

NON-MEDICAL PRESCRIBING POLICY FOR NURSES, MIDWIVES, PHARMACISTS AND ALLIED HEALTH PROFESSIONALS.

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	<p>Further information regarding the necessity of NMP registration to be included within the job description. Guidance reference, the safe and secure return of a prescription pad.</p> <p>HEIW: Standards for Competency Assurance Independent and Supplementary Prescribers in Wales</p> <p>Training implications</p> <p>New links to relevant web sites</p> <p>Revalidation resources</p>	July 2025

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Non-Medical Prescribing Lead

Circulated to the following for Consultation

Date	Role / Designation
July 2025	PTHB Chief Pharmacist
July 2025	Head of Community Services Medicines Management / Pharmacy
	Assistant Director of Nursing
	Executive Medical Director
	Executive Director of Primary, Community Care and Mental Health
	Assistant Director of Allied Health Professionals
	Assistant Director of Communication / Community Services
	Professional Head of Nursing
	Head of Professional Practice and Standards(Nursing)
	Physiotherapist Cardiac Specialist INMP
	Clinical Nurse Specialist INMP

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

- **Welsh Government (2024)** – [Independent and Supplementary Prescribing in Wales. Guidance for employers and practitioners in NHS Wales](#)
- **Health Education and Improvement Wales (HEIW) (2023)** – [Standards for competency assurance of Independent and supplementary prescribers in Wales.](#)
- **Medicines and Healthcare Products Regulatory Agency (2023)**
<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>
- **Royal Pharmaceutical Society (2021)** [A competency Framework for all Prescribers](#)
- **Royal Pharmaceutical Society (2019)**
[A competency Framework for Designated Prescribing Practitioners.](#)
- **Welsh Government (2017)** – [Non-Medical Prescribing in Wales Guidance](#)
- **Royal Pharmaceutical Society (2022)**
[RPS - Scope of Practice-English-220601.pdf](#)

IMPACT ASSESSMENTS

Equality Impact Assessment Summary

	No impact	Adverse	Differential	Positive	Statement
Age	×				<p>Please remember policy documents are published to both the intranet and internet.</p> <p>The version on the internet must be translated to Welsh.</p>
Disability	×				
Gender reassignment	×				
Pregnancy and maternity	×				
Race	×				
Religion/ Belief	×				
Sex	×				
Sexual Orientation	×				
Marriage and civil partnership	×				

Welsh Language	×			
Human Rights	×			
Risk Assessment Summary				
Have you identified any risks arising from the implementation of this policy / procedure / written control document?				
No risks identified. All Non-Medical prescribers must have successfully completed appropriate professionally regulated accredited University based training, the qualification must be formally registered with the prescriber's professional regulatory body and registered, via the Non-Medical prescribing lead and the Medicines Management team within with Powys Teaching Health Board.				
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?				
Nil				

1 Policy Statement / Introduction

This policy acknowledges the diverse areas across Powys Teaching Health Board (PTHB) within which Non-Medical Prescribers' (NMP) practice. It relates to the roles of the Community Nurse Prescribing Practitioners, and Independent and Supplementary prescribing by Nurses, Midwives, Pharmacists, Allied Health Professionals, Paramedics and Optometrist's

The policy is intended to ensure that the delivery, implementation and development of NMP is supported by a clear set of principles and arrangements in line with legislation, professional regulatory body and the Department of Health and Social Care (DHSC) Health and Care Quality Standards 2023.

Professional Independent contractors may wish to adapt this policy to guide practice. This policy should be read in conjunction with:

[PTHB Medicine Management policies/guidelines](#)

2 Objective

The primary objective of this policy is to ensure that Non-Medical prescribing is delivered in a safe and effective manner within PTHB. To achieve this objective, PTHB sets out the principles on which NMP is based.

