

Non-Medical Prescribing Framework

Non - Medical Prescribing Framework			
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1.0 Introduction

Non-Medical Prescribing (NMP) is a key component of modern healthcare delivery within the United Kingdom, designed to improve patient access to medicines, streamline care pathways, and enhance workforce flexibility. The legal authority for NMP is underpinned by national legislation and professional standards, which have evolved significantly since the initial restrictions of the Medicines Act 1968.

Following recommendations from the Cumberlege Report (1986), prescribing rights were gradually extended beyond doctors and dentists. The Health and Social Care Act (2001) introduced supplementary prescribing, and subsequent legislative changes enabled non-medical prescribing for nurses and pharmacists in 2006, later expanding to other allied health professionals.

Prescribing by non-medical health care professionals is now an essential requirement for the provision of many clinical services. It has been adopted as part of service strategies and is central part of many transformed roles. Non-medical prescribing supports:

- improved patient care.
- makes it easier and quicker for patients to get the medicines they need.
- increase patient choice in accessing medicines.
- makes better use of the skills of health professionals

Non-medical prescribing refers to the practice of registered healthcare professionals, other than doctors or dentists, prescribing medication. This includes nurses, pharmacists, optometrists and other allied health professionals, who have undergone additional training and possess the necessary regulatory qualifications to prescribe within their area of expertise.

Throughout this document, the use of the term 'non-medical prescribing' should be taken to include independent and supplementary prescribing and those with V100/V150 community nurse prescribing qualification unless otherwise stated. The use of the term 'non-medical prescribing' is used to simplify the document.

Appendix A describes the type and scope of non-medical prescribers depending on profession.

1.1 Aim

The aim of this document is to provide a framework which will allow non-medical prescribers working within NHS Lothian to practice safely and effectively. It sets out the governance, administrative and procedural steps necessary to ensure patient safety and adherence to best practice guidance relating to non-medical prescribing within NHS Lothian

It is to be applied to all settings including acute, primary care, partnerships and community settings. It describes the responsibilities of NHS Lothian non-medical prescribers and the clinical services and managers where they are employed to ensure that they comply with current legislation and guidance.

This document describes the principles on which the governance for non-medical prescribing in NHS Lothian is based to ensure that:

- The emphasis remains patient focused and on improving safe access to medicines.
- That prescribing is an appropriate and agreed extension of practitioner's roles.
- All non-medical prescribers are appropriately qualified for their role and work within national and local guidance.
- Non-medical prescribers are supported in their role and have access to continuing professional development.

This document should be used in conjunction with:

- Relevant professional codes of conduct and professional standards
- The Royal Pharmaceutical Society* Competency Framework for Prescribers (2021)
- NHS Lothian Safe Use of Medicines Policy and Procedures
- Relevant NHS Lothian policy, procedures and guidelines
- East Regional Formulary
- Relevant national policies and guidelines
- Human Medicine Regulation (2012)

This framework is subject to change as UK policy and legislation evolves. It is the responsibility of the individual registered prescriber to ensure that they are referring to the most up to date legislation and version of this framework.

**The Royal Pharmaceutical Society will officially become the Royal College of Pharmacy by April 2026.*

1.2 Purpose

To provide guidance on best practice for non-medical prescribers in NHS Lothian

- To define legal requirements for healthcare professionals to become non-medical prescribers on their professional register
- To advise non-medical prescribers on clinical governance processes and structures in place in NHS Lothian to support prescribing within clinical practice
- To advise non-medical prescribers of their responsibilities to prescribe medicine and prescribable items safely, appropriately and cost effectively for their patients, and within their relevant scope of practice and agreed prescribing activity.
- To advise clinical service and managers of their role and responsibilities to support staff during their prescribing training and subsequent practice.

- To set out the requirements of healthcare professionals once qualified as a non-medical prescriber within NHS Lothian to register their qualification, and to ensure that NHS Lothian central prescribing register and database is accurate, and liability is extended.

1.3 Scope

This framework is intended to inform all non-medical prescribers and associated clinical services across NHS Lothian. It is not aimed at healthcare professionals who are not prescribers. It supports non-medical prescribers who have completed an accredited prescribing course and registered this qualification with their regulatory body and who are required to prescribe as part of their role and agreed practice in NHS Lothian. This framework is not aimed at prescribers who are employed by another NHS Board, healthcare organisation or private employer.

This framework does not cover supply or administration using a Patient Group Direction (PGD) or other Prescription Only Medicine (POM) exemptions.

Schedule 17 and 19 of the Human Medicines Regulations 2012 outline exemptions for certain healthcare professionals to supply and administer prescription only medicines and this framework does not cover these exemptions. Further information can be found here [The Human Medicines Regulations 2012](#)

1.4 Clinical legal liability and indemnity

NHS Lothian has vicarious liability (in other words, is responsible) for employee's actions and omissions at work and provides appropriate indemnity cover for prescribers whilst working within the agreed scope and parameters of their NHS Lothian role and their scope of competence.

Non-medical prescribers must

- be registered with their professional regulator
- have their prescribing qualification annotated on their professional register
- Apply for and obtain organisational prescribing permissions and a unique prescribing number from the NHS Lothian prescribing lead (see section 2.1)
- include reference to prescribing within the job description

Non-medical prescribers are responsible for their prescribing decisions. This includes:

- Clinical assessment and numeracy skills.
- Obtaining patient history, including medical history, medication and allergy status
- Diagnosis where necessary
- Prescribing and follow-up care, including monitoring, referral and safety netting

- Ensuring that the clinical assessment and prescribing decision is appropriately and clearly documented in the appropriate patient records.

They must work within their scope of practice and competency, as defined by their professional regulator and the Royal Pharmaceutical Society A Competency Framework for all Prescribers (2021)

Prescribers must comply with relevant legislative and professional frameworks and be able to justify their actions or omissions. Prescribing outside the legal parameters of non-medical prescribing is a criminal offence.

Independent contractors are expected to have appropriate indemnity insurance to cover their employees and their practice.

1.5 Dual Registration

You can only prescribe within the professionally regulated role where you hold the specific prescribing qualification, annotated to that professional register.

Prescribing rights are specific to the profession in which they were granted and are not transferable to a different profession or registration, for example, if you hold an NMC registration you can only prescribe when you are employed to work under that registration and you cannot use prescribing rights from a nursing qualification to prescribe while working as a registered physiotherapist.

