Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines (in England)

The first stop for professional medicines advice
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This document is based on Medicines Matters DH 2006 and is updated with their permission
1. Introduction

This publication is a brief good practice guide for staff working in NHS commissioned health and social care organisations in England. It describes the legal mechanisms available for the prescribing, supply and administration of medicines, which help to support the development of enhanced roles or service redesign within NHS commissioned services.

Medicine optimisation is about making sure that any decision about medicines is best for the patient in their particular circumstances at an individual level. Medicine optimisation involves all partners (health and social care) and the patient in their care. The care pathway involving the medicine must be safe, deliver improved patient outcomes, use clinical and cost effective treatment options, offer patients choice and a good experience.

The majority of clinical care involving medicines should be provided on an individual, patient-specific basis.

The legal mechanisms available for the prescribing, supply and administration of medicines are:

- Independent Prescribing
- Supplementary Prescribing
- Exemptions in the Human Medicines Regulations 2012
- Patient Group Directions

Appendix 1 gives a brief summary of these legal mechanisms. It indicates who can undertake the mechanism and where it might be used in clinical practice.

Non-medical prescribing (independent or supplementary) is the term used to describe prescribing undertaken by a suitably qualified healthcare professional other than a doctor or dentist; it is an important way to deliver patient-centred healthcare. It can help to support health in primary and secondary care, and improve patient access to treatment and medicines. Non-medical prescribing recognises the skills of experienced and senior healthcare professionals. It can support the management of long-term conditions and one-off episodes of care.

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1 Medicines Optimisation: Helping patients to make the most of medicines Royal Pharmaceutical Society

2 NICE Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes
https://www.nice.org.uk/guidance/ng5

3 NICE Medicine Practice Guidance 2 Patient Group Directions
https://www.nice.org.uk/guidance/mpg2

4 Human Medicines Regulations 2012
2. Legal Classification of Medicines

The legal class of a medicine is based on the medicine’s licensed indication and pack size. Therefore a medicine may be in more than one category.

**Prescription Only Medicine (POM)**

*Prescription Only Medicines (POMs)* usually require a prescription from a doctor, dentist, or non-medical prescriber.

**Pharmacy medicine (P)**

*Pharmacy (P) medicines* can only be sold through a registered pharmacy under the supervision of a pharmacist; this means the pharmacist needs to be present before a P medicine can be sold.

**General Sales List medicine (GSL)**

*General Sales List (GSL) medicines* can be sold in retail outlets as well as through pharmacies, albeit often in small quantities. All of the products must be sold in manufacturers’ original packs, **in addition the premises needs to be able to be closed** i.e. the premises must be lockable. There are, however, a number of exemptions from these restrictions; more information is available from the MHRA.\(^5\)

**Over The Counter medicine (OTC)**

‘Over the Counter’ is not a legal classification but a generic term that covers both GSL and P medicines.

3. Independent Prescribing

**Who are Independent Prescribers?**

There are THREE distinct forms of independent prescriber.

1. A doctor or dentist. (See Appendix 2 Section A)
2. A non-medical prescriber who is a trained and registered practitioner as defined in the Human Medicines Regulations and can prescribe medicines within their clinical competence. (See Appendix 2 Section B)
3. A community practitioner nurse prescriber (CPNP), for example district nurse, community nurse, community public health nurse (health visitor) or school nurse, who has successfully completed the appropriate training. These can independently prescribe from a limited formulary called the Nurse Prescribers’ Formulary for Community Practitioners, which can be found in the British National Formulary (BNF).\(^6\) (See Appendix 2 Section C)

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\(^5\) MHRA Rules for the sale, supply and administration of medicines for specific healthcare professionals

\(^6\) BNF accessed at [https://bnf.nice.org.uk/](https://bnf.nice.org.uk/)
What is Independent Prescribing?
Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

4. Supplementary Prescribing

Who are Supplementary Prescribers?
A type of non-medical prescriber who is a trained and registered practitioner as defined in the human medicine regulations and can prescribe medicines within their clinical competence according to a clinical management plan (CMP). Many non-medical providers may train as both independent and supplementary prescribers. More details about supplementary prescribers can be found in (See Appendix 2 section D)

What is Supplementary Prescribing?
Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. Certain registered practitioners may become supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP. (See Appendix 2 Section D)

Supplementary Prescribing is most useful in the following situations:
- working within a team where a doctor (or dentist) is accessible
- for long-term conditions (as specified in the CMP)
- for some situations involving Controlled Drugs and unlicensed medicines

5. Patient Specific Directions
A Patient Specific Direction (PSD) is the traditional written instruction or electronic authorisation, signed by a doctor, dentist, or non-medical prescriber (independent or supplementary) for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. A Patient Specific Direction is a method of prescribing.