- To ensure the selection of appropriate clinicians to undertake the NMP qualification to meet service needs, by completion of a Service Non-Medical Prescribing Developmental plan. (Appendix A).
- To ensure the scoping of a clinical service need, based on this information, commissioning via HEIW of training places (through the IMTP) and engaging mentors to support the trainees. This includes working with the patient group directions (PGD subgroup) to facilitate service moves from PGD's to Non-Medical Prescribing, when possible.
- To outline post-qualification requirements, including continuing professional development, which work to further support robust clinical governance and monitoring of NMP.
- To detail documentation requirements and suggested format for prescribing which includes the Clinical Management Plan (CMP) for supplementary prescribing and agreed medicines formulary for independent prescribers.
- A format for the Independent Non-Medical Prescriber to demonstrate their prescribing practice by completion of an annual scope of practice. (Appendix B).
- Evidence is required that the [Standards for Competency Assurance](#) are met by Independent and Supplementary Prescribers employed by PTHB. (Appendix C)
- To guide managers and clinicians through the process of implementing NMP provision within their service.

3 Definitions

- **AHP:** Allied Health Professional
- **BNF:** British National Formulary
- **CMP:** Clinical Management Plan
- **DPP:** Designated Prescribing Practitioner
- **DHSC:** Department of Health and Social Care
- **GOC:** General Optical Council
- **GPhC :** General Pharmaceutical Council
- **HCPC:** The Health Care Professional Council
- **HEIW :** Health Education and Improvement Wales
- **NMP:** Non-Medical Prescribing

- **NMC:** Nursing Midwifery Council
- **P:** Pharmacy
- **PA:** Personal Assistant
- **PASS:** Practice Assessor
- **PS:** Practice Supervisor
- **PGD:** Patient Group Direction
- **POM:** Prescription only Medicines
- **PTHB:** Powys Teaching Health Board
- **PADR:** Personal Appraisal and Development Plan
- **RCN:** Royal College of Nurses
- **RCM:** Royal College of Midwives
- **RPS:** Royal Pharmaceutical Society
- **SP:** Supplementary Prescribing

4 Responsibilities

The Chief Executive is legally accountable for the quality of care that patients receive and for securing patient safety within the organisation.

The Chief Pharmacist and appropriate professional leads are responsible for supporting the implementation and monitoring of NMP practices and procedures.

The Non-Medical Prescribing Lead is responsible for:

- Providing leadership and a coordinated approach to the development and maintenance of Non-Medical prescribing roles within the organisation.
- Working with service and clinical leads and the PGD sub-group to establish the number of NMP training places required for PTHB.
- Ensure the number of NMP training places required are reflected in the Health Board IMTP submission to HEIW to commission training places.
- Working with clinical and operational teams to support finding suitable mentors, to enable NMP training.
- Co-ordinating places for Non-Medical Prescribing training courses at Higher Education Institutes, including interview panel attendance as requested.
- Ensuring that NMP status is recorded on the PTHB NMP database, in the NMP'S job description and job plans.
- Ensuring that any member of staff undertaking training to become a Non-Medical prescriber has the approval to train as set out in this policy.
- Ensuring that Non-Medical prescribers have access to and are familiar with this policy.
- To facilitate and deliver training on the HEIW Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales, thus raising awareness of the need to demonstrate prescribing competence.
- Maintaining and updating a register of Non-Medical prescribers.
- Arranging access to appropriate prescribing stationary.

- Monitoring prescribing, looking at prescriptions, prescribing data and ensuring compliance with the agreed scope of prescribing practice.
- Supporting and facilitating continual professional development events.
- Supporting NMP return to practice or change in scope of practice.

Responsibilities of the Designated Prescribing Practitioner, the Practice Educator and the Practice Assessor / Practice Supervisor are described in the appropriate sections further within this policy.

The Health Board must ensure that Non-Medical prescribing is managed within the overall clinical governance framework to ensure that practitioners practice safely and competently.

There must be an identified service need and the status of the Non-Medical Prescriber written in their Job Description.

Where a Non-Medical practitioner is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is also held vicariously liable for their actions.

Both the employer and employee (or contractor) should ensure that :

- The employee is qualified and competent to prescribe in the practice identified.
- The employee and employer undertake regular (annual) appraisal and review.
- A Disclosure and Barring service (DBS) check has been undertaken for the employee within a time scale sufficient to identify any criminal activity that would put patients at risk. This is particularly important where roles have changed because of prescribing qualifications.