2.0 Prescribing Governance in NHS Lothian

Organisational governance for non-medical prescribers refers to the systems and frameworks to ensure that they practice safely, competently and professionally within their scope of practice.

Regulatory and professional bodies set the standards and competency frameworks that individual prescribers and organisations must follow.

NHS Lothian provides oversight and support for prescribers, which is based on the legal and ethical requirements for prescribing. It supports the quality of care and patient safety, by managing risk, monitoring prescribing activities and providing a structure for continuous improvement.

NHS Lothian Medicine Governance 2023-2027 strategy aims to ensure the safe, clinically effective, and cost-effective use of medicines in NHS Lothian, aligning with Scottish Government Policy and NHS Lothian Strategy [Pharmacy Strategy 2021 -26 FINAL VERSION.pdf](#) . This includes an assurance framework to support safe high quality and appropriate prescribing (maximising therapeutic benefit, minimising medication incidents, and avoiding drug interactions and adverse events) and to optimise the use of medicines by

achieving efficiency in prescribing (reducing harm, getting value for money and reducing waste).

Further information on Medicine Management in NHS Lothian can be found here [Medicines Management](#)

The Area Drug and Therapeutics Committee (ADTC) is the professional advisory group for medicine governance in NHS Lothian. It is a clinically driven committee that ensures medicines issues are addressed across the health system and reports to NHS Lothian's Board through the clinical governance structure.

Further information on ADTC can be found here [Area Drug and Therapeutics](#)

Individual Prescriber

As well as NHS Lothian providing frameworks, policies and support structures to ensure safe, effective prescribing, the individual prescriber is accountable and responsible for their decisions, actions or omissions and for maintaining competence. Prescribers should have awareness and understanding of organisational governance within NHS Lothian, as well as familiarity with agreed organisational processes as described in this framework.

Clinical Service

Clinical services in NHS Lothian who employ non-medical prescribers where prescribing is part of their agreed role, should ensure they promote collaborative multi-professional team prescribing to ensure the delivery of safe care for patients. Additionally, leads and managers of these services are responsible for ensuring that local service prescribing standard operating procedures aligned to this framework are in place to define agreed patient groups and scope, with clear escalation or referral pathways specific to their service. Managers should consider how the individual will be supported to undertake required CPD in relation to prescribing, which may include protected time.

It is important that as part of prescribing governance, managers ensure that prescribing is clearly agreed and stated on job descriptions if it is a requirement of the role within NHS Lothian. This addition will also recognise and support ongoing development and supervision for prescribers allowing them to meet professional revalidation and appraisal requirements.

2.1 The role of NHS Lothian prescribing lead

NHS Boards must have a professional lead for non-medical prescribing and hold an up-to-date register of all non-medical prescribers who are required to prescribe as part of their

role within the board. The NHS Lothian prescribing leads are responsible for ensuring that there are processes to allocate prescriber numbers and maintain the prescriber registers.

Permissions to prescribe within NHS Lothian and therefore extension of vicarious liability, must come through the prescribing lead. NMPs must not prescribe in NHS Lothian prior to approval and allocation of a unique prescribing number provided through the prescribing lead. There may be some circumstances where permissions are paused for individual prescribers by the prescribing lead. In this situation, it will be made clear to the prescriber that a pause is in place and that during the pause they are not covered or authorised to prescribe within NHS Lothian.

NHS Lothian has two separate prescribing leads to support different professional groups, a Nurse, Midwifery and Allied Health Professional (NMAHP) Lead and a Pharmacist Lead. Throughout this document the term 'relevant prescribing lead' refers to these separate profession specific leads.

Key responsibilities of prescribing lead across NHS Lothian include

Promoting and Coordinating:

A central point of contact for all matters related to non-medical prescribing, ensuring that information is disseminated effectively and that prescribing practices are aligned with organisational goals and policies.

Clinical Governance:

Providing assurance to the organisation that only those with a regulated prescribing qualification and who are required to prescribe within their agreed NHS Lothian role have permissions to prescribe within NHS Lothian (see section 3.1).

Responsible for establishing and maintaining robust clinical governance systems for non-medical prescribing. This includes developing and implementing policies, procedures, and guidelines to support safe and effective prescribing practices, as well as monitoring and evaluating prescribing activity. Subject to service need and assurance on governance, the NMAHP prescribing lead also provides organisational permissions for individuals in these professional groups to undertake the Independent and Supplementary prescribing course.

Procedures within Pharmacy differ as pharmacists will qualify as prescribers at point of registration from August 2026. Pharmacy service leads are responsible for approving existing pharmacists to undertake the Independent Prescribing course depending on service need.

Support and Development:

Provides support and development to non-medical prescribers, including guidance on prescribing practices, medication management, CPD opportunities and relevant legal and ethical frameworks.

Communication and Collaboration:

Communication and collaboration with various stakeholders, including prescribers, managers, other healthcare professionals and HEI's, both locally, regionally and nationally

Strategic Development:

Development and implementation of strategic plans for non-medical prescribing within NHS Lothian, ensuring that it aligns with broader healthcare goals and priorities.

2.2 Error reporting including adverse reactions and adverse events

Reporting medication and prescribing errors, adverse events and near misses is crucial for patient safety and quality improvement to minimise harm to patients and input into learning systems. If a prescriber identifies an error made by themselves or by another, immediate actions must be taken to prevent harm to the patient and to report the error. As well as a local investigation and review, if deemed appropriate due to significant risk, the relevant prescribing lead should be informed to help identify individual factors or wider system causes and support the prescriber and service in any improvement and learning.

An adverse event is defined as an event that could have caused, or did result in, harm to people including death, disability, injury, disease or suffering and/or immediate or delayed emotional reaction or psychological harm.

Duty of Candour is a legal requirement mandating that health boards be open and honest with patients and their families when unexpected or unintended events, including medication errors, cause harm. In these instances, there is a requirement for health boards to apologise and meaningfully involve patients and families in a review of what happened. When the review is complete, the organisation should agree any actions required to improve the quality of care, informed by the principles of learning and continuous improvement. [Duty of Candour - Healthcare standards - gov.scot](https://www.gov.scot/topics/health/standards/healthcare-standards)

All errors, near misses and adverse events should be reported through the agreed processes and systems, for example through Datix or agreed local reporting system. The Datix reporting system has a function to report if a prescriber other than a doctor or dentist was involved in the incident or the reporting of the incident.