More information about PSDs can be found on the Q&A Questions about Patient Specific Directions.7

6. Exemptions in the Human Medicines Regulations
A number of health professions have specific exemptions in medicines legislation to supply or administer specific licensed medicines. Currently exemptions are available for the following registered healthcare professionals:
- Nurses (for occupational health schemes)
- Midwives

7 Questions about Patient Specific Directions https://www.sps.nhs.uk/articles/patient-specific-directions-qa/
• Optometrists*
• Orthoptists
• Chiropodists/podiatrists*
• Paramedics

*Optometrists and chiropodists/podiatrists can train to use a wider range of medicines under a list of additional exemptions. More information about working under exemptions can be found via the professional bodies’ websites and Human Medicines Regulations 2012 Schedule 17 and Human Medicines (Amendment) Regulations 2016.8,9

There are further exemptions for certain parenteral medicines which can be administered by anyone for the purpose of saving life in an emergency; these can be found in Human Medicines Regulations 2012 Schedule 19.10 It should be noted that not all drugs recommended for emergency situations are covered by these exemptions. The exemptions only cover parenteral administration of the listed medicines.

It is considered good practice to have a local policy or procedure to support practitioners when working under an exemption to the Human Medicines Regulations e.g. local anaphylaxis policy.

In the Human Medicines Regulations 2012 and subsequent amendments, there are other situations that are not covered in detail in this document for example
- the administration of medicines in nuclear medicine11
- using emergency adrenaline auto injectors in schools12
- using emergency asthma inhalers in schools13,14
- widening the availability of naloxone15
- access to medicines in a pandemic16

7. Patient Group Directions (PGDs)

What is a PGD?

A PGD is the written instruction for the supply and/or administration of medicines to groups of patients who may or may not be individually identified before presentation for treatment.17 This should not be interpreted as indicating that the patient must not be identified; patients within the group may or may not be known to the service, depending on the circumstances.

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17 What is a patient group direction? https://www.sps.nhs.uk/articles/what-is-a-patient-group-direction-pgd/
The majority of clinical care should be provided on an individual, patient-specific basis. The supply and administration of medicines under PGDs should be reserved for those limited situations where this offers an advantage for patient care without compromising patient safety, and where it is consistent with appropriate professional relationships and accountability.

Working under a PGD is not prescribing. It is the supply and or administration of a medicine.

PGDs should be included in the employing organisation’s overall clinical governance framework, to ensure that named, authorised health professionals practice safely and competently within legal and organisational requirements for PGDs. More detailed advice on the legal framework and guidance on the use of PGDs in both the NHS and the private sectors is available from the Medicines and Healthcare Products Regulatory Agency (MHRA) and Specialist Pharmacy Service. NICE have also produced medicine practice guidelines for PGDs. In addition there are NICE Competency frameworks for developing authorising and using PGDs.

Who Can Develop a PGD?
A multidisciplinary PGD working group should develop the PGD. This group must include a doctor or dentist, pharmacist and should include a representative from the professional group(s) using the PGD. The PGD must be signed by the doctor (or dentist) and the pharmacist.

Who Can Authorise a PGD?
For NHS commissioned services the PGD must be authorised by an appropriate body. In the NHS in England, currently these organisations are:
- Clinical Commissioning Groups (CCGs)
- Local Authorities
- NHS trusts or NHS foundation trusts
- NHS England
- Public Health England
- Special Health Authorities

Who Can Practice under a PGD?
The following registered healthcare practitioners can use PGDs:
- Chiropodists and podiatrists
- Dental hygienists
- Dental therapists
- Dietitians
- Nurses and midwives
- Occupational therapists
- Optometrists
- Orthoptists
- Orthotists and prosthetists
- Paramedics
- Pharmacists
- Physiotherapists

19 Specialist Pharmacy Service [https://www.sps.nhs.uk/](https://www.sps.nhs.uk/) Search for Patient Group Direction
• Radiographers (diagnostic and therapeutic)
• Speech and language therapists

These registered healthcare practitioners must be authorised to use PGDs by their employing organisation’s overall clinical governance framework. They must be named and competent to practice safely within the legal and organisational requirements for PGDs. No delegation of the supply and/or administration of medicines is permissible.\(^{20}\)

PGDs are most useful where assessment and treatment follows a clearly predictable pattern, for example:
• NHS immunisation clinics
• Contraception and sexual health services
• Urgent care centres/minor injury units

A PGD is not suitable where a patient needs to receive a complex regimen of medicines or for the treatment of long term or chronic conditions.

