

Prescribing and Support Assurance Framework

05.01.2024

Contents

Introduction

Level 1: The professional regulator

Level 2: The professional body

Level 3: The employing organisation

Level 4: The individual prescriber

Appendices:

Appendix 1: Glossary

Appendix 2: The HCPC-regulated professions and the medicines mechanisms available to them, with inception dates

Appendix 3: Contributors

Introduction

Similar workforce priorities and pressures exist within the NHS across the four UK nations^{1 2 3 4}. Workforce plans have been developed by the four UK nations to address these priorities, outlining a path towards an NHS where all healthcare providers fully use their skills and competencies. This is crucial for transforming and sustaining health and care by maximising the potential of the healthcare workforce. The plans also identify the role that clinicians working in advanced practice roles have in optimising services, including prescribing medicines.

Patients should be able to receive their medicines from the clinician providing their care without the need to see another clinician, usually a doctor, just to receive their medicines. Currently there are legislative barriers preventing some professions working in advanced practice roles making full use of their skills and competencies, such as their being unable to legally prescribe.

Non-legislative barriers also exist; for example where members of regulated health professions are legally permitted to prescribe and / or supply medicines, but local restrictions on the medicines available for use, that were not in line with national guidelines, prevent this from happening.

The risk is that without full use of existing medicines supply routes to patients, the healthcare workforce's contribution will be hampered, and patient outcomes and experience compromised. For non-legislative barriers to be overcome, all those involved in designing and delivering patient services and care pathways that involve prescribing need to fully consider the legal requirements, regulatory and professional requirements alongside local governance, and put systems and policies in place that respond to both workforce and local population issues.

The purpose of the framework

The purpose of the framework is to demonstrate the breadth of resources, governance measures, considerations, and responsibilities, already in place to ensure and assure safe prescribing.

The framework is specifically focused on prescribing by non-medical professions, particularly those registered with the Health and Care Professions Council (HCPC), however, many of the tools and monitoring systems included apply to all prescribers of medicines for humans. In addition, many of the considerations within this framework may also apply to use of all the medicines mechanisms.

The framework includes profession-specific practice guidance documents, competency frameworks, mandatory regulation, and national and local data collection and monitoring. Statutory policy and standards, and national guidance provide a robust nationwide infrastructure; local issues may create variation between organisations in implementation.

The framework is structured in four levels:

1. The professional regulator
2. The professional body
3. The employing organisation
4. The individual prescriber

This framework outlines measures for each of the four levels. The importance of the measures included in the levels will vary because of factors such as differences between professions, differences between the four UK nations, types of employing organisation, and an individual's role, knowledge, skills, and experience. Relevant legislation varies across the four UK nations, and changes to legislation impact upon the actions at all four levels.

Whilst the four levels have specific functions and responsibilities, there is overlap, which provides robust interpretation and enables effective implementation of their functions.

¹ Welsh Government (2023) [National Workforce Implementation Plan](#)

² NHS National Services Scotland (2022) [NSS Workforce Plan: April 2022 to March 2025](#)

³ NHS England (2023) [NHS Long Term Workforce Plan](#)

⁴ Northern Ireland Department of Health (2018) [Health and Social Care Workforce Strategy: second action plan](#)

Level 1- The Regulator

Regulators, including the HCPC, protect the public by registering and regulating health and care professions, the [Professional Standards Authority](#) oversees the regulators' performance as regulators. There are 9 regulatory organisations which regulate health professions within the UK:

- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Pharmaceutical Council (GPhC)
- Health and Care Professions Council (HCPC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland (PSNI)

This document primarily refers to the HCPC but many of the considerations apply equally to the other regulators which regulate prescribers, i.e. GPhC, NMC, PSNI.

The HCPC fulfils its function by:

- setting standards for the education, training, and practice of the professions it regulates
- approving education programmes which professionals must complete to register
- keeping a register of professionals, known as 'registrants', who meet the standards
- taking action if professionals on the HCPC register do not meet their standards⁵

In addition, the HCPC provides advice and guidance on the interpretation of their standards including around the scope of practice of their registrants and medicines use. They also respond to queries from individuals.