If the current post holder leaves the post and the service decides that they don't need to replace with a prescriber, the job description can be amended before advertising the post. <https://nwssp.nhs.wales/ourservices/primary-care-services/primary-care-services-documents/non-medical-prescribers-documents/non-medical-prescribers-registration-amp-implementation1/>

Non-Medical prescribers (NMPs) are accountable for all aspects of their prescribing decisions and must only prescribe within their legal frameworks appropriate for their professional group. Their own level of experience and competence, acting in accordance with the: **Royal Pharmaceutical Society Competency Framework for all Prescribers (2021)** [Prescribing Competency Framework | RPS](#) and their agreed Scope of Prescribing Practice.

NMPs are required to maintain a portfolio using the agreed format or future e-portfolio developments, when they are in place. To demonstrate their continuing professional development as prescribers. It is the responsibility of the NMP to keep up to date in their field of practice and any changes in local or national policy.

Individual development needs must be included in the NMP's annual Personal Appraisal and Development Review (PADR) and all NMP's must undergo a prescribing appraisal with a suitably qualified individual every three years. That person being an active and experienced NMP with two years experience as an NMP, or a medical prescriber.

All registered healthcare professionals must adhere to their relevant registered body's professional code of conduct and comply with the body's professional revalidation requirements.

NMPs must evidence dates of practice and record the number of hours prescribing practice that have been undertaken in a clinical log. This should be linked to the evidence submitted for the PADR appraisal process and subsequent revalidation reviews. The NMP must maintain and update their knowledge and skills, taking part in appropriate learning and professional development. **This should be evidenced annually by completing an Affirmation of Competency form and a Prescribing Scope of Practice (Appendix B).**

Line Mangers or professional leads should ensure that the NMP has completed a personal development plan which includes their NMP role. Ensure that the NMP has access to clinical supervision and that continuing professional development is mandated to maintain competence in their clinical area. Managers are also responsible for ensuring that the employee's job description includes a clear statement that prescribing is required as part of the duties of that post or service. Reference: Independent and Supplementary Prescribing in Wales for Employers and Practitioners in NHS Wales January 2024. [Independent and Supplementary Prescribing in Wales](#)

Managers are responsible for ensuring that the Head of Clinical Education and the Lead for NMP + Medicine Management administrators, are notified when:

- An individual qualifies as an NMP
- An NMP joins the organisation
- An NMP leaves the organisation or changes their role

Managers must also ensure that individuals complete the appropriate relevant forms found in the guidance documentation, to authorise them to practice as an NMP.

NMP's must register their prescribing qualification with their professional regulator and the PTHB Medicines Management NMP Lead.

The qualification will be registered on the Medicine Management NMP database, this will allow the NMP to facilitate access to a prescription pad if necessary and to prescribe within the agreed clinical area.

Management of prescription pad:

Receipt, Storage, Distribution and Management of WP10 Prescription Pads SOP May 2025.

nhs.wales365.sharepoint.com/sites/POW_comm_medicinesmanagement/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FPOW_comm_medicinesmanagement%2FSiteAssets%2FSitePages%2FHome%2FMMP-431---Management-of-WP10-Prescription-Pads-May-2025-FINAL-V1%2Epdf&parent=%2Fsites%2FPOW_comm_medicinesmanagement%2FSiteAssets%2FSitePages%2FHome

