Non-Medical Prescribing Framework for Primary Care South Yorkshire

Document Control	
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Key updates/changes	Title – addition of primary care. Scope – included community pharmacy. NMPs – inclusion of newly qualified pharmacists from 2026. NMP responsibilities – updated to reflect local and guidelines should be followed *where clinically appropriate*. Line manager responsibilities – updated to clarify responsibility lies with employing organisation rather than ICB where tasks had previously been undertaken by CCGs. Check list developed to support robust processes. ICB MOT and NMP Lead sections combined. New RPS expanding scope and repeat prescribing guidance included/referenced. Review period extended to 3 years.
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With thanks to EAST SURREY CCG I GUILDFORD & WAVERLEY CCG I NORTHWEST SURREY CCG I SURREY DOWNS CCG I SURREY HEATH CCG for permission to use their Policy-Framework as guidance for the development of the South Yorkshire Non-Medical Prescribing Framework.

Contents

1. Background

It should be noted that the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers refers to non-medical independent and supplementary prescribers, whereas the General Pharmaceutical Council (GPhC) utilises the term Independent Prescribers. Throughout this document the term non-medical prescriber (NMP) is utilised to mean a professional with prescribing rights who is not a doctor, dentist, or vet.

1.1 Non-medical prescribing is prescribing by specially trained healthcare professionals working within their clinical competence as either independent and/or supplementary prescribers.[1]

1.2 Non-medical prescribing has been allowed in the UK since 1992.[2] Its development over the past three decades has been marked by changes in legislation, enabling the progression towards independent prescribing for nurses, pharmacists and a range of allied health professionals.

1.3 Since the inception of non-medical prescribing in the UK in 1992, the types and numbers of healthcare professionals who are eligible to become NMPs has grown.[2] NMPs are a large and expanding workforce, who play a central role in supporting our patient population in Primary Care in South Yorkshire.

1.4 The principles that underpin non-medical prescribing are[3]:

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

2. Purpose

2.1 This document sets out a framework for the development and implementation of NMP within the localities/places supported by the South Yorkshire Integrated Care Board (ICB) to support a consistent approach.

2.2 It sets out the administrative and procedural steps necessary to ensure patient safety and support effective prescribing.

2.3 The purpose of this document is to ensure that all prescribing by all NMPs is managed and governed robustly, and to ensure:

- Patient care can be improved/optimised by timely access to medicines
- Standards, systems and processes are in place to manage risk
- Professional and statutory obligations are met
- Clarification on accountability and responsibility
- Safe and effective non-medical prescribing practice.

3. Scope

3.1 The scope of this document applies to all activity by NMPs working within the localities and its member practices. *NMPs working for other organisations including community pharmacies should refer to the NMP Guidance for their employing organisation, or may wish to adopt this framework if a robust policy is not in place.*

3.2 This guidance applies to all registered nurses, pharmacists and other allied healthcare professional prescribers employed by a GP practice, or other primary care providers, as well as employers and mentors of the above.

4. Types of non-medical prescribers

4.1 **NMPs** are a range of healthcare professionals who have undertaken the appropriate training from an approved higher education institution, (or from Summer 2026 newly qualified pharmacists who have graduated under the reformed initial education and training requirements for pharmacists - full outcomes standards), to be able to prescribe medicines for patients as either **Independent** or **Supplementary Prescribers**.[4] Independent and Supplementary NMPs are identified by an annotation next to their name in the relevant professional register with the level of prescribing they are qualified to undertake.

- **Independent NMPs** are prescribers who 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 and any monitoring where necessary.[1, 4]

- **Supplementary prescribing** is a voluntary partnership between an independent prescriber who is either a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP). There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that this would be used for the management of chronic conditions. [1, 4]

5. What can NMPs prescribe?

5.1 Information on prescriber types and prescribing restrictions can be accessed here: https://cpe.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/who-can-prescribe-what/

This information is also summarised in Appendix 1.

6. Responsibilities

6.1 Responsibilities of a Non-Medical Prescriber:

6.1.1 It is the responsibility of the NMP to ensure that they have registered their prescribing qualification with their professional regulator, including payment of required fees, and have an annotation signifying that they have successfully completed the prescribing programme to be legally allowed to prescribe.

6.1.2 NMPs should ensure that they remain compliant with professional requirements in relation to Continuing Professional Development (CPD) and mandatory training (see section 10).

6.1.3 NMPs should ensure that their current job description, person specification and/or service level agreement adequately covers their prescribing role.

6.1.4 NMPs should identify a Mentor and meet with them regularly (see 6.3).

6.1.5 NMPs should take part in the annual appraisal process and have a personal development plan (PDP) in place that is reviewed annually.