Prescribing education

The HCPC sets standards for education providers in the UK. This includes standards for prescribing for those professionals who are legally permitted to prescribe medicines in the UK. Learners who successfully complete an HCPC approved education programme are eligible to apply to join the HCPC Register.

The HCPC approves and monitors prescribing education programmes in line with their education standards, and holds education providers to account, to ensure that prescribers meet the prescribing standards on qualification⁶.

Along with other regulators, the HCPC has adopted the Royal Pharmaceutical Society's [Competency Framework for all Prescribers](#) as the standards which set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training⁷.

Standards and scope of practice

The [Competency Framework for all Prescribers](#) has been adopted as prescribing standards by the HCPC. The standards set out the behaviours the HCPC expects and provide a supportive framework for practice. The HCPC requires all registrants to work within their scope of practice by only practising in the areas where they have appropriate knowledge, skills, and experience, and this also applies to prescribing⁸. Determining what is and is not part of their scope of practice is a matter for the individual professional to decide using their professional judgement. To support professionals in making this assessment, the HCPC also provides information to help support registrants in identifying whether something is within their scope of practice⁹.

⁵ HCPC- [what we do](#) accessed 30.11.2023

⁶ HCPC- [Education](#) accessed 03.12.2023

⁷ HCPC- [Standards for prescribing](#) accessed 05.01.2024

⁸ HCPC- [Scope of practice](#) accessed 03.01.2024

⁹ HCPC- [Identifying your current scope of practice](#) accessed 20.12.2023

The HCPC requires registrants to undertake continuing professional development (CPD) activities on a continual basis which should reflect their current and future practice. When each registrant renews their registration (every 2 years) the HCPC asks them to complete a declaration to confirm they have met the HCPC's CPD standards¹⁰. If registrants have an annotation on their register entry such as prescribing, the HCPC particularly encourages registrants to consider whether they need to complete further CPD to keep that annotation up to date.

Registration

The HCPC annotates the register entry of all prescribers who are included on their register to demonstrate the health professional's legal permission to prescribe medicines. Currently there is no intention that advanced practice will be a register annotation.

Practice guidance

Whilst the HCPC does not produce prescribing practice guidance documents, it does regard the contents of those produced by professional bodies and others as a further interpretation of the scope of practice for that profession.

Fitness to practise

Where concerns regarding a registrant's fitness to practise are raised with the HCPC, such as prescribing outside of 'normal' professional practice; these concerns will be investigated, taking into account any individual circumstances including the context and the registrant's scope of practice, and whether they have the appropriate knowledge, skills, and experience in relation to their prescribing.

¹⁰ HCPC: [Continuing Professional Development and your registration](#) accessed 20.12.2023

Level 2- The Professional Body

The following professional bodies represent the professions regulated by the HCPC across the UK that have legislative permissions to prescribe medicines for their patients, and have advised on this section:

- British Dietetic Association www.bda.uk.com
- Chartered Society of Physiotherapy www.csp.org.uk
- College of Paramedics www.collegeofparamedics.co.uk
- Institute of Chiropractors and Podiatrists www.iocp.org.uk
- Royal College of Podiatry www.rcpod.org.uk
- Society of Radiographers www.sor.org

Professional prescribing scope of practice

- each professional body can help their members to determine what is (and what is not) within their scope of practice, as it applies to their prescribing. Some professional body websites have further information and tools to help with the interpretation of the overarching professional scope of practice
- professional bodies provide clear direction about the prescribing permissions of the profession they represent, referring to the legislation and making it relevant to the profession.

Education

- [outline curriculum frameworks](#) for prescribing education programmes, produced by the professional bodies, are hosted on the Allied Health Professions Federation website and are updated regularly to reflect changes to legislation
- a range of educational resources and materials are provided by the professional bodies for their members. Some may also be available to non-members.