- Prescription pads will be supplied by a medicines management team administrator, following completion of a request form by the NMP.
- The medicines management team administrator will forward the prescription to the person based locally to the NMP who is an approved signatory to receive and store the prescription pads securely.
- Your prescription pad is 'controlled stationery' and therefore must be always kept secure.
- Prescription pads should not be left unattended at any time in a clinic or in a car.
- Prescriptions should be locked in a drawer when a practitioner leaves the room, regardless of the reason or length of absence.
- It would be good practice to record the serial number of the first prescription in a pad at both the start and end of the session.
- A limited number of forms should be taken for home visits/use outside the practice. We recommend no more than 6-10 prescriptions.
- You are responsible for ordering your next prescription pad and should be ordered dependent on the number and frequency of prescriptions you issue.
- **It will take approximately 4 weeks to obtain a new pad.** To order a new pad complete the applicable form sent to you by the medicine management administrator.
- Completed forms should then be returned to the medicine management administrator (Powys.mmpa@wales.nhs.uk).
- When the new prescription pad is received by the medicine management administrator you will be notified by email. The pad will be forwarded to the designated person in your area who is responsible for accepting and storing the prescription pad. You will collect your new pad from this person.
- If the NMP either change's their role, when they will no longer be prescribing or leaves the Health Board, the prescription pad must be returned to the designated person as above, who will follow due process to ensure the safe and secure return of the prescription pad to the Medicines Management department.

All prescriptions issued will be recorded on the Medicines Management Database and you should document the date and serial number(s) of the new prescription pad in your personal log.

4.1 Independent NMP: Professional groups that can be independent Non-Medical prescribers once qualified and registered to do so:

- Chiropodists / podiatrists
- Nurses
- Midwives
- Paramedics
- Pharmacists
- Physiotherapists
- Therapeutic radiographers
- Optometrists – can only prescribe for ocular conditions affecting the eye and surrounding tissue only. They cannot prescribe parenteral medicines.

Supplementary Prescribers: Professional groups that can act as supplementary prescribers once qualified and registered to do so:

- Chiropodists / podiatrists
- Dietitians
- Nurses including midwives
- Optometrists
- Paramedics
- Pharmacists
- Physiotherapists
- Therapeutic and diagnostic radiographers

4.2 Community Nurse Prescribing Practitioner

This is a community nurse, community public health nurse (health visitor) or school nurse, who has successfully completed the appropriate training. They can independently prescribe from a limited formulary called the Nurse Prescribers' Formulary for Community Practitioners (Part XVIIIB(i) of the Drug Tariff), which can be found in the [British National Formulary \(BNF\)](#).

5 Process

5.1 Independent Non- Medical Prescribing

Independent Non-Medical prescribers are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing or discontinuing medication.

Prescribers must only ever prescribe within the legal framework for their professional group and their own level of expertise and competence, acting in accordance with their professional code of conduct and an agreed scope of prescribing practice.

The Royal Pharmaceutical Society (RPS), in collaboration with the Royal College of Nursing (RCN) (2019) issued "[Professional Guidance on the](#)

[Administration of Medicines in Healthcare Settings](#)”, Point ten states: “Wherever possible, the actions of prescribing, dispensing/supply and administration are performed by separate health care professionals. This guidance is reiterated in the [BNF](#) which states “In order to protect patient safety, the initial prescribing and supply of medicines prescribed should normally remain separate functions performed by separate healthcare professionals”.

The RPS/RCN guidance recognises that there may be **exceptional clinical circumstances** that make it necessary, and in the patient’s best interest, for the same healthcare professional to be responsible for both prescribing and supply/administration of medicines. Where this occurs, a risk assessment must be undertaken and documented and there must be a clear audit trail of decision making and actions taken.

In exceptional circumstances, where one individual is involved in both prescribing and administering medication (particularly a controlled drug to a patient) a second suitably competent person should be involved in checking the accuracy of the medicines provided.

PTHB has interpreted this guidance considering changing challenging clinical circumstances, that in the patient’s best interest exceptional circumstances would include the End-of-Life Care, or the role of the single handed independent NMP in a clinical setting, this is providing the act of prescribing and administration is not repeated as the norm on the same patient, by the same prescriber. Wherever possible, if prescribing and administration cannot be carried out by different healthcare professionals, administration should be witnessed, this may be by a professional colleague, a carer or family member. The rationale supporting the prescribing decision and practice must also be recorded.