Following a prescribing error and in conjunction with the clinical service and the assessment of risk, the organisational prescribing lead may decide to pause individual prescribing permissions whilst an investigation or critical improvement work is undertaken.

Yellow Card Scheme in the UK is used to report suspected problems, including those from medication errors, to the [MHRA website](https://www.mhra.gov.uk) (Medicines and Healthcare products Regulatory Agency), helping to monitor safety and prevent harm by identifying potential issues early.

For suspected adverse drug reactions (ADRs) to medicines, including ADRs associated with misuse, overdose, medication errors, defective/ fake medicines or from use of

unlicensed and off-label medicines, prescribers can report through the Yellow Card Scheme website [Yellow Card | Making medicines and medical devices safer](#).

3.0 Principles of safe prescribing practice

The Royal Pharmaceutical Society Competency Framework for all Prescribers (2022) outlines the knowledge, skills, and behaviours required for safe and effective prescribing across all healthcare professions and can be found here: [A Competency Framework for all Prescribers | RPS](#)

The framework is generic, meaning it can be applied to all professions working across various practice settings and levels of expertise, and is used by regulators, professional bodies and education providers. Non-medical prescribers must demonstrate how they meet and maintain their own practice within this competency framework as part of their regulatory requirements and throughout their employment in NHS Lothian.

3.1 Authority to prescribe within NHS Lothian

Non-medical prescribers can only legally prescribe once they have successfully completed an approved prescribing programme and with the qualification annotated to the relevant professional register.

Further permissions must be sought from the organisational prescribing lead before liability is extended from NHS Lothian and when it is an agreed and required element of the role within the health board.

The relevant paperwork must be submitted to the prescribing lead. The prescriber's details and professional registration number will be checked to ensure the prescribing qualification is currently active on their register. The prescriber must not prescribe within NHS Lothian until they have received written confirmation that they are included on NHS Lothian's non-medical prescribers' database and have been provided with their unique prescribing code aligned to their service and current role.

Prescribers must also have confirmed permissions in place before they can prescribe on any electronic prescribing system (see section 3.7.1)

Prescribing should be annotated to an individual job description as described in section 2.0 of this document.

Non-medical prescribers must also follow NHS Lothian prescribing governance processes and procedures for on boarding and off boarding onto the organisational database. There is also clear guidance on the following:

- Requesting organisational prescribing permissions and unique prescribing number
- Any change of circumstances including service, roles or employer (if working for an independent contractor).

- Leaving NHS Lothian
- Going on extended leave
- Returning from extended leave or following a pause from active prescribing
- Requesting prescribing stationery
- Storage of prescribing stationery
- Reporting lost or stolen prescribing stationery
- Destroying prescribing stationery

Details on NHSL processes and relevant paperwork for NMAHP prescribers can be found here: [Independent and Supplementary Prescribing](#)

Details on NHSL processes and relevant paperwork for pharmacist prescribers can be found here: *Link to intranet site to be added once launched*

3.2 Accountability and Professional Responsibility

Prescribers are accountable for their decisions, actions and omissions and must practice within the limits of their competence and scope of practice. Accountability for prescribing decisions or the medicine prescribed cannot be delegated to any other person.

Prescribers must only prescribe within the level of their education, training and competence and act in accordance with the relevant legal, ethical and regulatory requirements.

Non-medical prescribers are responsible for all aspects of the prescribing process. They can initiate new medications and manage repeat prescriptions for existing or newly diagnosed medical conditions.

Supplementary prescribers are responsible for the decision to prescribe medicines listed in an individual Clinical Management Plan (CMP) which is agreed by a doctor or a dentist.

All prescribers are responsible for the prescriptions they sign. Prescribers must ensure that they have all the necessary information to prescribe safely. They must only prescribe within the limits of their knowledge, skills and area of competence. Any prescribing decision must be based on the needs of the person and not because of commercial interests or pressure from people, colleagues, employers or pharmaceutical companies.

NMPs should only prescribe for patients who are under their care or caseload, or patients within their agreed prescribing activity pertaining to their role.

3.3 Clinical assessment

Prescriptions should be based on a thorough assessment of the patient's clinical condition and needs, including their medical history, allergies status, current health status, and any other relevant factors, for example lifestyle or social factors. This should also include the

patients' current medication and potential interactions with any other medicine being prescribed.

Prescribers must ensure that the clinical assessment and prescribing decision is appropriately and clearly documented in the appropriate patient records. Any follow-up care, including monitoring, referral and safety netting required following the prescribing decision should also be clearly documented.

Prescribers should only propose, prescribe or provide medicines treatments and devices if they have adequate knowledge of the patient's health and medical history to assess the condition. Prescribers must be satisfied that the medicines meet the patient's needs and can be prescribed safely.

Where necessary the prescriber should have the ability to request and/or have access to the results of appropriate tests to inform clinical decision-making regarding prescribing. This includes any required ongoing monitoring of prescribed medicines

You should refer to another appropriate prescriber if the medicine is out of your personal professional scope and competence, even though you may be able to take a thorough and appropriate clinical assessment.

See section 4.6 for prescribing on the recommendation and/or request of others

3.4 Clinical need and shared decision making

Prescribing decisions should be patient-centred and medicines should be prescribed only when they are necessary, and in all cases the benefit of administering the medicine should be considered in relation to the risk involved. Medicine should not be prescribed for the prescriber's convenience or because the patient demands that you do so.

The prescriber should consider the circumstances in which the medicine is started, stopped or dose altered and ensure that these changes are accurately documented and communicated.

The NMP should prescribe in the best interests of the patient and ensure that the risks/benefits/alternatives have been discussed with the patient to allow informed choice and consent. This should include:

- Establishing the patient's priorities, preferences and concerns
- Discussing alternative treatment options and consider nonpharmacological interventions
- Having enough relevant information to make a prescribing decision
- Considering the route of the medication being prescribed and whether the patient can take the medication via this route
- Being aware of the variety of social, religious and cultural factors that may impact upon the choices the patient makes regarding the prescribing decision or options

3.5 Informed Consent

When prescribing medication, healthcare professionals must obtain valid, voluntary consent from the patient. This means the patient must have the capacity to make the decision, be provided with sufficient information about the medication (including risks and benefits), and give their consent voluntarily. Consent can be explicit (written or verbal) or implied, and it is important to document the process of obtaining consent in the patient's healthcare record.