Medicines and prescribing advice

- some professional bodies have committees or special interest groups that advise members about medicines and prescribing-related issues
- some professional bodies have dedicated professional advice services that their members can contact for prescribing-related advice
- where advice required falls outside of the professional body's knowledge or expertise, appropriate external guidance, such as from regulators or medicines advisors, is sought or signposted.

Implementation guide

- the Society of Radiographers and the College of Paramedics adapted the 2006 Department of Health implementation guide for independent prescribing¹¹ during their work to enable independent prescribing for their professions¹² ¹³. The guide supports the implementation of independent prescribing by the named profession into health provider organisations.

Professional advisors

- each professional body has relevant staff able to advise their members and others on medicines and prescribing issues for that profession
- professional advisors work together with NHS England, Department of Health and Social Care, Health and Care Professions Council (HCPC), Home Office, Medicines and Healthcare products Regulatory Agency, Specialist Pharmacy Service and others on areas of prescribing practice, including work to enable changes to the Human Medicines Regulations 2012 and the Misuse of Drugs Regulations 2001 to further expand the prescribing responsibilities of their profession

¹¹ Department of Health (2006) [Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England](#)

¹² Society of Radiographers (2023) [Improving Patients' Access to Medicines: A Guide to Implementing Diagnostic Radiographer Prescribing within the NHS in England: second edition](#)

¹³ College of Paramedics (2018) [Improving Patients' Access to Medicines: A guide to Implementing Paramedic Prescribing within the NHS in the UK](#) (member access only)

- professional advisors informally share information between professions, working towards a consistent approach to their guidance and support.

Prescribing practice guidance

- each professional body provides practice guidance which sets out best practice expectations of prescribers in that profession. The guidance documents are reviewed regularly to reflect contemporary practice
- most of the professional bodies provide further prescribing support material on their websites, in some cases, non-members and the public may be able to access these resources
- some professional bodies signpost members of their profession to other national guidance as appropriate, e.g. national osteoporosis guidelines.

Career frameworks

- some professional bodies provide a profession-specific career framework which is linked with the profession-specific scope of practice and with the career development frameworks for the UK nations^{14 15 16 17}
- the frameworks describe the level of the profession from entry to consultant, the academic level of study, and the knowledge, skills and experience needed to reach each level and what should be expected of health professionals at that level
- the frameworks give clear direction for a long-term progression within the profession, and some include expected minimum time in practice to be spent at each level.

Indemnity

- all HCPC registrants must have appropriate indemnity to practice, including for their prescribing activities, which may be provided by an employer, a professional body or other indemnity provider¹⁸
- prescribers from all HCPC professions who are directly employed by NHS organisations, including GP practices¹⁹, will be covered by the scope of the relevant NHS indemnity scheme managed by [NHS Resolution](#) for England, [NHS Wales Shared Services Partnership](#) for Wales and [NHS National Services](#) for Scotland, for all activities carried out within the defined scope of their employment, including all their prescribing activities
- where prescribers have their professional indemnity through a non-NHS scheme, they must check that their prescribing work is covered by the terms and conditions of the indemnity policy
- where prescribers work through intermediary companies, including locum agency work, or undertake private practice work, they must ensure that they understand who is providing indemnity cover and that it is appropriate for the prescribing work they are undertaking
- individuals who are undertaking advanced practice activities within the relevant career development framework for their UK nation, should ensure that any additional activities are within their scope of practice²⁰ and come under the indemnity arrangements of their employer (usually the NHS), or other indemnity provider
- each professional body provides its members with resources and access to insurance advice.