6.1.6 NMPs should understand and regularly use available tools to improve prescribing e.g., patient and peer review feedback, prescribing data analysis and audit (see Appendix 2 for an example of an NMP's review of quarterly prescribing data which can be adapted/amended).[1]

6.1.7 NMPs should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing as well as other aspects of practice.

6.1.8 NMPs should ensure that they hold appropriate and adequate indemnity insurance for this role.

6.1.9 NMPs should work within their own level of professional competence and expertise and are clinically responsible for any prescription that they issue.[4, 5]

6.1.10 NMPs remain accountable for their own practice, and should apply professionalism to all aspects of their practice. They must adhere to their own professional codes of conduct and the RPS competency framework for all prescribers, as well as this guidance.[1]

6.1.11 NMPs must accept individual, professional, and clinical responsibility for their prescribing decisions including actions and omissions, understand the legal and ethical implications and cannot delegate this responsibility to any other person.[1]

6.1.12 NMPs should make accurate legible and contemporaneous records and clinical notes of any prescribing decisions they make in line with requirements of the registering body standards for records.[1] Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the patient record immediately, or as soon as possible after the consultation. NMPs should not prescribe for patients without reference to their clinical record. Where the clinical record is unavailable significant levels of caution should be applied.

6.1.13 NMPs should apply professionalism in the following ways[1]:

- Always introduces self and role to the patient and carer.
- Adapts consultations to meet the needs of different patients/carers (e.g., for language, age, capacity, physical or sensory impairments).
- Undertakes the consultation in an appropriate setting taking account of confidentiality, consent, dignity, and respect.
- Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements.
- Takes responsibility for own learning and CPD.
- Learns and improves from reflecting on practice and makes use of networks for support, reflection, and learning (see section 10).
- Recognises when safe systems are not in place to support prescribing and acts appropriately.

6.1.14 To maintain professional responsibility for NMP the competency framework for all prescribers sets out what good prescribing looks like and aims to support NMPs to be safe and effective prescribers who can support patients to get the best outcomes from their medicines.[1]

https://www.rpharms.com/portals/0/rps%20document%20library/open%20access/professional%20standards/prescribing%20competency%20framework/prescribing-competency-framework.pdf

6.1.15 NMPs should ensure they provide appropriate, evidence-based, safe, cost-effective prescribing in line with local and national guidance where clinically appropriate, and utilise any decision support software available. Rationale for prescribing outside of guidelines should be documented in the patient record. Significant levels of caution should be applied if prescribing a medicine for the first time.
NMPs should refer to and prescribe in line with, local medicines optimisation guides to prescribing.
https://southyorkshire.icb.nhs.uk/our-information/medicines-optimisation
https://southyorkshire.icb.nhs.uk/our-information/medicines-optimisation/south-yorkshire-icb-medicines-optimisation-committee

6.1.16 NMPs should understand local referral pathways, including options like Right to Choose when prescribing. Where applicable, this includes primary care commissioned services such as ADHD and weight management. NMPs should ensure patients are directed to NHS-contracted organisations.

6.1.17 NMPs should follow local practice guidelines on the management of prescription stationery in Primary care settings.

6.1.18 NMPs must have authorisation from the GP practices/primary care organisation to prescribe on behalf of their patients.

6.1.19 NMPs must ensure they have access to a budget from which to prescribe.

6.1.20 Electronic prescribing is the method of choice, but where NMPs need to prescribe on practice FP10 prescriptions they must ensure that they obtain a prescriber code using the usual practice process. (See Process for Registration of Non-Medical Prescribers in South Yorkshire SY ICB Medicines Optimisation). The existing prescriber details on a prescription must never be tampered with or other prescriber details added, whether that be handwritten or by stamp.

6.1.21 If working in more than one practice, the NMP must ensure that they use the correct prescription stationery for the practice they are prescribing in, unless the GP clinical system for the practice is electronically set up to print the NMP details directly onto the prescription. Prescriptions are not interchangeable between practices.

6.1.22 To ensure clinical governance is maintained, NMPs should only prescribe for a patient whom they have assessed for care. Significant levels of caution should be used if prescribing for patients who are not physically present or for walk-in patients where a diagnosis may be required.

6.1.23 In addition to the above, supplementary prescribers should (see sections 6.6 and 7):

- Only prescribe in accordance with the CMP.
- Recognise when they are not competent to act and pass the prescribing responsibility back to the independent prescriber.

- Pass prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified time frame agreed between both parties.
- Not agree to prescribe any medicine if they feel that their knowledge of these medicines falls outside their area of competence.

6.2 Responsibilities of the Line Manager within the Employing Organisation (e.g. GP Practice, Primary Care Network, Community Pharmacy)

Summarised in NMP Framework Operational Guidance Document Appendix 3.

6.2.1 To support the NMP to identify a Mentor.

6.2.2 To ensure that the NMP has the adequate skills and knowledge to carry out the NMP role.

6.2.3 To check the registration and qualifications of the NMP with the authorised regulatory body. They should be in good standing with their professional body with no fitness to practice limitations.