NHS Lothian has a [Consent Policy](#) which should be followed and supports staff to comply with current requirements/legislation.

If a patient is found not to have capacity for a decision at that time, the Adults with Incapacity (Scotland) Act 2000 should be used. [Adults with Incapacity \(Scotland\) Act 2000](#)

3.6 Evidence based prescribing

Prescribing choices should be evidence based, safe and appropriate, following clinical, national and local guidelines wherever possible. This approach ensures that treatments and guidance are informed by a robust, reliable evidence base built on rigorous processes such as clinical trials, systematic reviews and peer review.

The East Region Formulary [Formulary | East Region Formulary](#) is used within NHS Lothian, to promote high-quality, safe, and effective prescribing by providing a list of evidence-based medicines approved for use within this specific geographic area. This approach helps ensure consistency in prescribing practices, reduces prescribing errors, and can lead to better patient outcomes.

Other specialist national guidelines may also be used where appropriate and agreed within services to support clinical prescribing practice and decision making.

3.7 Prescription writing

A variety of methods to issue prescriptions are used within NHS Lothian and will differ depending on location and clinical setting. Prescriptions, whether written or electronic, are legal instructions for the supply or administration of medicines issued by an authorised prescriber. They must meet legal, clinical, and governance standards.

It is important that prescribers use the correct locally agreed system to issue prescriptions in their clinical setting. Refer to section 3.7.2 and 3.7.3

3.7.1 Core requirements for prescription writing

A legal prescription, is a written or electronic instruction for the supply or administration of a medicine, issued by a qualified healthcare professional who is authorised to prescribe. A legal prescription must contain specific information, be legible, and be signed by the prescriber. It must include the patient's name, date of birth, address, the name, form, and

strength of the medication, dosage, frequency, directions for use. The prescription must be written in ink or otherwise so as to be indelible and include the prescriber's signature and date, the prescriber's contact details and designation. If using prescribing stationery (for example GP10N, - Hospital Based Pad HPB) the prescriber details on the printed prescription should match the prescriber signature.

The prescriber must sign prescriptions in the same name annotated to their relevant professional register.

- The legal requirements for prescription writing including controlled drug prescription writing can be found here: [Guidance on prescribing | Medicines guidance | BNF | NICE](#)
- NHS Lothian has various procedures regarding prescribing under the Safe Use of Medicines Policy [Safe Use of Medicines – Policy Online](#).
- It is the responsibility of the prescriber to familiarise themselves with the NHS Lothian prescribing procedures and other local guidance as appropriate.
- NHS Lothian Golden Rules for Prescribing [Golden Rules for Prescribing.pdf](#)
- NHS Lothian Prescribing in healthcare premises [Prescribing in hospitals and NHS Lothian healthcare premises Procedure.pdf](#)
- NHS Lothian Prescribing writing in community [Prescription writing in community prescribing documents Procedure.pdf](#)

3.7.2 Paper based systems

In most secondary care clinical settings, inpatient and discharge prescribing is carried out using the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system (see section 3.7.3). In areas where HEPMA has not yet been implemented, NHS Lothian–approved paper prescription and administration records, along with immediate discharge letters, should be used.

Outpatient prescribing is predominantly completed on NHS Lothian–approved outpatient letter templates; however, in certain specialties, hospital-based prescription pads (HBPs) linked to a financial prescribing code may also be used.

[Hospital Based Prescriptions Procedure for Dispensing by Community Pharmacy.pdf](#)

Within primary care there are different prescriptions depending on the profession of the prescriber. The different types of centrally issued prescribing stationery by National Services Scotland (NSS) used within NHS Scotland can be found here [Order prescription stationery | National Services Scotland](#).

It should be noted that NMP prescribing stationery described in this link is only able to be ordered via the prescribing lead and their team and following governance checks for the individual prescriber.

There are different colour forms for different prescribers (e.g., GP, nurse, pharmacist) and these immediately indicate the type of prescriber to the dispensing pharmacy staff. Using

specific forms for different prescribers also supports data collation and quality of patient-level reporting and auditing of prescribing decisions and trends.

3.7.3 Electronic prescribing systems

Within most of secondary care clinical settings, inpatient and discharge prescription prescribing is mainly via the hospital electronic prescribing and medicines administration system (HEPMA). Other bespoke electronic prescribing systems are available for certain specialist services, e.g., Chemocare in cancer services.

Any agreed electronic prescribing system used in NHS Lothian must comply with legal requirements for writing a prescription.

Prescribers should ensure they are fully trained and familiar with any electronic system they use to generate prescriptions.

Non-medical prescribers must obtain organisational permission to prescribe before issuing a prescription on an electronic system. There are agreed governance processes within primary and secondary care to ensure on boarding and off boarding to an electronic system for non-medical prescribers is safely supported. See Section 6.0 for signposting to these processes.

3.8 Communication and record keeping

All prescribing decisions (including any decision not to prescribe) must be accurately documented and communicated as soon as possible and ideally at the time of prescribing to ensure there is an auditable trail of activity relating to the patient as well as clear communication for other healthcare professionals involved in the patient's care. Accurate documentation of prescribing decisions and the related clinical assessment is crucial for patient safety, continuity of care, and legal protection. It ensures that all healthcare professionals involved in a patient's care have a clear understanding of the prescribed medications, the rationale behind the choices, and any other relevant information including monitoring and follow up. This reduces the risk of medication errors, promotes effective communication, and provides a record for future reference and accountability.