¹⁴ Health Education England [NHS multi-professional framework for advanced clinical practice in England](#)

¹⁵ NI Department of Health [Advanced AHP practice framework](#)

¹⁶ HEIW (NHS Wales) [Professional Framework for Enhanced, Advanced and Consultant Clinical Practice](#) accessed 20.12.2023

¹⁷ NHS Education for Scotland [Nursing, midwifery and AHPs development framework](#)

¹⁸ HCPC [Professional indemnity](#), accessed 05.01.2024

¹⁹ Note: The *Clinical Negligence Scheme for General Practice* covers only incidents occurring in the delivery of primary healthcare in England on or after 01.04.19. The *Existing Liability Scheme for General Practice* provides indemnity for incidents having occurred in the delivery of primary healthcare in England prior to 01.04.19 if the responsible healthcare provider was in benefit of membership with either *Medical and Dental Defence Union of Scotland* or *Medical Protection Society* at the time the incident occurred.

²⁰ HCPC [Scope of practice](#) accessed 03.01.2024

Level 3- The Employing Organisation

Within the NHS across the four UK nations, similar workforce priorities and pressures exist. In addition to 'maximising the skillset' of professionals at all levels which underpins the achievement of the UK nations' NHS workforce plans, the use of the [Governance Maturity Matrix](#) is enabling NHS organisations in England to demonstrate safe and effective implementation of advanced practice. Some of the criteria in the Matrix dovetail or overlap with existing medicines and prescribing governance measures.

Organisations and employers which have a clear understanding of legal medicines mechanisms (such as exemptions and prescribing), enable the health professionals they employ to use them fully by having robust medicines education, support, governance, and monitoring systems in place, leading to maximum benefit for patients. This has impact throughout the workforce: removing barriers and enabling full use of scope of practice at all levels.

Many medicines and prescribing governance measures are already widely embedded; some are legally required, some form part of indemnity requirements, others reflect lessons learned or regulator's requirements. They apply in all organisations where medicines are prescribed; include all providers of healthcare commissioned by or contracted to NHS organisations, or non-NHS providers of healthcare. They may be approached from a single or multi-organisational stance, e.g. at Health Board (Scotland and Wales) or Integrated Care System (England) level.

Where healthcare professionals supply or administer, or prescribe or deprescribe medicines for their patients, organisations and employers are already expected to have the following:

Governance and leadership:

- standard operating procedures and policies are in place to enable full and appropriate use of medicines administration and supply mechanisms, and prescribing by all relevant professions (some professions may use more than one mechanism)
- education and continuing professional development (CPD) for prescribers are structured towards achievement of the competencies listed within the [Competency Framework for all Prescribers](#)
- medicines-related policies include all aspects of good practice including record keeping, adverse drug reaction reporting etc
- non-medical prescribing (NMP) leads are in place and responsible for the governance and oversight of NMP, to enable full use of prescribing permissions by health care professionals specific to profession, job role and prescribing scope of practice
- organisational medicines governance is integral to prescribing governance and complies with best practice guidance such as [Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](#) from the National Institute for Health and Care Excellence (NICE) in England and Wales
- there is a [controlled drugs accountable officer](#) in place at the right level in the organisation and [Care Quality Commission \(CQC\) requirements](#) or equivalent are complied with
- governance and leadership of both prescribing and advanced practice are closely linked
- prescribing of medicines is included in the organisation's CQC submission
- the organisation knows who the health professionals are in the organisation that can prescribe or de-prescribe medicines
- audit can demonstrate that prescribers are prescribing within their profession-specific legislative boundaries, and prescribing safely, within clinical guidelines, and local formularies where they exist
- clear processes, such as electronic prescribing systems with adequate scrutiny, are in place to detect and manage prescribing incidents, such as problems identified regarding regulatory, professional, organisational or individual requirements
- there is a clear and embedded culture whereby patient safety events or near misses are seen as learning opportunities for improvements in practice
- Job descriptions include prescribing and clear expectations of the specific prescriber role; responsibilities are clearly defined, openly discussed, and accepted by those they apply to
- patients and other service users are made aware of the prescribers delivering their care

The appraisal system:

- delivers the organisational responsibility for assuring the suitability of a prescriber's qualifications, their credentialling where appropriate, and their experience for the prescribing role
- enables identification that prescribers are confident and competent for the role, and are working within their level of competence
- includes prescribing and use of other medicines mechanisms aligned with the [Competency Framework for all Prescribers](#).