5.2 Independent Non-Medical Prescriber (Nurse) (V300)

The Nursing and Midwifery Council (NMC) describe two supportive roles a Practice Assessor and Practice Supervisor, who will be key to the student’s development during their training

- The Independent NMP will be a registered Nurse /Midwife who has successfully completed an accredited training programme.
- He /she can prescribe any licensed medicine from the BNF, within their area of competence.
- He /she may prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). [Who can prescribe what? - Community Pharmacy England](#)
- The standards for the V300 training must be approved by the NMC.

Independent Non-Medical Prescriber (Pharmacist) (V300)

The General Pharmaceutical Council (GPhC) describes the role of the Designated Prescribing Practitioner (DPP) who will be key to the student's development during their training

- The Independent NMP will be a pharmacist registered with General Pharmaceutical Council (GPhC) with an annotation signifying that the Pharmacist has successfully completed an approved registered programme of training for independent prescribing or a course converting the supplementary prescribing status to independent.
- He/she can prescribe any licensed medicine from the BNF, within their area of competence.
- He /she may prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (pharmacist independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).

[Who can prescribe what? - Community Pharmacy England](#)

They can prescribe, administer and direct others to administer cocaine, dipipanone and diamorphine for treating organic disease or injury - www.legislation.gov.uk.

Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the General Pharmaceutical Council – Standards for Pharmacy professionals (2017).

- The standards for the V300 training must be approved by the General Pharmaceutical Council

[Independent prescriber education and training | General Pharmaceutical Council](#)

Independent Non-medical Prescriber (Allied Health Professionals) (V300)

The Health and Care Professions Council (HCPC) describe the role of a Practice Educator who will be key in enabling learning in practice, during the students training.

- The Independent NMP will be an Allied Health Professional (AHP) who is registered with the Health and Care Professions Council (HCPC) with an annotation signifying that the AHP has successfully completed an approved registered programme of training for independent prescribing or a course converting the supplementary prescribing status to independent.
- He/she can prescribe any licensed medicine from the BNF, within their area of competence
- He /she cannot prescribe unlicensed medicines (can prescribe off label).
- NB: It is accepted that an unlicensed medicine may be created when two licensed products are mixed prior to administration.
- Whilst the resultant product is unlicensed, if the original medicines are licensed, legislation supports prescribing by an NMP in this scenario.
- An example of when this situation may arise is the mixing of a local anaesthetic and a corticosteroid in therapeutic injection therapy often used by physiotherapists.
- He /she may only prescribe the following seven itemised controlled drugs
 - 1) Morphine (Oral and Injectable)
 - 2) Fentanyl (Transdermal)
 - 3) Oxycodone (Oral)
 - 4) Dihydrocodeine (Oral)
 - 5) Temazepam (Oral)
 - 6) Diazepam (Oral)
 - 7) Lorazepam (Oral)

[Who can prescribe what? - Community Pharmacy England](#)

Additional information

Health and Care Professions Council's searchable register.

On 1 June 2015 the Misuse of Drugs Regulations 2001 were amended to allow chiropodist/podiatrist independent prescribers to prescribe and administer a specified list of Controlled Drugs.

- He/she cannot prescribe diamorphine, gabapentin, pregabalin, cocaine and dipipanone for the treatment of addiction. www.legislation.gov.uk.

All AHPs who are annotated by the HCPC Standards as prescribers must act in accordance with the HCPC Standards of Conduct, Performance and Ethics (2016)

- The standards for the V300 training must be approved by the Health and Care Professions Council (HCPC).
<https://www.hcpc-uk.org>

Independent Non-Medical Prescriber : Paramedic (V300 module)

- **General Optical Council** <https://optical.org/>

To become an IP optometrist via the traditional route, the eligibility includes:

- Being a UK registered optometrist with the General Optical Council (GOC).
- Have at least two years of UK practice before starting the clinical placement.

This is a three-stage process:

- Stage 1: Attend a GOC-accredited IP course.
- Stage 2: Complete a clinical placement as set out by the College of Optometrists, with the placement mentor being a Consultant Ophthalmologist.
- Stage 3: Pass the Therapeutics Common Final Assessment (TCFA).

Post-Qualification, the Optometrist will register their IP specialty with the GOC, use the affix DipTp(IP) and begin prescribing within their scope of practice.