8. Controlled Drugs

**Who Can Prescribe Controlled Drugs?**

Controlled drugs can be prescribed by some independent and some supplementary prescribers (See Appendix 2 for more details).\(^{21}\)

**Can a PGD be used for Controlled Drugs?**

PGDs can be used for supply and administration of certain controlled drugs, which varies according to the registered practitioner using the PGD. See Specialist Pharmacy Service Q&A.\(^{22}\)

**Can Controlled Drugs be administered under Exemptions?**

Some controlled drugs can be administered by certain health professionals under the exemptions in the medicine regulations. Currently this includes registered midwives and paramedics and more information can be found in Schedule 17.\(^{8}\)

9. Unlicensed Medicines and Medicines used outside their Marketing Authorisation (Off-Label)

**Who Can Prescribe Unlicensed or Off-Label Medicines?**

Unlicensed or off-label medicines may be prescribed by some independent and supplementary prescribers, if it is within their competency and scope of practice and it is supported by best clinical practice. The prescriber takes full responsibility for determining the needs of the person and

\(^{20}\) Specialist Pharmacy Service. Can supply or administration be delegated to another practitioner under PGD? [https://www.sps.nhs.uk/articles/can-supply-or-administration-be-delegated-to-another-practitioner-under-a-pgd/](https://www.sps.nhs.uk/articles/can-supply-or-administration-be-delegated-to-another-practitioner-under-a-pgd/)

\(^{21}\) NICE Controlled drugs: safe use and management. [https://www.nice.org.uk/guidance/ng46](https://www.nice.org.uk/guidance/ng46)

whether using unlicensed or off label medicines is appropriate. Prescribers should pay particular attention to the associated risks.

For more details on what unlicensed or off-label medicines different health professionals can prescribe see Appendix 2.

**Can a PGD be used for Unlicensed Medicines?**
The PGD framework does not allow for unlicensed medicines to be supplied and/or administered. For example, imported medicines (e.g. licensed in Europe but not the UK) cannot be supplied or administered under a PGD. See Specialist Pharmacy Service Q&A.23 Where two separate products are mixed together and one of them cannot be described as a vehicle for the administration of the other (for example as a diluting agent), this results in a new, unlicensed product. Therefore a PGD cannot be used for mixing of two licensed medicines, unless one is an agent for the other, such as water for injection. See Specialist Pharmacy Service Q&A.24

**Can a PGD be used for Off-Label Medicines?**
Medicines used outside their Marketing Authorisation may be included in a PGD.25 This off-label use should only be used when clearly justified by best clinical practice.3

**Can an Exemption be used for Off-Label or Unlicensed Medicines?**
The human regulations exemptions specify the medicine, not the clinical indication. There are some medicines that can be used off-label where justified by best clinical practice. Unlicensed medicines cannot be used under the exemption.

**10. Other Items that can be “Prescribed”**
Details of the selected list scheme, borderline substances, appliances and devices that can be prescribed by different types of prescribers can be found in The Drug Tariff and on the Pharmaceutical Services Negotiating Committee (PSNC) website.26,27

**11. Other Mechanisms to Supply and Administer Medicines**

**Can Medicines be Supplied or Administered without a Prescription or PGD?**
Medicines are supplied to the place where they will be administered/used in response to formal requisitions. This can include patient labelled packs to supply under PGDs and medicines that will be supplied/administered under Human Medicines Act 2012 exemptions (Schedules 17 and 19)

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24 Specialist Pharmacy Service. Can two licenced medicinal products be mixed together prior to administration under a PGD? [https://www.sps.nhs.uk/articles/can-two-licenced-medicial-products-be-mixed-together-prior-to-administration-under-a-pgd/](https://www.sps.nhs.uk/articles/can-two-licenced-medicial-products-be-mixed-together-prior-to-administration-under-a-pgd/)

25 Can patients receive medicines under PGD when they are used outside their licensed uses? [https://www.sps.nhs.uk/articles/can-patients-receive-medicines-under-pgd-when-they-are-used-outside-their-licensed-uses/](https://www.sps.nhs.uk/articles/can-patients-receive-medicines-under-pgd-when-they-are-used-outside-their-licensed-uses/)


Medicines are also dispensed directly to named patients as a result of prescriptions or Patient Specific Directions or under Human Medicines Act 2012 provisions e.g. Emergency sale etc. by pharmacist.