Support, education, and supervision

- employing organisations and HCPC-approved prescribing education providers have robust selection procedures, to ensure that students accessing education programmes leading to HCPC register annotation as a prescriber are academically and clinically suitable to a prescribing role
- there is access to adequately qualified and experienced practice educators, to provide supervision in practice-based learning for students, that meet the HCPC's standards²¹
- there is access to a robust supervision, education, and development infrastructure for all prescribers, structured towards achievement of the competencies listed within the [Competency Framework for all Prescribers](#), local and national guidance, regulatory prescribing standards, and professional body practice guidance; and the UK nation-specific career framework^{22 23 24 25}
- there is sufficient provision of education and opportunities for CPD to enable prescribers to fully use their legal prescribing permissions where appropriate to role
- training needs analyses include competencies related to the full use of medicines supply, administration, and prescribing permissions
- there is ready access for prescribers to prescribing tools and resources such as [BNF Online](#) and [Medicines Complete](#) and a culture within the organisation that encourages evidence-based prescribing
- there is access to prescribing advice and support such as e-prescribing systems and local evidence-based formularies, including safety alerts and other medicines safety communication.

Indemnity

- [NHS Resolution](#) manages indemnity schemes for NHS organisations and general practice in England, [NHS Wales Shared Services Partnership](#) in Wales, and [NHS National Services](#) in Scotland. The state-backed schemes provide NHS employers with indemnity for the acts / omissions of their employees for which NHS employers are vicariously liable
- job descriptions that accurately describe the role and activities that the directly employed prescriber is expected to undertake, and that the prescriber is competent to perform the role expected of them is key to adequate indemnity
- if employers include within a job description any roles and activities that are outside of the primary registration of the employee, but within the relevant career development framework for the UK nation, the employer must either ensure that the activities fall within the employer's indemnity arrangements or advise the employee to seek additional indemnity
- providers of healthcare outside of the NHS, or those contracted to provide care for the NHS, should ensure their employees understand that they must have appropriate indemnity for their prescribing practice, which may comprise independently sourced professional indemnity for each individual
- both NHS and private healthcare providers clearly communicate to their employees the provision and source of indemnity and any individual requirements.
- Organisations must ask for proof of current professional HCPC registration, but may not ask individuals for proof of membership of a professional body or of secondary indemnity (The HCPC expects its registrants to have indemnity as a requirement of registration).

²¹ HCPC- [Standards for prescribing](#) accessed 05.01.2024

²² Health Education England [NHS multi-professional framework for advanced clinical practice in England](#)

²³ NI Department of Health [Advanced AHP practice framework](#)

²⁴ HEIW (NHS Wales) [Professional Framework for Enhanced, Advanced and Consultant Clinical Practice](#) accessed 20.12.2023

²⁵ NHS Education for Scotland [Nursing, midwifery and AHPs development framework](#)

Level 4- The Individual Prescriber

Prescribers from the prescribing professions²⁶ have a variety of legally defined permissions regarding the medicines they can prescribe. This is true even between the prescribing professions registered with the HCPC. All prescribers further define their personal prescribing formulary, aligning it with their knowledge and competence within the clinical area in which they practise. Prescribers may also move to a new clinical area or develop new competencies and wish to modify their personal formulary.

The following governance, support, and monitoring tools enable a safe and effective start to a prescribing career, keep prescribers prescribing, and facilitate a safe transition to a new clinical area of practice. They apply to all settings in which prescribers prescribe or de-prescribe medicines for their patients, including in virtual environments.

