NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 7	
Non-Medical Prescribing	
Approved by: ADTC Safer Use of Medicines Committee	June 2025
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NB - Please also refer to the NHS GGC Non Medical Prescribing Policy (on the GGC Medicines site) - available here

7.1 General principles

7.1.1 The extension of prescribing roles to non-medical professions is intended to:

- Improve the quality of service to patients without compromising patient safety.
- Make it easier for patients to get the medicines they need.
- Increase patient choice in accessing medicines.
- Make better use of the skills of health professionals.
- Contribute to the introduction of more flexible teams working across the NHS.

7.1.2 Currently, there are two types of non-medical prescribing which exist:

i). Supplementary prescribing – A voluntary partnership between the patient, an independent prescriber (who must be a registered doctor or dentist), and a registered supplementary prescriber to implement an agreed patient specific Clinical Management Plan (CMP), which details medicines that can be prescribed for specific indications.

ii). Independent prescribing – Available to certain healthcare professions who must undertake an accredited prescribing qualification as per regulatory body requirements. The independent prescriber is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

7.1.3 Registered nurses, pharmacists, optometrists, physiotherapists, chiropodists or podiatrists, therapeutic radiographers, community practitioners, dieticians, diagnostic radiographers and paramedics can apply for registration as supplementary or independent prescribers in NHSGGC following successful completion of an approved non-medical prescribing course. (Dieticians and diagnostic radiographers can currently only undertake an accredited supplementary prescribing course).

Community practitioner nurse prescribing is mainly used by Community Nurse Prescribers, Health Visitor / Public Health Nurse Prescribers and School Nurses. These nurse prescribers can prescribe only from the “Nurse Prescribers’ Formulary for Community Practitioners” (see current edition of the BNF for the current version of this formulary https://bnf.nice.org.uk/nurse-prescribers-formulary/). This is a different qualification from supplementary or independent prescribing.

7.1.4 All training courses for non-medical prescribers (with the exception of pharmacy courses) can be accessed through the Non-Medical Prescribing Lead within Pharmacy Services. Pharmacy staff can access training courses and details of the application process through the Lead Pharmacist for Education and Training.

7.1.5 From August 2026, newly qualified pharmacists will be prescribers as this will be included within the undergraduate degree course.

7.1.6 Appropriate local procedures relating to registration with NHSGGC as a qualified non-medical prescriber must be followed and job descriptions updated (if necessary).

7.1.7 It is essential that non-medical prescribers are clear at all times which prescribing regime they are operating under i.e. for nurses, as a Community Practitioner nurse prescriber, or independent prescriber.

7.2 Supplementary prescribers

7.2.1 The supplementary prescriber provides continuing care to the patient following assessment and diagnosis by the independent prescriber (who must be a doctor or dentist) and according to a CMP agreed with the independent prescriber, patient and supplementary prescriber.

7.2.2 The (medical) independent prescriber is responsible for:

- The initial assessment of the patient, the formulation of the diagnosis and determining the scope of the CMP.
- Reaching an agreement with the supplementary prescriber about the limits of the responsibility for prescribing and review – which should be set out in the CMP.
- Providing advice and support to the supplementary prescriber as requested.
- Carrying out a review of the patient's progress at appropriate intervals, depending on the nature and stability of the patient's condition.
- Sharing the patient's record with the supplementary prescriber.

7.2.3 The supplementary prescriber is responsible for:

- Prescribing for the patient in accordance with the CMP.
- Altering the medicines prescribed within the limits set out in the CMP, if monitoring of the patient's progress indicates that this is clinically appropriate.
- Monitoring and assessing the patient's progress as appropriate to the patient's condition and the medicines prescribed.
- Working at all times within their clinical competence and professional code of conduct, consulting the independent prescriber as necessary.

- Accepting professional accountability and clinical responsibility for prescribing practice.
- Passing responsibility for prescribing back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval, or if it is felt that the patient's condition no longer falls within their competence.
- Recording prescribing and monitoring activity in the shared patient record as soon as possible.

7.2.4 The independent prescriber assesses the patient, makes a diagnosis, and decides if the patient is suitable for supplementary prescribing. The supplementary prescriber agrees that the patient is suitable for supplementary prescribing. The independent and supplementary prescriber agree with the patient and sign a CMP for the patient. The patient's agreement to the concept of supplementary prescribing is obtained and recorded on the CMP.

7.2.5 There are no legal restrictions on the clinical conditions that supplementary prescribers may treat provided they are included in the CMP and are within the prescribers' competence and experience.

7.2.6 Supplementary prescribing is suitable in situations where treatment requires to be adjusted according to the needs of the individual patient over a reasonable period of time, following initial diagnosis by the independent prescriber.

7.3 Clinical Management Plans (CMPs)

7.3.1 The CMP defines the treatments that may be prescribed by the supplementary prescriber. It must be agreed before supplementary prescribing can take place and must include the following:

- The name of the patient to whom the plan relates.
- The illnesses or conditions, which may be treated by the supplementary prescriber.
- The date on which the plan is to take effect, and when it is to be reviewed by the independent prescriber.
- Reference to the class or description of medicines or types of appliances, which may be prescribed or administered under the plan.
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.
- Relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances.
- The arrangements for notification of suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan.

- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the independent prescriber.

7.3.2 The CMP must be recorded on one of the approved NHSGGC CMP templates. It can be paper-based or electronic. It may include a reference to published national or local guidelines, as long as the guidelines are easily accessible, and they identify clearly the range of the relevant medicinal products to be used in the treatment of the patient. There is no need to repeat the advice in the guideline in the body of the CMP itself.

7.3.3 Detailed patient information that is contained in the patient's record shared by each prescriber does not need to be repeated in the CMP, unless essential for clarity and patient safety.