Organisations can allow the supply or administer of GSL medicines without a prescription or a PGD. P medicines can be administered without a prescription or PGD. However where the supply of a P medicine is necessary one of the above mechanisms must be used (prescribed, exemption or PGD) unless the supply is made at a registered pharmacy by or under the supervision of a pharmacist.

If a PGD only covers supply of a non-injectable medicine by the health professional named in it, then it can be given to the patient for self-administration or for administration by another person. The law requires that administration of the supplied medicine is in accordance with the PGD and so the PGD should specify that the medicine is supplied for subsequent administration and it is labelled appropriately.

It is considered good practice to have a local policy or procedure to support practitioners when supplying or administering medicines that do not require a prescription or PGD. Organisations need to be mindful that different pack sizes of the same medicine may have different legal classifications. In addition where a patient pack is supplied; the dosage instructions on the pack must correspond with the indication and be reflected in the local policy and procedure.

The term homely remedy is sometimes used to describe the administration of P or GSL medicines.

12. Education and Competency

Higher Education Institutions provide specific programmes for independent and supplementary prescribing. It is common for all non-medical prescribing disciplines to learn together. These programmes are approved by the relevant professional regulators.

The Royal Pharmaceutical Society has developed a competency framework for all prescribers.²⁸

The Centre for Post Graduate Pharmacy Education (CPPE) has developed an e-learning package to support all health professionals involved with PGDs.²⁹

NICE Competency Frameworks for PGDs are also available.³

Registered Practitioners must keep up-to-date with evidence and best practice in the management of the conditions they assess and treat, and in the use of all relevant medicines. All registrants will need to meet their profession’s requirements to stay on their professional register.

²⁸ Royal Pharmaceutical Society. Competency framework for Prescribers
https://www.rpharms.com/resources/frameworks/prescribers-competency-framework
²⁹ Specialist Pharmacy Service. PGD e-learning package https://www.sps.nhs.uk/articles/cppe-pgd-e-learning-package/
13. Medicines Provision: Options for Organisations

How do I Choose the most Appropriate Option?

Separate legal requirements govern the prescribing, supply and administration of medicines. Decisions to adopt one process or a mix of the arrangements outlined above will be influenced by different clinical situations, and different staff groups.

All the legal mechanisms used for supplying and administering medicines to patients, including PGDs, independent prescribing and supplementary prescribing must be included in the employing organisation’s overall clinical governance framework, to ensure that all healthcare professionals practise safely and competently within organisational requirements.

It is worth checking which mechanism would be the safest option in your particular circumstances. This may avoid unnecessary waste of time and resources. The summaries below can help with these decisions.

**Independent Non-medical Prescribing may be appropriate in the following circumstances:**
- Where the Non-medical Independent Prescriber is competent to assess, diagnose and make treatment decisions with the patient independently.
- For conditions that the Non-medical Independent Prescriber is competent to treat independently.
- Where the Non-medical Independent Prescriber works remotely from a doctor (or dentist).

**Supplementary prescribing may be appropriate in the following circumstances:**
- Patients with stable long-term conditions, where a supplementary prescriber manages the treatment between reviews by the doctor (or dentist).
- Where the supplementary prescriber is competent to manage the patient’s condition.
- Where there is a close working partnership between the independent prescriber (doctor or dentist) and the supplementary prescriber, and where the supplementary prescriber has access to the same common patient record.
- For some situations involving Controlled Drugs and unlicensed medicines

Supplementary prescribing is not suited to emergency, urgent or acute prescribing situations, because before prescribing can begin, the prescribers must agree a Clinical Management Plan (and the patient needs to agree to be treated under one).

**Use of a Patient Group Direction may be appropriate in the following circumstances:**
- Where a written direction clearly defines the medicine or medicines to be given and the circumstances under which they should be given.
- When there are ‘high volume’ groups of patients who present for treatment, such as people needing vaccines or contraception.
- Where the registered health professionals are authorised to use a PGD and are deemed as competent to supply and/or administer the medicine.

