescribing.*
 - 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](#).
 - 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.
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- Recognise prior learning and potential to be mapped to RPS Competency Framework for all Prescribers.
- Confirm applicants have the necessary competence, experience, and academic ability to study the level required for the programme.
- Be able to demonstrate support from their employer/sponsor, including confirmation the entrant will have appropriate supervised practice in clinical area they will prescribe.
- Have an approved DMP or DPP to supervise and assess.
- 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. Practicing independently and managing complex patients

Pharmacist

From April 2006 legislation was changed allowing pharmacists at an advanced level of clinical practice to complete their independent prescribing training. Trainee pharmacists graduating from 2026 will have Independent Prescribing annotation on registration with GPhC once completing 90 hours in their foundation year of training.

Eligibility Criteria

- Applicants are registered as a pharmacist with the General Pharmaceutical Council.
- 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

[Standards for the education and training of pharmacist independent prescribers](#)

- 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 designated prescribing practitioner (DPP).

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. NHSE commissions Independent Prescribing training places at specific universities for pharmacists who have completed the pathway.

Pharmacy integration programme- Independent Prescribing training is available to pharmacists who meet the eligibility criteria and is fully funded by NHS England (NHSE). NHSE will only fund the course fees for eligible pharmacists at the universities outlined on the NHSE website.

[Pharmacy Independent Prescribing](#)

All queries regarding training and funding should be directed through the NHSE Workforce, Training and Education (WT&E) Pharmacy School.

Dietician

Eligibility Criteria

From 2016 eligible dietitians are able to become supplementary prescribers following successful completion of a Health and Care Professionals Council (HCPC) approved prescribing programme.

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.

You are welcome to self/practice fund but it is strongly recommended that you follow the eligibility criteria set out in this document.

Abbreviations

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
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
NMP	Non-Medical Prescriber
PA	Physician Associate
PCN	Primary Care Network
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 non- medical prescriber's period of learning in practice – a required element of non-medical prescribing (NMP) qualifications
Designated Prescribing Practitioner (DPP)	To oversee, support and assess the competence of non-medical prescribing trainees, 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.

Three different pieces of law 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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