6.2.4 To ensure that a Disclosure and Barring Service (DBS) check is completed where appropriate.

6.2.5 To be aware that when a NMP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions.

6.2.6 To provide the following information to the ICB Medicines Optimisation Team Integration & Development Portfolio to enable the ICB to fulfil their obligations to register the NMP and ensure accuracy of the NMP database:

- Accurate details of any NMP that joins the organisation and will be prescribing as part of NHS commissioned services to register the NMP with the NHS Business Services Authority (NHSBSA). Prescribing should not take place until after this registration process has been completed.
- Notification if the NMP has additional employment and would like to use their prescribing code for the MOT to ensure budgets are correctly aligned and prevent inappropriate charges being made.
- Notification if the NMP has left the practice or ceases to prescribe for the MOT to ensure budgets are correctly aligned and prevent inappropriate charges being made to the leaving practice.
- Notification of any change to registration details e.g., changes to name in order for the MOT to make the necessary changes with NHSBSA.
- Specimen signature from the NMP.

6.2.7 To agree the scope of practice with the NMP.

6.2.8 To ensure that the NMPs prescribing responsibilities are outlined in the job description, person specification and/or service level agreement. NMPs that work across South Yorkshire should have this noted within each job description/employment contract to prove vicarious liability.

6.2.9 To support appropriate continual professional development of the NMP.

6.2.10 Provide assurance to the ICB the NMP will have an annual appraisal which will include relevant checks to ensure the NMP is still eligible to prescribe, and a personal development plan (PDP) in place. This can be completed with NMP line manager and with/without the NMP Mentor where appropriate. The appraisal

and PDP should include any relevant discussions, changes or issues highlighted in the NMP and Mentor regular meetings. Any changes to the NMP prescribing responsibilities should be clearly and carefully documented in the PDP.

6.2.11 To ensure the NMP is only prescribing in their area of competence.

6.2.12 Ensure NMPs have access to clinical supervision. The model of clinical supervision should be agreed at local level, taking account of other staff support mechanisms and resources.

6.2.13 Ensure NMP has knowledge of and access to local prescribing policies, formularies and guidelines. Share any updates circulated by the Medicines Optimisation team.

6.2.14 Ensure NMPs have an awareness of the prescribing budget/expenditure related to prescribing.

6.2.15 Ensure NMP learns from incidents and significant events, both personally and from learning shared across the system.

6.3 Responsibilities of a Mentor:

6.3.1 A Mentor is a registered independent prescriber e.g., GP or NMP, who has active relevant prescribing experience in the same clinical area(s) as the NMP.

6.3.2 The Mentor should agree to provide support and mentorship to the NMP where needed.

6.3.3 The Mentor should ensure the NMP is prescribing in their area of competency and has the adequate skills and knowledge to carry out a NMP role. The NMP and Mentor should:

- Meet regularly to discuss any prescribing issues and monitor the NMPs CPD portfolio for assurance purposes.
- Agree how often they should meet to discuss competencies, prescribing and CPD. The decision should consider the experience of the NMP and should be more frequent to support newly qualified NMPs or where there has been a change in role.
- Agree how often they should meet to review the NMPs prescribing data and discuss the financial/budgetary implications of their prescribing see Appendix 2 for an example of a NMPs review of quarterly prescribing data which can be adapted/amended.
- Use the 'competency framework for all prescribers' [1] to assess competence to prescribe.

6.4 Responsibilities of the ICB Medicines Optimisation Team:

SY ICB Medicines Optimisation

6.4.1 Register/deregister the NMP with the NHS Business Services Authority (NHSBSA), once notified from the employer who will provide assurance all relevant checks have been completed to ensure the NMP is legally permitted to prescribe.

6.4.2 Provide Medicines Optimisation support and advice.

6.4.3 Ensure prescribing guidance is disseminated to relevant individuals.

6.4.4 Produce and maintain an up-to-date database of NMPs in primary care in South Yorkshire.

6.4.5 Liaise with the NMP and their line manager if concerns are raised regarding prescribing, escalating to the appropriate persons/organisations where necessary.

6.5 Responsibilities of the South Yorkshire Workforce Lead (via SY workforce HUB):

6.5.1 Support and facilitate education and training for NMPs.

6.5.2 Link with Higher Education Institutions providing the education and training programmes.

6.5.3 For nurses and AHPs (note not applicable to pharmacists) manage applications via the expression of interest form for primary care and authorise HEI applications https://yhtraininghubs.co.uk/south-yorkshire/south-yorkshire-schemes/non-medical-prescribing/

6.6 Responsibilities of the Independent Prescriber within the Supplementary Prescribing Agreement:

6.6.1 The independent prescriber within the supplementary prescribing agreement must be a doctor or dentist[6].

6.6.2 It is for the independent prescriber, in discussion with the supplementary prescriber, to determine which patients may benefit from supplementary prescribing and the medicines that may be prescribed by the supplementary prescriber under the Clinical Management Plan (CMP) including the scope of the CMP. The independent prescriber will clearly need to take account of the professional relationship between themselves and the supplementary prescriber as well as the experience and degree of expertise of the supplementary prescriber when coming to a decision.