A PGD is not suitable where a patient needs to receive a complex regime of medicines or for the treatment of long term or chronic conditions.
The Specialist Pharmacy Service website has various tools to help ascertain whether a PGD may be appropriate, such as “To PGD or not to PGD? – that is the question.”

**Use of exemptions for supply and administration of a medicine is most appropriate in the following circumstance:**

- Where the health professional is delivering specific care within their area of expertise and the range of medicines specified in medicines legislation meets the patients’ needs.

**Can an Independent Non-Medical Prescriber Work under a PGD?**

It will depend on whether an organisation is employing the NMP in the role to work under the PGDs or to work as an independent prescriber. Some organisations may choose to use PGDs in a pathway even if there are prescribers to ensure consistency of service delivery and ensure adherence to national best practice. If the independent prescriber is working under the PGD then they will have to sign to work under the PGD. If they are working as an independent prescriber then there is no requirement to sign the PGD. It is good practice to record in the patient’s notes what authority is being used to supply or administer the medicine e.g. “given under PGD” or “prescribed as NMP”

### 14. Administration of Medicines

**Who Can Administer Medicines?**

Organisations have a legal duty of care and are responsible for ensuring a Medicines Policy is in place and that the staff they employ are properly trained and competent to undertake only those responsibilities specified in agreed job descriptions.

Where the administration of medicines is being undertaken by staff, any suitably trained and competent member of staff in health or social care may administer medicines that an authorised prescriber has prescribed for an individual patient. Medicines that have been dispensed or supplied to a named individual can only be administered to that named individual. This principle applies to registered and non-registered staff at all levels. Registered health professionals, such as doctors and nurses, have a duty of care and are professionally and legally accountable for the care they provide, including those tasks they delegate to non-registered staff. If non-registered staff administer medicines, those delegating the duty must ensure that these staff are competent to do so safely. Non-registered staff are also accountable for their own practice.

**Administration of Medicines under a PGD.**

If a person has in their possession an oral medicine supplied under a PGD, another health professional can administer it.

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30 Specialist Pharmacy Service. To PGD or not to PGD? - that is the question. [https://www.sps.nhs.uk/articles/to-pgd-or-not-to-pgd-that-is-the-question/](https://www.sps.nhs.uk/articles/to-pgd-or-not-to-pgd-that-is-the-question/)


Administration of an injectable medicine must not be delegated under a PGD. The only exception is where a medicine is supplied under a PGD but is to be administered for the purpose of saving life in an emergency as listed in Human Medicine Regulations Schedule 19.

**Administration of Medicines under Exemptions**

Anyone can administer a medicine listed in Human Medicine Regulations Schedule 19 for the purpose of saving a life.

It is considered good practice to have a local policy or procedure to support practitioners when working under an exemption to the Human Medicines Regulations e.g. local anaphylaxis policy.

**15. Prescribing Legislation: Responsibility**

The Commission on Human Medicines (CHM) (formerly Committee on Safety of Medicines) is an independent advisory committee, established under section 4 of the Medicines Act 1968. The CHM advises the UK licensing authority on the quality, efficacy and safety of medicines to meet and maintain appropriate standards to safeguard public health and safety.

The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK licensing authority. It is an executive agency of the Department of Health and Social Care (DHSC), responsible for ensuring that medicines and healthcare products meet appropriate standards of safety, quality, performance and effectiveness, and are used safely.

A need for change to legislation can be identified through a number of routes, for example, by changes to delivery of healthcare services within the NHS or new approaches to the scope of practice for professional groups. The case for change is made to the appropriate body. If this is accepted a statutory public consultation follows. As the legislation is for the UK, these consultations are UK wide in each of the devolved administrations. The case for change is considered by an expert panel and advice is conveyed to ministers. If the expert advice to ministers is accepted changes in legislation are made. Where necessary, changes to NHS regulations are also made.

The DHSC is responsible for any necessary amendments to NHS regulations arising from changes to prescribing responsibilities.