7.3.4 Allied health professionals can prescribe from a limited list of controlled drugs including unlicensed medicines, which are listed in the agreed CMP.

7.3.5 If the supplementary or (medical) independent prescriber changes, a new agreement to enter into a prescribing partnership is negotiated and recorded in the patient record.

7.3.6 The CMP comes to an end:

- At any time at the discretion of the independent prescriber, or
- At the request of the supplementary prescriber or the patient, or
- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time), or
- Where there is a sole independent prescriber and he / she is replaced
- Where the patient is discharged from the care of the independent prescriber.

7.4 Non- Medical Independent prescribers

7.4.1 A non-medical independent prescriber is responsible and accountable for the assessment of patients with diagnosed or undiagnosed conditions and for decisions made about the clinical management of the patient, which will include prescribing. This will require an initial patient assessment, interpretation of findings from that assessment (including any tests ordered), a decision on safe and appropriate therapy and a process for ongoing monitoring.

7.4.2 An independent prescriber can prescribe any UK licensed medicine for any medical condition, including drugs for 'off label' use (used outwith their UK licence) and some controlled drugs.

7.4.3 An independent prescriber must prescribe only for conditions within their own level of competence and expertise. They must refer patients to more appropriate professionals for ongoing clinical management in areas outside their own competency.

7.4.4 Independent prescribers must ensure that patients are aware that their care is being managed by a non-medical professional and that they will prescribe medication only within their own area of expertise.

7.4.5 Independent prescribers are required to keep accurate, unambiguous patient records, including information on medication prescribed. These must be accessible by all members of the prescribing team. No single template is recommended for use – practitioners should develop appropriate templates for use within their own clinical setting.

7.4.6 It is recommended that details of any prescribing practice, along with other details of patient consultation, should also be entered into the appropriate shared patient record (e.g. medical notes). It should also be entered onto nursing records if a separate record is kept in the clinical setting. For hospital in-patients, medicines prescribed must also be written on the current Medicine Kardex (electronic or paper).

7.5 Non-medical prescribing prescriptions

7.5.1 Regardless of the prescribing qualification, all prescriptions generated by non-medical prescribers should include:

- Patient name and date of birth.
- CHI number.
- The date of the prescription.
- The name of the prescriber (and an annotation of the prescriber's status to signify that they are acting as a supplementary or an independent prescriber).
- The name of the item prescribed, the dose, frequency (and quantity to supply and duration of treatment, if applicable).
- The prescriber's unique reference code or registration number.

7.5.2 Non-medical prescribing which is carried out on HEPMA will also contain the above information.

7.6 Registration of non-medical prescribers within NHSGGC

7.6.1 Only practitioners registered with their relevant professional/regulatory body (e.g. General Pharmaceutical Council GPhC) as a non-medical prescriber will be able to apply for registration as such within NHSGGC. Practitioners who do not renew their annual registration or leave the service must inform the NHSGGC Lead for Non-Medical Prescribing and must cease to practice in NHSGGC as a prescriber immediately.

7.6.2 All nurses / midwives and Allied Healthcare Professionals who wish to apply to undertake the necessary training to be become independent (or supplementary, if applicable) prescribers must have their applications approved by their Professional Lead. These applications must be sent to the Lead for Non-Medical Prescribing for approval and processing. Pharmacists must have their applications approved by the Lead Clinical Pharmacists (or

equivalent) for the clinical area. The conditions and situations in which the non-medical prescriber intends to practice will be taken into account when considering the application. All applications must be sent to the Lead for Non-Medical Prescribing (Pharmacy Services) or Lead Pharmacist for Education and Training as appropriate for final approval and processing.

7.6.3 On successful completion of training and following annotation on the relevant professional register, the supplementary / independent prescriber must also apply to the Lead for Non-Medical Prescribing to be added to the NHSGGC register of supplementary / independent prescribers before they are allowed to prescribe. All supplementary / independent prescribers will be provided with a form to present a specimen signature at the pharmacy department within the hospital (acute); or to complete the necessary notification form to be signed by the NMP and Pharmacy Leads (community) with arrangements made to provide a prescribing code.

7.6.4 Supplementary / independent prescribers recruited from other organisations must apply to the Lead for Nonmedical Prescribing to be added to the NHSGGC register of supplementary / independent prescribers. The relevant manager for the prescriber (e.g. Lead Clinical Pharmacist must take into account the conditions and situations in which the supplementary / independent prescriber intends to practice).

7.6.5 Job descriptions should be amended by the line manager to include the supplementary / independent prescribing role, where necessary.

7.6.6 If there are any changes to any of the details recorded on the NHSGGC register of supplementary / independent prescribers, the prescriber must inform the Lead for Non-Medical Prescribing who will amend the NHSGGC register.

7.6.7 The supplementary / independent prescriber can prescribe only on approved NHSGGC prescribing documents (e.g. Medicine Kardexes or electronic equivalents, Discharge Prescriptions or electronic equivalents). The prescriber's registration code (e.g. GPhC registration number) must be written beside the signature.

7.6.8 Supplementary / independent prescribers should ensure there is clear separation of prescribing, dispensing and administration activities wherever possible, and if these cannot be separated (in exceptional circumstances) that mitigations are put in place to ensure patient safety.

7.7 Non-Medical Prescribers and Controlled Drugs

7.7.1 Independent prescribers must ensure that they are authorised to prescribe specific CDs by checking the current list of CDs prescribable for listed conditions (available from NMC, RPS or the Lead for Non-Medical Prescribing in NHSGGC).

7.7.2. Healthcare professionals who prescribe as Supplementary Prescribers may be able to prescribe controlled drugs but must be in accordance with current regulations and the relevant CMP.