6.6.3 The independent prescriber will need to assure themselves that the supplementary prescriber has the level of skill/knowledge and is competent to take part in such an arrangement.

6.6.4 The independent prescriber is responsible for reaching an agreement with the supplementary prescriber about the limits of their responsibility for prescribing and review which should be set out in the CMP.

6.6.5 The independent prescriber should be the clinician responsible for the individual's care at the time that supplementary prescribing is to start. If this responsibility moves from one independent prescriber to another (for example from the patient's GP to a hospital consultant, or from one GP to another), the supplementary prescriber may not continue to prescribe, unless he/she negotiates and records in the patient record a new agreement to enter a prescribing partnership with the new independent prescriber.

6.6.6 Supplementary prescribing may only take place after a specified point in the individual patient episode, i.e. after assessment and diagnosis by an independent prescriber and the development of a written CMP agreed between the independent and supplementary prescriber.

6.6.7 The independent prescriber is responsible for the initial clinical assessment of the patient, diagnosis and setting the parameters and determining the scope of the CMP, although they need not personally draw it up. (The parameters should be agreed between the independent prescriber and the supplementary prescriber).

6.6.8 Patient review:

- Supplementary prescribing must be supported by a regular clinical review of the patients progress by the assessing clinician (the independent prescriber) at predetermined intervals appropriate to the patient's condition and the medicines to be prescribed, preferably with the supplementary prescriber being present.
- The intervals should normally be no longer than one year (and much less than this if antibiotics are to be included in the CMP). However, longer periods, during which the patient continues to be reviewed by the supplementary prescriber, may be occasionally acceptable in the CMP where the patients' condition has shown to be stable, and deterioration of the condition is not expected during a period longer than 12 months.
- The appropriateness of such a longer period between joint or independent prescriber clinical reviews is the responsibility of the independent prescriber though it must be agreed with the supplementary prescriber.
- If a joint clinical review is not possible, the independent prescriber should review the patient and subsequently discuss future management of the patient's condition(s) with the supplementary prescriber. Both prescribers must record their agreement to the continuing or amended CMP in order for the CMP to remain valid. They should then set a new date for review. Prescribing by the supplementary prescriber after the date of review, and without recorded agreement to the next phase of the CMP, should not continue.

6.6.9 The independent prescriber (doctor or dentist) should determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP.[12] The independent prescriber will clearly need to take account of the experience and areas of expertise of the supplementary prescriber, and the professional relationship between the independent and supplementary prescriber(s), when coming to this decision.

6.6.10 The independent prescriber may, at any time, review the patient's treatment and /or resume full responsibility for the patient's care.

6.6.11 The independent prescriber and the supplementary prescriber must share access to, consult, keep up to date and use the same common patient record to ensure patient safety.

6.6.12 The independent prescriber should provide advice and support to the supplementary prescriber as and when needed.

6.6.13 The independent and supplementary prescriber should maintain communication on an ad-hoc basis while the supplementary prescriber is reviewing and prescribing for that patient.

6.6.14 Independent and supplementary prescribers may work in more than one prescribing partnership, providing that all of the above requirements and sections 6.1 and 7 are met.

7. Clinical Management Plans (CMP)

7.1 Supplementary prescribing is a partnership between the independent prescriber (doctor or dentist) and the supplementary prescriber, who between them should draw up and agree an individual clinical management plan.

7.2 In each case, the independent and / or supplementary prescriber should obtain the patient's agreement to supplementary prescribing taking place and then discuss and agree the CMP for that particular patient.

7.3 Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record. There should be a note on the patient record that the independent prescriber, supplementary prescriber, and patient have agreed to the CMP.

7.4 It is good practice for each supplementary prescriber to keep a record of all their CMPs with respect to awareness of expiration dates and for other audit purposes.

7.5 The CMP should be included in the patient record and should specify the following:

- The name of the patient to whom the plan relates.
- The illness or conditions which may be treated by the supplementary prescriber.
- The date on which the plan is to take effect and when it is to be reviewed by the independent prescriber (doctor or dentist).
- 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 of strength or dose of any product which may be prescribed or administered under the plan.
- Any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.
- Relevant warnings about known allergies and sensitivities of the patient to, or known difficulties that the patient may have with particular medicines or appliances.
- The arrangements for notification of:
    - Suspected or known adverse reactions to any product which may be prescribed or administered under the plan AND
    - Suspected or known adverse reactions to any other product taken at the same time as any product prescribed or administered under the plan AND
    - Incidents occurring with the product which might lead, might lead or have led to the death or serious deterioration of state of health of the patient.
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the independent prescriber.