The Home Office has responsibility for the prescribing of Controlled Drugs, under the terms of the Misuse of Drugs Act and Misuse of Drugs Regulations. The Advisory Council on the Misuse of Drugs (ACMD) advises the Home Office on diversion and misuse of Controlled Drugs.
## Appendix 1

### Legal mechanisms to supply or administer medicines

*This is a summary refer to the main document for full details*

<table>
<thead>
<tr>
<th>Legal Mechanism</th>
<th>Who can Do It</th>
<th>How it Helps</th>
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<td>Independent Prescribing</td>
<td>Dentists</td>
<td>Enables qualified professionals to deliver complete episodes of care involving medicines.</td>
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<td>Doctors</td>
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<td>Non-medical prescribers:</td>
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<td></td>
<td>• Chiropodists/podiatrists</td>
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<td>• Nurses and midwives</td>
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<td>• Optometrists</td>
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<td>• Paramedics</td>
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<td>• Pharmacists</td>
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<td>• Physiotherapists</td>
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<td>• Therapeutic radiographers</td>
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<td>Supplementary Prescribing</td>
<td>Non-medical prescribers:</td>
<td>Long-term conditions, e.g. monitoring and treatment of diabetes, COPD.</td>
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<td>• Chiropodists/podiatrists</td>
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<td>• Therapeutic and diagnostic radiographers</td>
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<td></td>
<td>Voluntary prescribing partnership between a doctor or dentist and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient’s agreement.</td>
<td>It is also useful for conditions involving controlled drugs, where the practitioner may not have sufficient prescribing rights (See Appendix 2).</td>
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<td>Legal Mechanism</td>
<td>Who can Do It</td>
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<tr>
<td>Community Practitioner Nurse Prescribing</td>
<td>Nurses and midwives</td>
<td>Enables qualified nurses and midwives, usually district nurses and community public health nurses (known as health visitors), community nurses and school nurses to prescribe. This formulary contains appliances, dressings, and a limited number of medicines, for example for the treatment of constipation, eczema and oral thrush.</td>
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<td>Patient Specific Direction</td>
<td>Dentists, Doctors, Non-medical prescribers</td>
<td>This means that one prescribing decision can cover a course of medication, e.g. regular pain relief for surgical patients on a hospital drug chart. It allows delegation of the administration of the medicine to a suitably trained person e.g. nurse or carer.</td>
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<tr>
<td>Exemptions in the Human Medicines Regulations</td>
<td>Chiropodists/podiatrists, Midwives, Nurses working in occupational health schemes, Optometrists, Orthoptists, Paramedics</td>
<td>Enables the professional concerned to provide medicines which are basic to their professional practice, without the need to refer to a prescriber, e.g. pain relief in childbirth (midwives).</td>
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<td><strong>Legal Mechanism</strong></td>
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<tr>
<td>Patient Group Directions</td>
<td>Chiropodists/podiatrists&lt;br&gt;Dental hygienist&lt;br&gt;Dental therapist&lt;br&gt;Dietitians&lt;br&gt;Nurses and midwives&lt;br&gt;Occupational Therapists&lt;br&gt;Optometrists&lt;br&gt;Orthoptists&lt;br&gt;Orthotists and prosthetists&lt;br&gt;Paramedics&lt;br&gt;Pharmacists&lt;br&gt;Physiotherapists&lt;br&gt;Radiographers (diagnostic and therapeutic)&lt;br&gt;Speech &amp; Language Therapists</td>
<td>Enables professional staff to deliver one-off episodes of care without the need to call on a prescriber, e.g. vaccination, emergency contraception, salbutamol in an acute asthma attack.</td>
</tr>
</tbody>
</table>
# Appendix 2

**Types of prescribers and prescribing limitations**

*This is a summary refer to the main document for full details*

<table>
<thead>
<tr>
<th>Section A Medical &amp; Dental Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Prescriber</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Doctor registered in the UK</td>
</tr>
<tr>
<td>Dentist registered in the UK</td>
</tr>
</tbody>
</table>
### Section B Independent Non-Medical Prescribers