Note, there has been an update to the GOC Education and Training Requirements (ETR) and the courses offered by Aston University and Cardiff University no longer follow the previous route outlined above and have been updated in line with the new ETR. The key changes to the courses offered by these universities are:

- The previous three-stage process (academic theory, clinical placement, TCFA) has been replaced by a unified qualification that includes both theory, practice and assessment.
- The requirement for optometrists to have two years of post-registration experience before starting IP training has been removed.

Trainees must complete appropriate supervised clinical experience under an approved Designated Prescribing Practitioner (DPP). However, an appropriate DPP does not necessarily have to be a Consultant Ophthalmologist.

The DPP must be identified and confirmed before course enrolment. They supervise the trainee during the clinical placement and sign off on competencies.

5.3 Supplementary Prescribing

Supplementary prescribing (SP) is a partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan (CMP) for an individual patient with that patient's agreement.

There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing.

The Department of Health and Social Care state that the CMP will contain enough detail to ensure service user safety and must contain:

- The name of the service user to whom the plan relates.
- The illness or conditions, which may be treated by the supplementary prescriber.
- The date on which the CMP must take effect and when it is to be reviewed by the independent medical prescriber who is party to the CMP, the review date must be no longer than a year.
- The date on which the plan is to take effect, and when it is to be reviewed by the doctor who is party to the plan.
- 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 service user to, or known difficulties of the service user with, particular medicines or appliances.

Supplementary Non-medical Prescriber (Allied Health Professional (AHP))

- An allied health professional from one of the professions of Physiotherapist, Podiatrist, Dietitian or Radiographer who is registered

with the Health and Care Professions Council with an annotation signifying that he /she has successfully completed an approved registered programme of training for Supplementary Prescribing.

Other SPs – Nurse, Midwife, Pharmacist, Paramedic, Optometrist.

For supplementary Non-Medical prescribing the following criteria must be met:

- It is a legal requirement for a clinical management plan (CMP) to be in place before supplementary prescribing can begin. The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary Non-Medical prescriber. That plan must be agreed and signed by both the independent medical and supplementary Non-Medical prescribers. This can be in either paper or electronic format.
- The CMP must specify the range of medicines that may be prescribed for the named patient by the supplementary Non-Medical prescriber, also specify the range and circumstances within which the supplementary Non-Medical prescriber can vary the dosage, frequency and formulation of the specific range of medicines as appropriate, and when to refer back to the independent medical prescriber.
- There is no specific formulary for SP and provided they are included in the CMP, prescribers can prescribe:
- All Prescription Only Medicines (POM's) including CDs for any indication of medicines used outside their licensed indications (off label prescribing), black triangle drugs and those marked 'less suitable for prescribing' in the BNF.
- Unlicensed drugs. [Who can prescribe what? - Community Pharmacy England](#)
- The CMP should be as simple as possible. It should refer to local/national guidelines such as Clinical Knowledge Summaries, the All-Wales Medicines Strategy Group guidance, National Service Frameworks, NICE guidance and clinical trial protocols where possible. The advice within these guidelines can be referenced rather than within the CMP itself.
- Only relevant information about the patient's condition need be contained in the CMP.

Required elements of the CMP are:

- A reference to the medicines (by individual medicine or class of medicine) that may be prescribed.

- The circumstances within which the supplementary prescriber can vary dosage, frequency and formulation of specified medicines.
- The circumstances in which the supplementary prescriber should refer to the independent prescriber.
- The date on which the CMP commences and the date by which the patient should be reviewed.
- Relevant warnings about any known sensitivities of the patient to any medicines, common side effects and counselling in the correct use of the prescribed medicine.
- Process for reporting adverse events.

Nursing/ Midwifery Council (NMC) update August 2025

A Nurse cannot prescribe at the point of qualification and registration with the NMC. At the point of qualification and registration a nurse is considered to be prescribing ready, in that they can move on to undertake the necessary training to become a prescriber, this would be by way of an NMC approved prescribing programme delivered at an NMC approved education institution (university)

A nurse may apply to study on a Community Nurse Practitioner Prescribing programme as soon as they are on the register.