As an HCPC registrant:

- you must complete an HCPC-approved education programme for entry to the profession, AND an education programme in prescribing that is approved by the HCPC for your profession
- you must meet the current HCPC [Standards of Proficiency](#) for your profession, the HCPC's [Standards of Conduct, Performance, and Ethics](#), AND the HCPC's [Prescribing Standards](#) (the HCPC has adopted 'A Competency Framework for All Prescribers' as its prescribing standards)
- you must undertake continuing professional development (CPD) which meets the HCPC's [Standards of Continuing Professional Development](#) and be prepared to present evidence of this when requested to do so
- you must work within your scope of practice²⁷ and have the skills, knowledge, and experience to prescribe in the specific clinical area
- your own prescribing practice should be within the scope of prescribing practice for your profession
- you must have adequate professional indemnity for your own scope of prescribing practice
- you should work within practice guidance specific to your professional registration.

Prescribing as an employee / contracted in / private practitioner / locum:

- patients should experience / receive the same high quality and safe care whether the healthcare professional is an employee, contractor, private practitioner, or a locum,
- you must ensure your job description clearly reflects what you are expected to do in your role, including when your role changes
- you must ensure your prescribing and de-prescribing is within your profession-related legal restrictions; for example, regarding controlled drugs
- you must ensure that appropriate indemnity cover is in place for all your prescribing activity, irrespective of setting and employment status. This may be via state-backed schemes for NHS practice or another indemnity provider
- you must know your employment status in all aspects of your work, and particularly in relation to indemnity arrangements
- you should fully understand your scope of prescribing practice, including your profession-specific prescribing permissions
- you should engage with the non-medical prescribing (NMP) lead in the organisation before prescribing. They will record that you are a prescriber, ensure you follow relevant prescribing governance processes, and discuss your personal formulary with you. If practising privately without access to an NMP lead, engagement with local pharmacists ensures they are aware that you are a prescriber
- you should ensure the leaders within the clinical area know that you are a prescriber and agree to you using your prescribing responsibilities
- you must comply with organisational policy requirements related to prescribing monitoring and supervision such as analysis of prescribing data, annual declarations

²⁶ Currently doctors, dentists, nurses, midwives, optometrists, pharmacists; and the HCPC registered prescribing professions: physiotherapists, podiatrists, therapeutic radiographers, diagnostic radiographers, paramedics, and dietitians.

²⁷ HCPC- [Scope of practice](#) accessed 03.01.2024

- you must comply with wider organisational policies related to medicines and clinical practice, which may include record keeping, local formularies, [NICE guidance](#), [SIGN guidance](#) from Health Improvement Scotland and other national medicines-related policies
- you must ensure your practice complies with the [Competency Framework for all Prescribers](#), which was adopted by the HCPC as their prescribing standards, and structure your CPD to maintain the competencies required
- you should seek out appropriate CPD approved by your organisation, and must engage with appraisal systems
- you should undertake audit to monitor your own practice and contribute to the organisational audit calendar
- you should have ready access to prescribing advice tools such as the BNF app or [BNF Online](#)
- you should devise your own personal development plan related to organisational expectation of role and role development. If your role changes, refer to the Royal Pharmaceutical Society's [Professional Guidance: Expanding Prescribing Scope of Practice](#) for further guidance
- if your employer does not provide adequate support and supervision, consider limiting your own prescribing practice to within organisational provision
- you should ensure you have the ability- i.e. capability, capacity, and facilities, to reflect upon your own prescribing
- during discussions with your patient, be clear about your scope of prescribing so they fully understand your role in their care
- if clinical management plans are required for your prescribing, ensure they are current, in accordance with relevant local and national guidance, approved, and fit for purpose prior to prescribing
- you should work interdependently with clinical colleagues, know your own strengths and limitations, who to refer patients to and when to refer
- you should seek out peer support, mentorship, and clinical supervision for your prescribing practice; from sources such as a colleague, a pharmacist, medical colleague, via a group or forum, from your professional body, a national organisation such as the [Association for Prescribers](#).

Appendix 1: Glossary

Advanced practice: there are several definitions available; Health Education England states: *'Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities and area specific clinical competence.*

*Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes'*²⁸.