Where clinical systems or records may not be easily accessible by healthcare staff involved in a patient's care, an alternative agreed route should be in place. This may occur by a proforma that is sent via secure email or in the patient held record. Where an email is used to transfer personal identifiable data including patient CHI number, the relevant organisational data protection policy and guidelines should be followed. [Data Protection Policy.pdf](#)

3.9 Transcribing

Transcribing is the exact copying of legally prescribed medicine details for the purposes of administration only. For example, from a prescription to a medication administration record

(MAR chart) or from a hospital chart to a community pharmacy record. Since transcribing is the copying of medicines information for the purposes of administration, it cannot be used:

- in place of prescribing
- to supply or dispense medicines to directly supply to a patient
- to add new medicines
- to alter or change original prescriptions

Where transcribing is required to support service delivery a risk assessment must be undertaken. Further information on transcribing and best practice can be found here:

[Understanding transcribing for medicines administration – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

3.10 Supplementary Prescribing and Clinical Management Plans

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed service user specific clinical management plan (CMP). The CMP outlines the conditions, medicines, and any limits to prescribing for a named patient, ensuring safe and effective treatment within a defined framework.

The CMP must be patient specific and drawn up, with the patient's capacity to consent, following diagnosis of the patient, and following consultation and agreement between the doctor and the supplementary prescriber. Patients who are deemed without capacity are therefore excluded from being able to consent to a supplementary prescribing agreement. Refer to 3.5 for details on Informed Consent.

CMPs do not need approval from any committees as they are agreements between the doctor or dentist and the supplementary prescriber with the consent of the patient.

A supplementary prescriber cannot practice outside of the agreed CMP and must prescribe within legal regulations, their scope of competence and regulatory body. Within the framework set by the CMP, a supplementary prescriber can prescribe from the full range of medications within the British National Formulary (with the exception of some controlled drugs). They are also able to prescribe 'off label' as well as unlicensed drugs (see Appendix A)

A CMP may also be used by an independent prescriber to develop and support prescribing competence and knowledge in a new clinical area of expertise, or with certain medicine treatment regimes.

3.11 Repeat prescriptions

The prescriber is fully accountable for any repeat prescription they issue. The principles of safe prescribing should remain when issuing a repeat prescription, even if the medicine was initiated by another prescriber. Non-medical prescribers should only prescribe within their area of competence and expertise, and they should be aware of the limitations of their knowledge and skills. If they are unsure about a medication or a patient's condition, they should refer the patient to a more appropriate prescriber or seek advice.

When writing a repeat prescription, the prescriber must assess the patient's ongoing needs, potential risks, and ensure that the medication remains appropriate with correct monitoring in place.

Repeat prescribing within primary care

Those NMPs within primary care who reauthorise and / or sign repeat / serial prescriptions need to be mindful of the safety risks associated with repeat /serial prescriptions and must work within local guidance / standard operating procedures.

Particular attention is required to address higher risk medicines, complex patients and higher risk prescribing scenarios. There is a need to ensure that the appropriate level of medication review is carried out with the appropriate frequency and with the appropriate level of clinical input. The frequency of review will be dictated by the nature of the medicine and dose as well as the patient scenario, such as how well they organise their repeats, if they are taking medicines with abuse potential and how well the patient is aligned with the prescribing and monitoring schedule set out by their prescriber.

There is further useful guidance available from the Royal Pharmaceutical Society and Royal College of General Practitioners for those working in Primary Care [Repeat Prescribing Toolkit](#)

4.0 Special Prescribing Circumstances

4.1 Vulnerable Groups

Particular attention is needed when prescribing for vulnerable groups, such as older adults, children, those with learning disabilities, mental health conditions, and those at risk of harm. This includes understanding of identifying and assessing vulnerable patients, conducting thorough clinical assessments and ensuring appropriate safeguards are in place and consent obtained.

4.2 Prescribing in pregnancy

All medicines prescribed to pregnant or postnatal women need to be considered in terms of any potential impact on the foetus, the pregnant woman, and baby if breastfeeding. Non

midwife non-medical prescribers can prescribe for pregnant and postnatal women, but they must have the competence to do so and be in the scope of their agreed role.

Applying key principles of prescribing is important when prescribing for a woman of childbearing age or for a man trying to father a child. The principles help address the challenges and risks associated with prescribing during pregnancy. The principles are:

- Prescribe only when beneficial and undertake a risk/benefit assessment
- Use the minimal effective dose
- Avoid known teratogens
- Avoid newly licensed medicines where possible
- Avoid polypharmacy
- Avoid using medicines in the first trimester where possible

Services should ensure clear, pre-agreed pathways are in place to support prescribing in pregnancy and non-medical prescribers should work collaboratively with other specialist relevant healthcare professionals, referring to a midwife or doctor where appropriate.

4.3 Friends, family and close colleagues

NMPs should only prescribe for patients who are under their care or caseload or patients within their agreed prescribing activity pertaining to their role. Prescribing for anyone with whom a prescriber has a close relationship with should be avoided wherever possible and only in exceptional circumstances and where there is no other prescriber available. If a prescription is made in these circumstances, the prescriber must clearly document the circumstances and reason for prescription, including the relationship to the patient and (with permission) inform the patient's GP to ensure continuity of care.

4.4 Remote consultations and prescribing

Remote consultations and prescribing occur when the prescriber is not physically present with the patient but still makes a prescribing decision based on clinical information gathered through other means.

It is best practice to have an in person, face to face consultation and assessment of the patient to issue a prescription. However, some circumstances and clinical settings means that remote consultations, whether by telephone or video call, may be appropriate.

Prescribing based on a remote consultation should only be used when it is in the best interests of the patient and when the prescriber has adequate information to make an informed and safe decision. Prescribers must satisfy themselves that they have sufficient information about the patient's condition, medical history, and potential risks before prescribing remotely. The prescriber must also ensure they have considered any follow up or monitoring required as well as documentation of the assessment and prescribing decision and communication to the patient's GP or if relevant, specialist healthcare team.

Prescribers should be aware that not all medicines are suitable to be prescribed by remote methods such as telephone, email, online video or communication via a third party and may require extra safeguards to be put in place to make sure they are clinically appropriate. This includes but is not limited to medicines liable to misuse, medicines which have a higher risk of fatality or serious harm if taken in overdose, and medicines where there needs to be a physical examination of the person to support a safe prescribing decision

All prescribers must take individual responsibility for their prescribing decisions and should recognise that there are certain areas of practice where remote prescribing is unlikely to be suitable.