They may apply to study on a Nurse Supplementary / Independent prescribing programme after they have been on a register for a year.

This is in addition to meeting all the other requirement set out in section 1 of the NMC Standards for Prescribing Programmes.

www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-prescribing-programmes.pdf

[standards-for-prescribing-programmes.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-prescribing-programmes.pdf)

6 Monitoring Compliance, Audit & Review

Completion of a Service Led Non-Medical Prescribing Development Plan by the Service Clinical Lead / Line Manager, that requires approval by the PTHB (Appendix A)

Medicines Safety and Governance Group and annual completion of a Scope of Practice and verification of competency signed by the practicing Non-Medical Prescriber and their line manager. (Appendix B)

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

7 References / Bibliography

- **British Medical Association, RPS (2021)**
Medicines and Prescribing communities of practice
- **British National Formulary Publication Management (20192020)**
British National Formulary (BNF)
- **CSP Information paper-PD019-Oct 2016**
Medicines, Prescribing and Physiotherapy –
Medicines and Healthcare Products Regulatory Agency (2023)
- **Royal Pharmaceutical Society (2021)**
Professional guidance on the administration of Medicines in Health Care settings
- **Royal Pharmaceutical Society (2021)**
A competency framework for Designated Prescribing Practitioners
- **Royal Pharmaceutical Society (2021)**
A competency framework for all prescribers
- **Royal Pharmaceutical Society (2022)**
Professional Guidance : Expanding Prescribing Scope of Practice

Recommended prior reading

Royal Pharmaceutical Society (2021) A competency framework for Designated Prescribing Practitioners [A Competency Framework for all Prescribers | RPS](#)

HEIW Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales 2023 [HEIW Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales](#)

Appendix A

Non-Medical Prescribing Development Plan

Non-Medical prescribing has significant benefits including better use of professional's skills, improved service efficiency, improved access to medicines and more flexible team working. It is the benefit to patients, services and organizational development that will help to identify which clinicians are in prime positions to undertake Non-Medical prescribing training. The development of Non-Medical prescribing within a Service without full consideration of financial, professional and workforce impact can carry significant risk.

This **Non-Medical Prescribing Development Plan** will help the organization to plan training and professional development for individuals prior to, during and post qualifying.

This plan must be approved by the Area Prescribing Committee

Cluster:						
Directorate:						
Department/ service area						
Service where Non-Medical prescribing is being proposed to be introduced:						
Service Clinical Lead (if different from above):						
Name of person(s) completing this Plan:						
Designation:						
Date:						
Date submitted to NMP Lead	Has this plan previously been considered by the NMP Lead?			Outcome <input type="checkbox"/>		
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "Yes" Date	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Deferred <input type="checkbox"/>
Reason for rejection or deferral:						
Date submitted to Area Prescribing Committee	Has this plan previously been considered by the committee			Outcome <input checked="" type="checkbox"/>		
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "Yes" Date	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Deferred <input type="checkbox"/>
Reason for rejection or deferral:						
Please complete all sections of the form and add comments as required. Where a section of the form is not applicable (NA) please						

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The points in the patient's journey through the Service at which a Non-Medical Prescriber (NMP) may potentially be involved:

What type of NMP is needed? Independent, Supplementary, Community Practitioners	
How many NMPs will be required?	
What type of patients will be treated? What are the proposed benefits to the patients?	
What are the medicines / group of medicines that are intended to be prescribed by the NMP's	
How do patients currently access these medicines?	

Has this been discussed in their PADR Review?	
Which module V150 or V300, suits the Service and individual needs?	
Has the requirement for a NMP been added to the IMTP	
Has the impact on their current duties been assessed?	
What impact will there be on the rest of the team by the addition of a non-medical Prescriber?	
Any additional comments?	