7.6 The CMP should be kept as simple as possible. The CMP may refer to national or local evidence-based guidelines, policies or protocols to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor need the CMP repeat detailed patient information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

7.7 The supplementary prescriber has discretion in the choice of dosage, frequency, product and other variables in relation to medicines only within limits specified by the CMP.

7.8 The CMP comes to an end:

- At any time at the discretion of the independent prescriber or the supplementary prescriber.
- At the request of the supplementary prescriber

- At the request of the patient
- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time).
- Where there is a sole independent prescriber and he or she is replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor. If a CMP is in place and the new independent prescriber is happy then he/she should sign it and then the supplementary prescriber can continue to prescribe.

7.9 See Appendix 4 for an example of a CMP which can be adapted/amended.

8. Application process for the non-medical prescribing qualification (note this will not apply to newly qualified pharmacists who have completed initial education and training under the full outcomes from Summer 2026)

8.1 The requirement to undertake the non-medical prescribing programme of study should be discussed as part of the practitioner's appraisal /PDP with their line manager. The member of staff and line manager should ensure that there is a service need for a NMP within their area of practice.

8.2 Information for enrolment on to the non-medical prescribing programme of study e.g. entrance requirements, course details, designated prescribing practitioner requirements and application forms can be found on individual university websites.

8.3 South Yorkshire Workforce and Development Hub can provide further advice on the process of the course application and available funding (if any) https://yhtraininghubs.co.uk/south-yorkshire/south-yorkshire-schemes/non-medical-prescribing/

9. Returning to practice or expanding a scope of practice

9.1 NMPs must ensure they prescribe within their scope of practice.[1]

9.2 If returning to prescribing practice after a period of time or expanding their scope of practice, it is recommended that the NMP appraises their prescribing practice with their line manager and/or mentor prior to recommencing a prescribing role or prescribing in new therapeutic areas:

- The NMP and line manager and/or mentor should identify and agree a learning plan which should be linked to the NMPs appraisal.
- If the NMP wishes to expand their scope of practice they must be able to prove competency in that area. The RPS Professional Guidance: Expanding Prescribing Scope of Practice[7] can be utilised to assist this development. This should include a reflection of their learning needs, planning how to meet the learning objectives, actions to achieve them and an evaluation of their learning. Examples of appropriate learning activities can be found in this framework.
- The 'competency framework for all prescribers' can then be used to assess competence to prescribe.[1]

10. Continuing Professional Development (CPD)

10.1 NMPs have a professional responsibility for identifying and meeting their own CPD needs to keep themselves abreast of clinical, professional, and legal developments in order to exercise their professional accountability and maintain the duty of care.[1]

10.2 NMPs are expected to keep up to date with best practice in the management of conditions for which they prescribe and apply the principles of up-to-date evidence-based practice, including clinical and cost-effectiveness.[1]

10.3 NMPs are expected to keep up to date with emerging safety concerns related to prescribing.[1]

10.4 NMPs should apply the 'competency framework for all prescribers' to help identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues[1]

10.5 Employing organisations should ensure that they make available to their NMPs access to CPD thereby ensuring they meet their professional responsibility to main competency in this role.

10.6 NMPs are required to document CPD in line with their regulatory and professional body, including the learning achieved and demonstrating that competence is maintained.

10.7 The Mentor or Line Manager as appropriate, should review the NMPs CPD at agreed intervals, at least annually, for assurance purposes.

10.8 NMPs should reflect on their prescribing practice within clinical supervision systems or within other forums. The model used should be agreed at local level, dependent on available resources.

10.9 It is the responsibility of the NMP to ensure that their line manager and Mentor are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The NMP should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence is restored.

11. Prescribing

11.1 Repeat Prescribing: (to be read in conjunction with the Royal College of General Practitioners and RPS Repeat Prescribing Toolkit).

11.1.1 NMPs may issue repeat prescriptions but only if all of the medicines involved are within the NMP's scope of competency and practice. By signing the prescription, they are assuming full responsibility and remain accountable for their practice. They must be assured a robust process is in place for repeat prescribing.

11.1.2 All NMPs should minimise risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk e.g., prescribing of repeat medicines.[1]

11.1.3 Before signing a repeat prescription, the NMP must be satisfied that:

- It is safe and appropriate to do so.
- Each prescription is regularly reviewed and is only re-issued to meet clinical need.
- A regular review takes place or in line with the GP practice prescribing policy.
- Suitable provision is in place for monitoring each patient condition according to national and local guidelines.
- There is a suitable referral pathway for patients requiring further assessment or treatment.

11.2 Unlicensed or Off-Label Medicines:

11.2.1 NMPs, who can legally prescribe unlicenced medicines, should only prescribe medicines that are unlicensed, off-label or outside standard practice if satisfied that an alternative licensed medicine would not meet the patients' clinical need.[1]

11.2.2 NMPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g., unlicensed and off-label medicines.[1]

11.2.3 NMPs must accept professional, clinical and legal responsibility for prescribing unlicensed or off-label medicines and should only prescribe this where it is accepted clinical practice.