If remote prescribing is part of an agreed service delivery model within NHS Lothian, the service should have systems in place to safeguard the patient including systems to verify patient identity, assess and mitigate potential risks, and ensure ongoing monitoring, especially for vulnerable patients. Further information on good practice for remote prescribing can be found in the following documents:

[Remote prescribing high-level principles - summary - GMC](#)

[Useful information for prescribers - The Nursing and Midwifery Council](#)

[Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet](#)

[General Questions](#) (Section on HEPMA intranet site on remote prescribing)

4.5 Telephoned prescriptions

4.5.1 Acute and REAS

Telephoned prescriptions may only be given or accepted in approved areas, in defined circumstances, where if not used there would be a detrimental effect on patient care. A risk assessment must be undertaken for areas concerned, and the situation must be continuously monitored. Refer to NHS Lothian [Telephone prescriptions Procedure.pdf](#) for more detailed information. This procedure must only be carried out in the following areas – community hospitals that do not have 24-hour medical cover or HEPMA, police custody suites within the Forensic Medical Examiner Service and only in exceptional circumstances.

4.5.2 Primary care

In Primary Care NMPs may telephone a request to a pharmacist in a community pharmacy to supply a prescription only medicine to a patient without a prescription in an emergency. This situation would only apply where the patient urgently needs the medicine(s), and the patient cannot collect the prescription from the prescriber, or the prescriber is unable to

drop off prescription at the pharmacy. The prescriber must provide the community pharmacist with the prescription within 72 hours.

Telephone prescriptions are illegal for controlled drugs within Schedule 2 or 3; phenobarbital is the exception and can be authorised by a nurse or pharmacist independent prescriber / supplementary prescriber for the treatment of epilepsy. (ROYAL PHARMACEUTICAL SOCIETY (2025). *Medicines, Ethics and Practice Edition 48 2025*. Royal Pharmaceutical Society)

4.6 Prescribing on the recommendation, assessment and/or request of others

If you prescribe based on the proposal or recommendation of another healthcare professional, you must be satisfied the prescription is needed, appropriate for the patient, within the limits of your competence and that you have enough information to safely proceed.

A prescriber can legally sign a prescription based on the assessment of a non-prescriber, but the prescriber remains fully responsible and accountable for the decision to prescribe. The non-prescriber can provide a professional opinion or recommendation, and the prescriber must then consider all relevant information, such as patient history and test results, before making the final prescribing decision themselves. The non-prescriber must be qualified, experienced, and knowledgeable enough to make the assessment and be competent to make the recommendation regarding the medicine. The prescriber must ensure they have sufficient information and that the process is safe.

Prescribers who prescribe under a shared care agreement must be aware of their responsibilities when prescribing and primary care prescribers must receive comprehensive information to allow safe and effective prescribing.

Further information on shared care agreements including prescriber responsibility can be found in NHS Lothian Policy Online [Procedure for the shared care of medicines](#) and East Regional Formulary [Formulary | East Region Formulary](#)

4.7 Simultaneous prescribing, supplying and administration

It is best practice and wherever possible, the prescribing and dispensing/supply and or administration of medicines should normally remain separate functions and performed by separate healthcare professionals to protect patient safety.

Where exceptional clinical circumstances make it necessary and, in the patient's best interest, the same healthcare professional may undertake the prescribing, dispensing and /or supply/administration of medicines. When this occurs services must ensure there are robust processes in place to mitigate risk including risk assessments, detailed audit trails and documentation.

Practitioners who administer medication should do so under NHS Lothian Policy [Practitioners authorised to administer medicines](#).

A position statement from Royal College of Nursing and Royal Pharmaceutical Society is available and should be used by services to support this process and to mitigate risk [Prescribing and dispensing by the same healthcare professional](#)

4.8 Prescribing in Clinical Trials

Prescribing in clinical trials is a structured process governed by specific guidelines to ensure patient safety and trial integrity.

Further information including prescriber responsibility can be found in NHS Lothian Policy Online [Medicines used in research and clinical trials](#)

4.9 Unlicensed medicine and off label prescribing

Off label prescribing is the term used to describe the action of prescribing a medicine or product for reasons other than its licensed indications. These are medicines that have a valid marketing license but are being used outside of the terms of that licence.

Unlicensed medicines are classified as medicines without a UK marketing authorisation and may include medicines undergoing clinical trial, medicines awaiting UK marketing authorisation, medicines withdrawn from the UK market, or medicines manufactured for export.

NMPs must ensure they are familiar with the specific prescribing restrictions regarding unlicensed medicine and off label prescribing for their profession and must follow professional and legal guidelines as well as follow any relevant NHS Lothian procedure. This includes giving information about the treatment and discussing the possible benefits and harm so that the patient can make an informed decision.

Further information on using unlicensed medicine can be found here: *Updated NHS Lothian Unlicensed Medicine procedure under construction*

[Using unlicensed medicines – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

4.10 Prescribing controlled drugs

Prescribers should only prescribe controlled drugs that are part of their professional regulatory and legislative practice, with the knowledge and competence to do so and be in the scope of their agreed role and service requirement within NHS Lothian.

Controlled drugs (CD) are subject to high levels of regulation and restrictions on how they are legally prescribed, supplied, stored and destroyed, because they pose a risk of serious harm or are associated with dependency and misuse. Prescribers have responsibilities to ensure that controlled drugs are managed and used safely.

All staff involved in prescribing, handling, or administering CDs must be appropriately trained and familiarised with controlled drug policy and procedure. This includes awareness of legal responsibilities, safe storage, and disposal procedures.

Prescribers must comply with the *Misuse of Drugs Regulations 2001* and the *Controlled Drugs (Supervision of Management and Use) Regulations 2013* and only prescribe within their scope of competence and professional registration.

The controlled drugs which can currently be prescribed by each non-medical professional group is in Appendix A of this framework. Prescribers should refer to the relevant legislation and professional regulatory body for the most up to date information. Further information including the classification of controlled drugs and prescription requirements and security can be accessed here: [Controlled drugs and drug dependence | Medicines guidance | BNF | NICE](#)

NHS Lothian Controlled Drug Accountable Officer remains accountable for systems for the safe Management and use of CDs, including prescribing. The Controlled Drug Governance Team support the Controlled Drug Accountable Officer with this role. Tasks they undertake include risk assessment, audit, inspection and monitoring of all processes related to CDs.