Consultant practice: is defined by integrated expertise in the four domains necessary for enabling person-centred, safe, and effective care with continuity, at all levels of the health and social care system. The four domains are:

- expert practice (the consultant's main health / social care profession)
- strategic and enabling leadership
- learning, developing, and improving across the system
- research and innovation as an embedded researcher²⁹

Medicines mechanisms: the legal provisions by which prescription-only medicines are prescribed, administered, and supplied. The mechanisms used are patient specific directions, patient group directions, specific exemptions covering supply or administration as contained within the Human Medicines Regulations schedules 17 and 19, and independent and supplementary prescribing³⁰

Independent prescriber: A prescribing healthcare professional who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing³¹. The professions which can legally independently prescribe, including their specific permissions, are:

- **nurse** independent prescribers may prescribe most licensed and unlicensed medicines for any condition within their clinical competence. They can prescribe controlled drugs from schedules 2-5 within their competence and mix medicines, including controlled drugs
- **pharmacist** independent prescribers may prescribe most licensed and unlicensed medicines for any condition within their clinical competence. They can prescribe controlled drugs from schedules 2-5 within their competence and mix medicines, including controlled drugs
- **physiotherapist** independent prescribers may prescribe most licensed medicines for any condition within the practitioner's area of expertise and competence within the overarching framework of human movement, performance, and function; including from a restricted, profession-specific list of 7 controlled drugs. They may also mix medicines prior to administration and direct others to mix, except for controlled drugs
- **podiatrist** independent prescribers may prescribe most licensed medicines for any condition within their area of competence in the management of conditions of the foot and related structures; including from a restricted, profession-specific list of 4 controlled drugs. They may also mix medicines prior to administration and direct others to mix, except for controlled drugs
- **therapeutic radiographer** independent prescribers may prescribe most licensed medicines, for any condition within the practitioner's area of expertise and competence within the overarching framework of the radiography scope of practice including treatment of cancer and the overarching framework of imaging and diagnosis; including from a restricted, profession-specific list of 6 controlled drugs. They may also mix medicines prior to administration and direct others to mix, except for controlled drugs
- **paramedic** independent prescribers may prescribe most licensed medicines, within national and local guidelines for any condition within the practitioner's area of expertise and competence; including

²⁸ Health Education England (2017) [Professional Framework for Advanced Clinical Practice in England](#)

²⁹ Manley K et al, (2022) [The role of the multi-professional consultant practitioner in supporting workforce transformation in the UK](#)

³⁰ Department of Health (2006) [Medicines Matters](#)

³¹ Royal Pharmaceutical Society (2021) [A Competency Framework for all Prescribers](#)

from a restricted, profession-specific list of 5 controlled drugs. They may also mix medicines prior to administration and direct others to mix, except for controlled drugs

- **optometrist** independent prescribers may prescribe most licensed medicines, except for controlled drugs or medicines for parenteral (injected) administration, for conditions affecting the eye and the tissues surrounding the eye, within their recognised area of expertise and competence.

Supplementary prescribing: a voluntary partnership between a doctor or dentist and supplementary prescriber, and the patient. SP requires a clinical management plan (CMP) to be in place prior to prescribing for a patient, so is only appropriate for longer term management of clinical conditions. Nurses, midwives, optometrists, pharmacists, physiotherapists, podiatrists, paramedics, therapeutic radiographers, diagnostic radiographers, and dietitians may become supplementary prescribers. Once qualified, they may prescribe most medicines (including controlled drugs from schedules 2-5) within their clinical competence, according to the CMP.

Exemptions: provisions in the Human Medicines Regulations 2012 which permit certain medicines listed in the regulations to be sold, supplied and / or administered to patients by certain health professional groups without using a patient specific direction or patient group direction³².

Patient group direction: a written direction that allows the supply and / or administration of a specified medicine or medicines, by named authorised health professionals, to a well-defined group of patients requiring treatment of a specific condition³³.

Patient specific direction: the traditional written instruction, from a prescriber, for medicines to be supplied or administered to a named patient. Most medicines are still supplied or administered using this process.