11.2.4 The NMP must ensure that the patient/patient representative knows that they are being prescribed an unlicensed or off-label medication, understands the implications of this, and gives consent.

11.3 Private Prescriptions:

11.3.1 When delivering NHS funded care, NHS prescriptions should always be used. Where the appropriate medicine is not available on NHS prescription (i.e. it may be for travel prophylaxis, black-listed medicines, or medicines only available on the NHS under certain circumstances e.g. Selected List Scheme) the NMP in agreement with the patient may consider issuing a private prescription.

11.3.2 NMPs may issue private prescriptions for any medicines that they are competent to prescribe, and legally entitled to prescribe. This must however be clearly distinguished from NHS-funded care. NHS resources must not be used to subsidise private treatments.

11.3.3 Appropriate indemnity cover must be in place.

11.3.4 New guidance was issued in June 2025, advising against all remote prescribing for non-surgical cosmetic medicines.[9]

11.4 Excessive Prescribing and Unwanted Variation:

11.4.1 Prescribing issues may be identified via a number of sources e.g. prescribing monitoring, incident reporting, complaints etc. and should be escalated to the employing organisation, ICB MOT, or Primary Care Workforce Hub Lead if necessary.

11.5 Prescribing for Self, Family, and Friends:

11.5.1 Other than in emergencies, NMPs must not prescribe any drug for themselves or anyone with whom they have a close personal or emotional relationship.

11.5.2 If an NMP prescribes for themselves or someone close to them in an emergency, the NMP should[13]:

- Make a clear record at the same time or as soon as possible afterwards. The record should include the relationship to the patient (where relevant) and the reason it was necessary for the NMP to prescribe.
- Inform the NMP's own or the patient's general practitioner (and others treating the NMP or the patient, where relevant) what medicines the NMP has prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody close to the NMP) they object.

11.5.3 NMPs should refer to the relevant professional body's standards and codes of ethics for further advice

11.6 Controlled Drugs (CDs):

11.6.1 NMPs who can legally prescribe controlled drugs should know and work within their legal and regulatory frameworks affecting prescribing practice[1]

11.6.2 NMPs must ensure that all legal requirements for a CD prescription are met. These requirements are available in the British National Formulary.
https://www.medicinescomplete.com/#/content/bnf/PHP97239?hspl=controlled&hspl=drug

11.6.3 NMP should refer to their local prescribing document or organisation standard operating procedure for controlled drugs.

11.6.4 For further guidelines on the prescribing of CDs, NMPs should refer to their guidance from their respective professional bodies.

12. Adverse Drug Reactions and Incidents

12.1 NMPs should detect and report suspected adverse drug reactions (ADRs) using appropriate reporting systems,[1] and subsequent actions should be documented in the patient's notes.

12.2 NMPs can report any ADRs directly to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme using the electronic form at www.mhra.gov.uk/yellowcard and on clinical systems.

12.3 All patient safety incidents (prescribing errors, near misses and critical incidents where a patient was harmed or could have been harmed) should be reported in line with local policy[1]. These incidents should also be reported on to the National Learn from Patient Safety Events service Learn from patient safety events.

12.4 In addition to the above, supplementary NMPs should notify the independent prescriber of any ADRs and incidents in line with the CMP.

12.5 The NMP should follow local policy for any safeguarding and/or child protection concerns.

13. Prescribing, Dispensing and Administering for NMPs

13.1 NMPs should, whenever possible, separate prescribing, dispensing and administering roles, in keeping with the principles of safety, clinical, and corporate governance.

13.2 In exceptional circumstances, where the NMP is involved in prescribing, dispensing and administering a patient's medication, a second suitably competent practitioner should be involved in the checking of the accuracy of the medication whenever possible.

13.3 Standard operating procedures should be in place to mitigate any risks identified in these circumstances.

13.4 Professional body guidelines should be followed at all times.

14. Managing Conflicts of Interest

14.1 NMPs should be able to recognise and deal with factors that might unduly influence prescribing (e.g., pharmaceutical industry, media, patient, colleagues).[1]

14.2 NMPs should work within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.[1]

For further information, support and resources you can access the South Yorkshire Primary Care Workforce & training Hub NMP SharePoint page. Non-Medical Prescribing (NMP)
https://yhtraininghubs.co.uk/south-yorkshire/south-yorkshire-schemes/non-medical-prescribing/
https://nhs.sharepoint.com/sites/msteams_85ed75/SitePages/Non-Medical-Prescribing-(NMP).aspx?CT=1673001680881&OR=OWA-NT&CID=94112470-06d2-3b81-6904-aee25ac289e2

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Appendix 1

Non-Medical Prescriber Types and Prescribing Restrictions

(Adapted from Medicines, Ethics & Practice, RPS, 2025[10])