<table>
<thead>
<tr>
<th>Type of Prescriber</th>
<th>Limitations to Prescribing</th>
<th>Can Controlled Drugs be Prescribed?</th>
<th>Can Off-Label Medicines be Prescribed?</th>
<th>Can Unlicensed Medicines be Prescribed?</th>
</tr>
</thead>
</table>
| Chiropodist/Podiatrist Independent Prescriber           | Medicines for any medical condition within their competence                              | Yes – limited list  
Currently the following Controlled Drugs for oral administration: diazepam, dihydrocodeine, lorazepam and temazepam | Yes (subject to accepted clinical good practice)                                                      | No                                     |
| Nurse Independent Prescriber (including Midwife Independent Prescriber) | Medicines for any medical condition within their competence                              | Yes - with exclusions  
(Not cocaine, dipipanone or diamorphine for treating addiction)  
Address of prescriber must be within the UK unless prescribing Schedule 4 or 5 Controlled Drugs | Yes (subject to accepted clinical good practice)                                                      | Yes (subject to accepted clinical good practice) |
| Optometrist Independent Prescriber                      | For ocular conditions affecting the eye and surrounding tissue only. Cannot prescribe parenteral medicines. | No                                                                                                 | Yes (subject to accepted clinical good practice)                                                      | No                                     |
| Paramedic Independent Prescriber                        | Medicines for any medical condition within their competence                              | At the time of preparation of this document, NHS England were preparing the case for change on paramedic independent prescribers being able to prescribe from a restricted list of controlled drugs.  
The case for change will be presented for consideration by the technical committee of the Advisory Council on the Misuse of Drugs (ACMD) in due course. | Yes (subject to accepted clinical good practice)                                                      | No                                     |
| Pharmacist Independent Prescriber                       | Medicines for any medical condition within their competence                              | Yes – with exclusions  
(Not cocaine, dipipanone or diamorphine for treating addiction)  
Address of prescriber must be within the UK unless prescribing Schedule 4 or 5 Controlled Drugs | Yes (subject to accepted clinical good practice)                                                      | Yes (subject to accepted clinical good practice) |
### Section B Independent Non-Medical Prescribers (continued)

<table>
<thead>
<tr>
<th>Type of Prescriber</th>
<th>Limitations to Prescribing</th>
<th>Can Controlled Drugs be Prescribed?</th>
<th>Can Off-Label Medicines be Prescribed?</th>
<th>Can Unlicensed Medicines be Prescribed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapist Independent Prescriber</td>
<td>Medicines for any medical condition within their competence</td>
<td>Yes – limited list Currently the following Controlled Drugs: diazepam, dihydrocodeine, lorazepam, oxycodone and temazepam for oral administration only; morphine for oral administration or for injection; fentanyl for transdermal administration</td>
<td>Yes (subject to accepted clinical good practice)</td>
<td>No</td>
</tr>
<tr>
<td>Therapeutic Radiographer Independent Prescriber</td>
<td>Medicines for any medical condition within their competence</td>
<td>At the time of preparation of this document, NHS England are awaiting a decision from the ministers, following recommendation from the ACMD that therapeutic radiographers should be able to prescribe from a restricted list of controlled drugs.</td>
<td>Yes (subject to accepted clinical good practice)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section C Community Practitioner Nurse Prescriber

<table>
<thead>
<tr>
<th>Type of prescriber</th>
<th>Limitations to prescribing</th>
<th>Can controlled drugs can be prescribed?</th>
<th>Can unlicensed medicines be prescribed?</th>
<th>Can unlicensed medicines be prescribed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Practitioner Nurse Prescriber</td>
<td>Restricted to dressings, appliances and licensed medicines which are listed in the Nurse Prescribers’ Formulary for Community Practitioners (see BNF)</td>
<td>No</td>
<td>No Only exception Nystatin off-label[^33]</td>
<td>No</td>
</tr>
</tbody>
</table>

## Section D Supplementary Prescribers

<table>
<thead>
<tr>
<th>Type of prescriber</th>
<th>Limitations to prescribing</th>
<th>Can controlled drugs can be prescribed?</th>
<th>Can unlicensed medicines be prescribed?</th>
<th>Can unlicensed medicines be prescribed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary Prescriber: Chiropodist/Podiatrist, Dietitian, Nurse (including midwife), Optometrist, Paramedic Pharmacist, Physiotherapist or Radiographer (diagnostic and therapeutic)</td>
<td>Prescribed items are subject to clinical competence and inclusion within an agreed clinical management plan</td>
<td>Yes - with exclusions (Not cocaine, dipipanone or diamorphine for treating addiction) Address of prescriber must be within the UK unless prescribing Schedule 4 or 5 Controlled Drugs</td>
<td>Yes (subject to accepted clinical good practice)</td>
<td>Yes (subject to accepted clinical good practice)</td>
</tr>
</tbody>
</table>