

Multi-Professional Prescribing (MPP) in Primary Care- Controlled drugs

Also known as Non-medical and Independent Prescribing

Introduction

Multi-professional prescribing is prescribing by specially trained healthcare professionals working within their clinical competence as either independent and / or supplementary prescribers.

Multi-professional prescribing (MPP) was formerly referred to as “non-medical prescribing” and known as independent prescribing; however, this newer term reflects a wider number of healthcare professionals who can prescribe within their scope of practice once they have completed an approved education programme and is more accurate and inclusive. This term is increasingly being adopted by professional bodies including the Royal Pharmaceutical Society who author the prescribing competency framework.

The principles that underpin multi-professional 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

NHS England - South East, Multi-Professional Prescribing (MPP) in Primary Care- Controlled drugs, 2025

With thanks to Surrey Heartlands ICB

- Contribute to the introduction of more flexible teams working across the health service

Types of multi-professional prescriber

Medical prescribers are independent prescribers and include doctors. Dentists are also independent prescribers. **Practices should be aware of what their MPP can and cannot prescribe and to ensure they are prescribing within their scope of practice.**


Multi-professional Prescribers (MPPs): (See appendix 1)

- MPPs are a range of healthcare professionals who have undertaken the appropriate training from an approved higher education institution to be able to prescribe medicines for patients as either **Independent** or **Supplementary Prescriber**.
- **Independent MPPs** 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.
- 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) with the patient's agreement. 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
- Independent and Supplementary MPPs are identified by an annotation next to their name in the relevant professional register with the level of prescribing they are qualified to undertake.

What can be prescribed by MPPs? (See appendix 2)

Nurse independent MPPs are able to prescribe any medicine for any medical condition, administer and give directions for the administration of schedule 2, 3, 4, and 5 controlled drugs and must work within their own level of professional competence and expertise.

Independent prescribing by advanced paramedics came into effect from 1 April 2018. Advanced paramedic independent MPPs may prescribe any licensed medicine from the BNF, within national and local guidelines for any condition within the practitioner's area of expertise and competence. Advanced paramedic independent MPPs must only prescribe within their own defined scope of practice, clinical specialty, and competency (see recent changes to Paramedic prescribing). Paramedic - Legislative changes in relation to paramedic prescribing came into effect on 31st December 2023, which allows the prescribing of 5 controlled drugs by paramedic independent prescribers.



A paramedic independent prescriber may prescribe any of the following controlled drugs for the treatment of organic disease or injury provided the controlled drug is prescribed to be administered by the specified method—

- 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

Pharmacist independent MPPs can prescribe any medicine for any medical condition. This includes unlicensed medicines, subject to accepted clinical good practice. They are also able to prescribe, administer, and give directions for the administration of schedule 2, 3, 4, and 5 controlled drugs. Pharmacist independent MPPs must work within their own level of professional competence and expertise.

Physiotherapist independent MPPs are allowed to prescribe the following controlled drugs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride or temazepam. Physiotherapist independent MPPs must work within their own level of professional competence and expertise.

Supplementary prescribers can prescribe any medicines within their clinical competence and expertise according to the patient specific Clinical Management Plan(CMP) which has been agreed with an independent prescriber (medical doctor or dentist) and the patient. There are no legal restrictions on the clinical conditions that may be dealt with by a supplementary prescriber. Supplementary prescribing is primarily intended for use in managing specific long-term medical conditions or health needs affecting the patient. However, acute episodes occurring within long-term conditions may be included in these arrangements, provided they are included in the CMP.

The BNF gives a useful breakdown on what can be prescribed and by whom and is found [here](#).

The Community Pharmacy England (CPE) site has useful information on what prescribing rights each healthcare profession has and can be found at [Who can prescribe what? - CPE Website](#)



Responsibilities

Responsibilities of a Multi-professional Prescriber:

It is the responsibility of the MPP 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 program to be legally allowed to prescribe.

- MPPs should ensure that they hold appropriate and adequate indemnity insurance for this role.
- MPPs should work within their own level of professional competence and expertise and are clinically responsible for any prescription that they issue.
- MPPs remain accountable for their own practice, should apply professionalism to all aspects of their practice and adhere to their own professional codes of conduct, standards, and guidance as well as this guidance.
- MPPs 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.
- MPPs should prescribe within their own documented scope of practice and recognise the limits of own knowledge and skill; working outside of the documented scope of practice increases the risk of serious incidents resulting in serious harm to patients and untold distress to patients, their families and the MPP involved.
- MPPs should make accurate legible and contemporaneous records and clinical notes of any prescribing decisions they make in line with requirements of the registering body's standards for records. 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. MPPs should not prescribe for patients without reference to their clinical record. Where the clinical record is unavailable significant levels of caution should be applied.
- MPPs must ensure they are set up on the practice computer system so that their prescriptions have the correct printed information on with their details i.e. MPP name, type of prescriber e.g. pharmacist, type of qualification e.g. independent prescriber, prescriber number (this is their professional body registration number), practice address and the cost centre, and should also meet the prescription writing legal requirements. The existing prescriber details on a prescription must never be tampered with or other prescriber details added, whether that be handwritten or by stamp.
- MPPs should identify a Mentor and meet with them regularly.

- MPPs should take part in the annual appraisal process and have a personal development plan (PDP) in place that is reviewed annually alongside their scope of practice.