Prescriber Type	**Schedule 2-5 CDs?**	**Unlicensed/Off-label medicines?**	**Can authorise an emergency supply for items which can be prescribed?**	**Other information**
Community practitioner nurse prescriber	No	No (Except nystatin off-label for neonates)	Yes	Prescribing restricted to dressings, appliances and licensed medicines listed in the Nurse Prescribers' Formulary (see BNF).
Nurse/midwife independent prescriber	Yes - but not cocaine, diamorphine or dipipanone for treating addiction	Yes (Additional restrictions apply in Scotland)	Yes - includes phenobarbital for epilepsy but no other Schedule 1, 2 or 3 CDs	
Optometrist independent prescriber	No	Off-label only (not unlicensed)	Yes	For treating conditions affecting the eye and surrounding tissue only, but not parenteral preparations.
Paramedic independent prescriber (advanced paramedics)	Only the following CDs: • Morphine sulphate by oral administration or by injection • Diazepam by oral administration or by injection • Midazolam by oromucosal administration or by injection • Lorazepam by injection • Codeine phosphate by oral administration.	Off-label only (not unlicensed)	Yes - but not Schedule 1, 2 or 3 CDs (including phenobarbital).	

Pharmacist independent prescriber	Yes - but not cocaine, diamorphine or dipipanone for treating addiction	Yes	Yes - includes phenobarbital for epilepsy but no other Schedule 1, 2 or 3 CDs.	
Physiotherapist independent prescriber	Only the following CDs: • For oral administration: diazepam, dihydrocodeine, lorazepam, morphine, oxycodone and temazepam • For injection – morphine • For transdermal administration - fentanyl.	Off-label only (not unlicensed)	Yes - but not Schedule 1, 2 or 3 CDs (including phenobarbital).	
Podiatrist/chiropodist independent prescriber	Only the following CDs for oral administration - diazepam, dihydrocodeine, lorazepam and temazepam	Off-label only (not unlicensed)	Yes - but not Schedule 1, 2 or 3 CDs (including phenobarbital).	
Therapeutic radiographer independent prescriber	Only the following CDs: • Tramadol by oral administration • Lorazepam by oral administration • Diazepam by oral administration • Morphine by oral administration or by injection • Oxycodone by oral administration • Codeine by oral administration.	Off-label only (not unlicensed)	Yes - but not Schedule 1, 2 or 3 CDs (including phenobarbital).	
Supplementary Prescribers				
SP: dietician, midwife, nurse, optometrist, paramedic, pharmacist, physiotherapist,	Yes - but not cocaine, diamorphine or dipipanone for treating addiction	Yes	Yes - includes phenobarbital for epilepsy but no	Prescribing is restricted to areas of clinical competence and included within an agreed written clinical management plan (written and

podiatrist/chiropodist, radiographer (diagnostic/therapeutic)			other Schedule 1, 2 or 3 CDs.	agreed with a prescriber and often the patient).

Appendix 2: Audit Tool & Example of a Non-Medical Prescribers Review of Prescribing Data

Audit Tool

South Yorkshire Communication Non Medical Prescriber Review of Prescribing Data Audit Tool.xlsx

Review of Prescribing Data

Non-Medical Prescribers Review of Quarterly Prescribing Data			
NMPs name:		**Date of review:**	
NMPs Mentor name			
Date of prescribing data:			
Review of all medication other than controlled drugs			
Please list any prescribing outside your area of practice & explain why and what action you are going to take to ensure prescribing is within your area of practice e.g. change to scope of practice form if competency agreed by Mentor, further training before competency agreed, action taken to ensure no future prescribing:			
Review of branded and non-formulary items			

x **Have any branded and/or non- formulary items been prescribed (please circle):** Yes /No x **Is there a valid reason for prescribing these (please circle):** Yes /No **If No please state what action has been taken to ensure no future prescribing**

Review of controlled drugs
Are you authorised to prescribe controlled drugs (please circle): Yes /No
Have you prescribed controlled drugs (please circle): Yes /No
Please list any prescribing outside your area of practice & explain why and what action you are going to take to ensure prescribing is within your area of practice, e.g. change to scope of practice form if competency agreed by Mentor, further training before competency agreed, action taken to ensure no future prescribing:

NMPs Mentor signature:		**Date:**	
NMPs Signature		**Date:**	

Appendix 3 - Non-Medical Prescribing Framework – Employer Responsibilities

Operational Guidance for Line Managers of Non-Medical Prescribers

The principles that underpin non-medical prescribing are:

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

Purpose of framework is to ensure administrative and procedural steps necessary to ensure patient safety and support effective prescribing are in place and to ensure that all prescribing by all NMPs is managed and governed robustly and to ensure:

- Patient care can be improved/optimised by timely access to medicines
- Standards, systems and processes are in place to manage risk
- Professional and statutory obligations are met
- Clarification on accountability and responsibility
- Safe and effective non-medical prescribing practice

Applies to all activity by NMPs working within the localities and its member practices.