Further information including prescriber responsibility can be found in NHS Lothian Policy Online [Controlled Drugs Procedures](#) (Section 1.8 of this procedure states the legal requirements for a controlled drug prescription)

5.0 Additional governance considerations for non-medical prescribers

5.1 Continuing Professional Development (CPD) and improving prescribing practice

Non-medical prescribers have a professional and regulatory responsibility to maintain and enhance their prescribing skills and knowledge, ensuring safe and effective patient care. Understanding current prescribing practice, identifying areas for improvement and implementing changes to enhance safe and effective prescribing is an essential part of an individual prescriber's clinical governance.

Clinical services who employ non-medical prescribers should allow time for CPD within job plans and this should be agreed and discussed at annual appraisal.

All non-medical prescribers should have their prescribing discussed as part of their annual appraisal with their line manager and where possible, ongoing clinical supervision. Supervision is a process of ongoing learning and development and involves structured, regular time enabling individuals to reflect on and develop their knowledge, skills and competence through agreed regular support with other professionals, including seeking feedback on their decisions. This should include where possible seeking patient and service user feedback

Additionally, prescribing should be part of the relevant regulatory renewal or revalidation process.

Under Domain 9 of The RPS Competency Framework for Prescribers it states that prescribers should:

- 9.1. Improve by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.
- 9.2. Act upon inappropriate or unsafe prescribing practice using appropriate processes.
- 9.3. Understand and use available tools to improve prescribing practice.
- 9.4. Take responsibility for own learning and continuing professional development relevant to the prescribing role.
- 9.5. Make use of networks for support and learning.
- 9.6. Encourage and supports others with their prescribing practice and continuing professional development.

CPD for non-medical prescribers can be obtained in a variety of ways, such as formal courses, online learning and practice-based experiences. CPD should support and focus on improving prescribing practice and keeping up with current guidelines and regulations. Reflecting on prescribing practice, for example through journaling, case studies, or peer discussions should be encouraged as part of CPD and is a requirement of professional regulatory codes of conduct.

5.2 Audit / Work Based Assessment of Prescribing

Auditing prescribing practice is crucial for ensuring patient safety and improving the quality of healthcare. Auditing involves systematically reviewing prescribing practices against agreed standards. Examples could include, assessing the appropriateness of medication choices, the accuracy of prescriptions, the management of repeat prescriptions, and the reduction of medication errors.

Individual prescribing data reports from electronic systems for the purpose of audit can be obtained through request via the relevant prescribing lead.

Prescribers may also consider undertaking a work-based assessment of prescribing which promotes reflective practice and peer review.

5.3 Scope of prescribing and medicine formulary use

The scope of prescribing or agreed prescribing activity for individuals and the medicine they are competent to prescribe will differ between prescribers and teams depending on the role they are in. Prescribing practice will evolve and change over time and will be influenced by several factors including experience and knowledge, clinical setting, service provision and patient need.

Prescribing scope and activity will also depend on the clinical presentations and setting, for example generalist prescribers manage a wide range of conditions with broad knowledge, while specialists will focus on specific diseases within their area of expertise, often with deeper knowledge and more targeted therapeutic approaches.

In NHS Lothian, prescribers should be prescribing from, East Regional Formulary (ERF), British National Formulary (BNF), nationally recognised clinical guidelines for example SIGN, or agreed national speciality prescribing guidelines and protocols.

A personal core formulary for prescribers supports focused learning, improved prescribing skills, and enhanced competence, especially for those in training or transitioning to new roles. A personal core formulary is not a regulatory or legal requirements however having a list of commonly prescribed medicines supports prescribers by improving safety, consistency, efficiency, and governance, while enabling confident, evidence based-prescribing.

Further information on scope of prescribing and personal core formulary can be found here [Scope of Practice and Continuing Professional Development](#)

5.4 Security of prescription stationery

Guidance has been provided by NHS National Services for organisations and prescribers to follow to ensure the security of prescription forms against theft and abuse. [Access Prescription forms and guidance | National Services Scotland](#)

The security of prescription stationery is a shared responsibility between employers and prescribers, requiring secure storage in locked locations on clinical sites, holding limited stock, and processes for secure receipt, handling and destruction.

Prescribing stationery should not be stored in the prescriber's own home or car and during home visits prescribing stationery should be always kept on the prescriber's person.

Any loss or theft must be immediately reported to the prescribing lead, and clinical service or practice and a datix (or equivalent reporting system) should be completed. Any loss or theft will then be escalated by the prescribing office to counter fraud and community pharmacy. In some circumstances the loss or theft will also be escalated to Controlled Drug Accountable Officer and the police.

6.0 Processes and procedures

All non-medical prescribers who are employed by NHS Lothian and required to prescribe as part of their clinical role within the organisation must familiarise themselves and follow the correct organisational governance process.

Nurse, Midwives, Allied Health Professionals – further information on these processes can be found here [Independent and Supplementary Prescribing](#)

NMC (Nurse and Midwifery Council) /HCPC (Health and Care Professions Council) /GOC (General Optical Council) registrant processes

Prescribing permissions in NHS Lothian

- Obtaining
- On boarding/off boarding
- Pausing
- Change of role
- Change of service
- Prescribing on staff bank
- Obtaining permissions as a locum

Ordering Prescription stationery

Storing Prescription stationery

Reporting lost stationery

Destroying Prescription stationery

GPhC (General Pharmaceutical Society) registrant processes - further information on these processes can be found here *link under construction*

- Obtaining
- On boarding/off boarding
- Pausing
- Change of role
- Change of service
- Ordering Prescription stationery
- Storing Prescription stationery
- Destroying Prescription stationery

7.0 Abbreviations

AHP Allied Health Professional

ADTC Area Drug and Therapeutics Committee

BNF British National Formulary

CD Controlled Drug

CHI Community Health Index

CMP Clinical Management Plan

CPD	Continuing Professional Development
ERF	East Regional Formulary
HEI	Higher Education Institute
HEPMA	Hospital Electronic Prescribing Medicines System
HCPC	Health and Care Professions Council
HPB	Hospital Based Prescription
GOC	General Optical Council
GP	General Practitioner
GPhC	General Pharmaceutical Council
IP	Independent Prescriber
MHRA	Medicines and Healthcare products Regulatory Agency
MAR	Medicine Administration Record
NICE	National Institute for Health and Care Evidence
NMAHP	Nursing, Midwifery and Allied Health Professionals
NMC	Nurse and Midwifery Council
NMP	Non-medical prescriber
NSS	National Services Scotland
PGD	Patient Group Direction
POM	Prescription Only Medicine
RPS	Royal Pharmaceutical Society
REAS	Royal Edinburgh Hospital and Associated Services
SIGN	Scottish Intercollegiate Guidelines Network
SPS	Specialist Pharmacy Service
SP	Supplementary Prescriber