Prescribing

Prescription requirements

- Prescriptions can be computer generated or handwritten. Where possible prescriptions should be computer generated.
- Several pieces of information must be present on a prescription for it to be legal. MPPs should ensure that all the requirements for a prescription are fulfilled for it to be legal. Details on prescription writing (including computer generated prescription requirements) is available in the [British National Formulary](#) (BNF).
- A visible audit trail of prescribing actions must be maintained.
- The existing prescriber details on a prescription must never be tampered with or other prescriber details added, whether that be handwritten or by stamp.
- To ensure clinical governance is maintained, MPPs should only prescribe for a patient whom they have assessed for care and should only write a FP10 prescription bearing their details and own unique prescriber number.
- Accountability and legal responsibility lies with the MPP who has signed the prescription.

Repeat prescribing

- MPPs may issue repeat prescriptions but only if all the medicines involved are within the MPP's scope of competency and practice as by signing the prescription, they are assuming full responsibility and remain accountable for their practice.
- All MPPs 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.
- Before signing a repeat prescription the MPP 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, usually at either 3 to 6 monthly intervals, or in line with the GP practice prescribing policy
 - Suitable provision is in place for monitoring each patient's condition and monitoring is up-to-date
 - There is a suitable referral pathway for patients requiring further assessment or treatment

Unlicensed or off-label

- MPPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. unlicensed and off-label medicines.
- MPPs must accept professional, clinical, and legal responsibility for prescribing unlicensed or off-label medicines and should only prescribe where it is accepted clinical practice.
- The MPP 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.

Excessive prescribing and unwarranted variation

- Prescribing issues may be identified via several sources such as prescription data monitoring, incident reporting, complaints etc.
- The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death. The [BMA focus on excessive prescribing policy](#): sets out what might be considered to be excessive or unwarranted prescribing for GPs, but the same principles apply to MPPs
- There may be occasions where a MPP, prescribing at an individual practice, may appear at significant variation with local peers. Prescribing variation is open to interpretation and subsequent challenge.

Controlled drugs (CDs)

- MPPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. CDs.
- MPPs must ensure that all legal requirements for a CD prescription are met.
- Full information about managing and handling controlled drugs is available in the relevant legislation ([Misuse of Drugs Act and Misuse of Drugs Regulations](#)). A working copy has been produced by NICE and is available here: [Controlled drugs and drug dependence](#)
- Prescription requirements apply to Schedule 2 and 3 medicines. The Department of Health has issued a strong recommendation that the quantity prescribed should not exceed 30 days' supply.
- A list of current controlled drugs is available here: [List of most commonly encountered drugs currently controlled under the misuse of drugs legislation](#)
- For information on the prescribing and repeat prescriptions for controlled drugs, see [CQC MythBuster 28 - Management of Controlled Drugs](#)
- Controlled drug incidents or concerns should be reported to the NHS Controlled Drugs Accountable Officer for the South East. Please refer to '*Reporting Controlled Drug Incidents & Concerns*' guidance.

- Private prescribing of controlled drugs must be done on specially designated pink prescription forms (FP10PCD). The prescriber will need to apply to the NHS [England South East Controlled Drugs Team](#).
- For the destruction of controlled drugs, please complete the 'Apply to be a Temporary Authorised Witness' application form via the [CD Reporting Portal](#).

Authors

This guidance has been adapted, with thanks to Surrey Heartlands ICB. Initially produced by Monika Cunjamalay and Nikki Smith. It was subsequently updated by Ameena Hafeez. Scope of practice section authored by Sophie Parker. Paramedic prescribing authored by Nesha Shah. Edited by Kate Clarke, Lucy George and Ami Luck.

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Appendix 1

Under current legislation, the health professionals listed below can all undertake further qualification to become an independent or supplementary MPP. The below lists are not exhaustive and may be expanded following further legislation changes:

- Independent MPPs:
 - Nurses
 - Paramedics
 - Midwives
 - Pharmacists
 - Physiotherapists
 - Podiatrists
 - Optometrists
 - Therapeutic radiographers (specialists in using radiation to treat cancer and other medical conditions)
- Supplementary MPPs:
 - Dieticians
 - Nurses
 - Advanced paramedics
 - Pharmacists
 - Physiotherapists
 - Podiatrists
 - Optometrists
 - Diagnostics radiographers (specialists in using medical imaging techniques, such as X-rays)
 - Therapeutic radiographers (specialists in using radiation to treat cancer and other medical conditions)

Appendix 2

Medicines entitlements of Allied Healthcare Professionals

Adapted from the HCPC '[Medicines entitlements of our registered professions](#)'

| Profession | Supply and administration | | | Prescribing | | |
|--------------------------|---------------------------|-----|------------|-------------|----|----------|
| | PSD | PGD | Exemptions | SP | IP | IP - CDs |
| Chiropodist / podiatrist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Paramedic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Physiotherapist | ✓ | ✓ | | ✓ | ✓ | ✓ |

Key:

Controlled drugs (CDs) and our professions

Supplementary prescribers can prescribe CDs within the limits of a clinical management plan.

Independent prescribers may prescribe from a **limited list** of CDs, **only** if extra laws allow their profession to do so.

PSD = Patient-specific direction

PGD = Patient group direction

SP = Supplementary prescribing

IP = Independent prescribing

IP - CDs = IP of controlled drugs