De-prescribing: the complex process required for the safe and effective cessation (withdrawal) of medication that is no longer required³⁴

Non-legislative barriers: barriers to extending practice such as overly restrictive guidance, professional convention and workplace cultures that can prevent or delay changes in practice

³² MHRA (2014) [Rules for the sale, supply and administration of medicines for specific healthcare professionals](#)

³³ Royal Pharmaceutical Society (2019) [Professional guidance on the administration of medicines in healthcare settings](#)

³⁴ Specialist Pharmacy Service (2022) [Understanding polypharmacy, overprescribing and deprescribing](#)

Appendix 2: The HCPC-regulated professions and the medicines mechanisms available to them, with inception dates

Allied Health Profession	Use PGDs to supply/administer	Use Exemptions to supply/administer	Supplementary Prescribing (SP)	Independent Prescribing (IP)	Prescribe the mixing of medicines	Prescribe Controlled Drugs
Physiotherapists	2000		2005	2013	2013	2005 (SP) 2015 (limited list IP)
Podiatrists	2000	1980; revised 1998, 2006, 2011	2005	2013	2013	2005 (SP) 2015 (limited list IP)
Diagnostic Radiographers	2000		2005	TBC	2005 (SP)	2005 (SP)
Therapeutic Radiographers	2000		2005	2016	2016	2005 (SP) 2023 (limited list IP)
Dietitians	2003		2016		2016 (SP)	2016 (SP)
Speech and Language Therapists	2003					
Occupational Therapists	2003					
Orthoptists	2000	2016				
Paramedics	2000	1992; revised 1998, 2000, 2004	2018	2018	2018	2018 (SP) 2023 (limited list IP)
Prosthetists and Orthotists	2003					
Art Therapists						
Music Therapists						
Drama Therapists						
Operating Department Practitioners						

Appendix 3: Contributors

Organisation	Name	Role
NHS England	Suzanne Rastrick	Chief Allied Health Professions Officer
NHS England	Beverley Harden	Deputy Chief Allied Health Professions Officer
Independent consultant, for NHS England	Dianne Hogg	Project Lead
Welsh Government	Ruth Crowder	Chief Allied Health Professions Adviser
Scottish Government	Carolyn McDonald	Chief Allied Health Professions Officer
Independent consultant, for NHS England	Michael Guthrie	Adviser: advanced practice
NHS England	Raana Ali	Assistant Director of Medicines Policy (Clinical)
Health & Care Professions Council	Rachael Gledhill	Head of Policy and Standards
Health & Care Professions Council	Andrew Smith	Deputy Chief Executive
Chartered Society of Physiotherapy	Pip White	Professional Adviser
College of Paramedics	David Rovardi	Specialist Medicines Adviser
College of Paramedics	Tracey Nicholls	Chief Executive
British Dietetic Association	Najia Qureshi	Director of Education and Professional Practice
Society of Radiographers	Sue Johnson	Professional Officer: Clinical Imaging
Royal College of Podiatry	Ben Bullen	Head of Education and Professional Development
Royal College of Podiatry	Lawrence Ambrose	Head of Policy & Public Affairs
Institute of Chiropodists & Podiatrists	Martin Harvey	Chair, Executive Committee
Royal Devon & Exeter NHS Foundation Trust	Sally Gilborson	Non-medical Prescribing Lead
Royal Devon & Exeter NHS Foundation Trust	Angie Logan	Consultant Physiotherapist: Stroke Rehabilitation
Department of Health and Social Care	Claire Potter	Head of Prescribing Policy and Charges
Department of Health and Social Care	Rebecca Blessing	Senior Policy Manager - Prescription Policy and Charges
Department of Health and Social Care	Jonathan Gill	Prescription Policy and Charges
Department of Health and Social Care	Olobunmi Balogun	Clinical Indemnities Policy team
East Lancashire Hospitals NHS Trust	Alison Turner	Chief AHP/HCS - Divisional Professional Director