**Appendix B
Statement**

Annual Prescribing Scope of Practice

Can be completed electronically, enlarging where necessary, and return electronically to the:
Lead Medicines Management Nurse: Susan.newport@wales.nhs.uk

Prescribers Name:	Professional Reg.
Prescribing Qualification:	Date of Completion of prescribing training
Base:	Telephone number
Name of Line Manager	
CLINICAL SPECIALITY/FIELD OR SERVICE:	
Do you currently Prescribe Schedule 2,3,4 Controlled Drugs?	
How do you evaluate the effectiveness of your prescribing?	

Have you been involved in any audits? If yes please give details	Have you participated in the Clinician's audit?

DETAIL PRESCRIBING AREAS			
Disease area to be prescribed for: EXAMPLE; Asthma	List all medicine's that you do, or may prescribe e.g. Salbutamol inhalers	Recent CPD supporting prescribing in the area (include dates) EXAMPLE; Formal updates, courses attended, journal articles (or whatever applies). Please give as much detail as possible.	Please state guidelines or attach protocols worked to EXAMPLE; BTS guidelines

<p>Do you receive clinical supervision? If yes</p> <ul style="list-style-type: none"> • How often? • With whom? I.e. medical mentor/colleague • How is this recorded? <p>If no, give reasons why</p>	
<p>Have you identified any CPD needs relating to prescribing and if so, how do you plan to address these needs?</p>	
<p>Antimicrobial Stewardship eLearning YES/ NO</p>	<p>Date completed</p>
<p>Evidence of competence to prescribe in your area of speciality: EXAMPLE; 10 years experience or Asthma Diploma (or whatever applies)</p>	
<p>Confirmation of Portfolio evidence</p>	<p>Appraisal due date + Appraiser name</p>
<p><u>CONFIRMATION OF COMPETENCY TO TAKE A PATIENT'S HISTORY, UNDERTAKE A CLINICAL ASSESSMENT AND DIAGNOSE WITHIN THE AREA AND FIELD OF PRACTICE IDENTIFIED</u></p> <p>SIGNATURE OF PRESCRIBER (electronic is acceptable) Date:</p>	
<p><u>This approval to practice form must be completed when prescribing commences and reviewed if area or field of practice changes and at Annual Review</u> <u>Copies to: 1. Medicines Management Nurse Lead 2. Line Manager</u></p>	

Appendix C

Prescribing Appraisal
Standard 3: All NMP's will undergo a prescribing appraisal with a suitably qualified individual every 3 years
Standard 4: All NMP's will evidence their ongoing competence to prescribe in a portfolio

Date of Appraisal	Prescriber:	Job title:	Signature:
	Reviewer:	Job title:	

<p>Review of a portfolio of evidence: To demonstrate continued competence in prescribing practice</p> <p>(Peer review- examples may include Case reviews/ peer groups/ clinical supervision/ discussion of prescribing practice/ case analysis)</p>	Comments
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<p>Clinical Log: A structured record of a learning event to support critical reflection of practice and learning</p> <p>Examples- reflection/ peer discussion/ supervision</p>	Comments
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<p>Continuing Professional Development CPD: To ensure skills and knowledge are kept up to date and that the individual may practice safely and effectively.</p> <p>Examples: Planned CPD event/ learning in response to error/ Audit/ Patient experience/</p>	Comments
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Peer Review

The Peer review is a supportive process, providing prescribers with an opportunity to reflect upon their practice and provide assurance of their prescribing expertise. The reviewer must be appropriate to the level of the prescriber (i.e. independent prescriber must be assessed by another experienced independent / medical prescriber in the same clinical field)
It is recommended that the prescriber keeps the case log to form part of their professional revalidation

Case 1	Yes- signature of peer reviewer	No- signature of peer reviewer (state if not applicable)	Comment/ action
Documentation is consistent with professional standards and guidelines			
Patient presenting complaint clearly documented			
Medical History, Medication History, including allergies recorded			
Requests and interprets relevant investigations to inform treatment options			
Correct working diagnosis formulated and documented			
Medication prescribed is appropriate for the condition, correct drug, dose, route frequency recorded			
Follow up/ patient education to assess efficacy of treatment / when or whom to contact if concerned is documented			