8.0 Useful documents and further reading

East Regional Formulary [Formulary | East Region Formulary](#)

Health and Social Care Act 2001 [Health and Social Care Act 2001](#)

Legislation Gov.UK [The Human Medicines Regulations 2012](#)

NHS Lothian Controlled Drugs Procedures [Controlled Drugs Procedures](#)

NHS Lothian Golden Rules for Prescribing [Golden Rules for Prescribing.pdf](#)

NHS Lothian HEPMA guidance [HEPMA](#)

NHS Lothian Nursing and Midwifery Strategy Plan [Nursing-Midwifery-Strategy-Plan-2023-2028.pdf](#)

NHS Lothian Pharmacy Strategy [Pharmacy Strategy 2021 -26 FINAL VERSION.pdf](#)

NHS Lothian Prescribing in healthcare premises [Prescribing in hospitals and NHS Lothian healthcare premises Procedure.pdf](#)

NHS Lothian Prescribing writing in community [Prescription writing in community prescribing documents Procedure.pdf](#)

NHS Lothian Safe Use of medicine Policy and procedures [Safe Use of Medicines Policy and Procedures](#)

Royal Pharmaceutical Competency Framework for all Prescribers (2021) [A Competency Framework for all Prescribers | RPS](#)

Royal Pharmaceutical Society (2025). *Medicines, Ethics and Practice Edition 48 2025*. Pharmaceutical Press.

Specialist Pharmacy Guidance [Guidance – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Appendix A

Type and scope of prescribers depending on profession

NB - Individual prescribing types or professions may change depending on future legislation or regulation. It is the responsibility of the individual registered prescriber to ensure that they are practising under the most up to date legislation

Nursing and Midwifery Council [Standards for prescribers - The Nursing and Midwifery Council](#)

Health and Care Professions Council [Prescribing | The HCPC](#)

General Pharmaceutical Council [Standards and guidance for pharmacy professionals | General Pharmaceutical Council](#)

General Optical Council [Standards of Practice for optometrists and dispensing opticians](#)

Type of prescriber and associated regulatory body	Definition
Community practitioner nurse prescriber (V100) and (V150) Nursing and Midwifery Council (NMC)	District nurse/health visitor formulary nurses and any nurse undertaking a V100 prescribing programme as part of a Specialist Practitioner qualification. The V150 is a standalone programme to enable nurses to prescribe from the same formulary as the community practitioners. Can only prescribe from the Nurse Prescribers Formulary (NPF). Additionally, only products listed within the Drug Tariff can be prescribed
Nurse and Midwife independent /supplementary prescribers (V300) Nursing and Midwifery Council (NMC)	Nurses (IP/SP) and Midwives (IP/SP) can prescribe any licensed or unlicensed medicine in BNF, including off-label and Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and dipipanone for the treatment of addiction) Supplementary prescribers can only prescribe under a CMP.

<p>Pharmacist independent/supplementary prescribing</p> <p>General Pharmaceutical Society (GPhC)</p>	<p>Pharmacy Independent prescribers (IP/SP) can prescribe any licensed medicine, unlicensed medicines, controlled drugs (Schedules 2–5) except diamorphine, cocaine and dipipanone for the treatment of addiction.</p> <p>Supplementary prescribers can only prescribe under a CMP</p>
<p>Allied Health Professional Independent/Supplementary Prescribing.</p> <p>Currently four allied health professions (AHPs) have been given prescribing responsibilities:</p> <p>Independent and supplementary prescribing – Physiotherapy, Podiatry, Therapeutic Radiographers and Paramedics</p> <p>Supplementary prescribing – Dietetics, Diagnostic Radiographers</p> <p>Health and Care Professions Council (HCPC)</p>	<p>Physiotherapist (IP/SP)</p> <p>Any licensed medicine in BNF including off-label prescribing. Independent prescribing of controlled drugs is restricted to: Temazepam (oral), Lorazepam (oral), Diazepam (oral), Dihydrocodeine (oral), Morphine (injectable and oral), Fentanyl (transdermal), Oxycodone (oral). Supplementary prescribing within an agreed clinical management plan can include any controlled drug.</p> <p>Paramedics (IP/SP)</p> <p>Any licensed medicine in British National Formulary, including off label. Independent prescribing of controlled drugs is restricted to: Lorazepam (injection), Diazepam (injectable and oral), Codeine (oral), Morphine (injectable and oral), Midazolam (injectable and oromucosal). Supplementary prescribing within an agreed clinical management plan can include any controlled drug.</p> <p>Podiatrists (IP/SP)</p> <p>any licensed medicine in BNF, including off label, relevant to the treatment of disorders affecting the foot, ankle and associated structures. Independent prescribing of controlled drugs is restricted to: Temazepam (oral), Lorazepam (oral), Diazepam (oral), Dihydrocodeine (oral). Supplementary prescribing within an agreed clinical management plan can include any controlled drug.</p> <p>Therapeutic Radiographers (IP/SP)</p> <p>Any licensed medicine in BNF including</p>

	<p>off-label prescribing. Independent prescribing of controlled drugs is restricted to: Codeine (oral), Diazepam (oral), Lorazepam (oral), Morphine (injection and oral), Oxycodone (oral), Tramadol (oral). Supplementary prescribing within an agreed clinical management plan can include any controlled drug.</p> <p>Diagnostic Radiographers (SP) Any licensed or unlicensed medicine in BNF, including off-label and Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and dipipanone for the treatment of addiction), providing it is in accordance with patient's clinical management plan</p> <p>Dietitians (SP) Any licensed or unlicensed medicine in BNF, including off-label and Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and dipipanone for the treatment of addiction), providing it is in accordance with patient's clinical management plan.</p>
<p>Optometrists General Optical Council (GOC)</p>	<p>Optometrists (IP/SP) Any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except Controlled Drugs or medicines for parenteral administration.</p>