Applies to all registered nurses, pharmacists and other allied healthcare professional prescribers employed by a GP practice, or other primary care providers

Employer Responsibilities (Annual check good practice)	
Line Manager - Clinical Tasks & Support	**Suggested activities and checks**
Support the NMP to identify a Mentor	Can be a GP or experienced NMP
Ensure NMPs have access to clinical supervision	GP/experienced NMP – agreed in appraisal
Ensure the NMP has the adequate skills and knowledge to carry out the NMP role	Registered with correct professional body in their full name Annual appraisal Practice, mentor, and peer feedback
Agree scope of practice with NMP	Annual appraisal Supervision with mentor Indemnity insurance cover may require formal scope of practice e.g. Boundaries of Clinical Practice statement for Pharmacist Defence Association members
Ensure NMP is up to date in line with local drug prescribing polices / funding, red/green and amber drugs , sign posted to local prescribing guidelines. Share any updates circulated by the Medicines Optimisation team	New ICB website from September 2025: SY ICB Medicines Optimisation
Ensure NMPs have an awareness of the prescribing budget/expenditure related to prescribing	ICB MOT YouTube video link available by emailing syicb.medsoptid@nhs.net
Support appropriate Continual Professional Development (CPD) of the NMP	Training needs discussed at 1-1s and appraisal Access to SY wide, and national resources CPD time allocated
Ensure the NMP has an annual appraisal and personal development plan (PDP) in place. Include any relevant discussions, changes or issues highlighted in the NMP and Mentor regular meetings. Any changes to the NMP prescribing responsibilities should be clearly and carefully documented in the Personal Development Plan (PDP). Revalidation requirements met	Appraisal policy PDP Ensure changes, if appropriate, are reflected in job description (e.g. becoming a DPP / ACP etc.)
Ensure the NMP is only prescribing in their area of competence	Discuss at appraisal and discuss audit results

Annual audit recommended	Use of expanding prescribing practice RPS document Expanding Prescribing Scope of Practice
Ensure NMP learns from incidents and significant events, both personally and from learning shared across the system. Share any updates circulated by the Medicines Optimisation team	Attend clinical governance meetings and read updates
Be aware that when a NMP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions.	For information and awareness
Administrative Tasks & Support	
Ensure that the NMPs prescribing responsibilities are outlined in the job description	Job description
Check the registration and qualifications of the NMP with the authorised regulatory body. They should be in good standing with their professional body with no fitness to practice limitations.	Appropriate professional register
Ensure that a Disclosure and Barring Service (DBS) check is completed where appropriate	Induction Update service
Provide information to ICB NMP lead and Medicines Optimisation Team • Details of NMPs joining the organisation • Notify additional employment where using prescribing code • Notify any changes in NMP registration status • Notify if NMP leaves the practice/ceases to prescribe • Notification of any change to registration details e.g., changes to name in order for the Medicines Optimisation Team to make the necessary changes with NHSBSA • Provide a specimen signature for the NMP	SY ICB Medicines Optimisation (links to documents on SYICB MO website)

If returning to prescribing practice after a period of time, or expanding scope of practice, it is recommended that the NMP appraises their prescribing practice with their line manager and/or mentor prior to recommencing or expanding a prescribing role:

- The NMP and line manager and/or mentor should identify and agree a learning plan which should be linked to the NMPs appraisal.
- If the NMP wishes to expand their scope of practice they must be able to prove competency in that area. This could be via a recognised clinical qualification e.g., Diploma, or with relevant clinical experience in that area.

The ‘competency framework for all prescribers’ can be used to assess competence to prescribe A Competency Framework for all Prescribers | RPS

Appendix 4: Clinical Management Plan

Clinical Management Plan (CMP)			
Name of Patient:		**Patient Address:**	
Patient ID Number:		**Date of Birth:**	
Patient allergies/sensitivities:			
Name of Independent Prescriber(s) (IP):		**Name of Supplementary Prescriber(s) (SP):**	
		Name of GP:	
IP Contact Details (tel/email/address):		**SP Contact Details(tel/email/address):**	
		GP Contact Details(tel/email/address):	
Date of Implementation:		**Date of CMP Review:**	
Conditions to be Treated:		**Aim of Treatment**	

Treatments that may be Prescribed		
Indication	**Preparation**	**Dose Schedule**

Indications that Require Referral Back to IP:	
Guidelines/protocols supporting the CMP:	

Frequency of monitoring and review by	
SP	**SP and IP**

Process for reporting adverse drug reactions:	

Shared Record to be used by SP and IP:					
Agreed by IP:		**Agreed by SP**		**Agreed with patient/patient representative**	
Signed:		**Signed:**		**Signed:**	
Print Name:		**Print Name:**		**Print Name:**	
Date:		**Date:**		**Date:**	