

Standards for education and training

Part 3:

Standards for prescribing programmes

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Our Standards for prescribing programmes were published on 17 May 2018. We re-published these standards in April 2023 and further updated them in April 2024.

About our standards

Our standards for education and training include the Standards framework for nursing¹ and midwifery education, Standards for student supervision and assessment, and programme standards specific to each approved programme.

Our [standards](#) for education and training are set out in three parts:

[Part 1: Standards framework for nursing and midwifery education](#)

[Part 2: Standards for student supervision and assessment](#)

Part 3: Programme standards:

- [Standards for pre-registration nursing programmes](#)
- [Standards for pre-registration midwifery programmes](#)
- [Standards for pre-registration nursing associate programmes](#)
- [Standards for prescribing programmes](#)
- [Standards for post-registration programmes: programmes leading to specialist community public health nurse qualifications and programmes leading to community nursing specialist practice qualifications](#)
- [Standards for return to practice programmes](#)

Supporting information for our [Standards for student supervision and assessment](#) is on our [website](#).

These standards help nursing and midwifery **students** achieve NMC proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of [the Code](#), the professional standards of practice, values and behaviours that nurses, midwives and nursing associates are expected to uphold.

¹ We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession in England with their own part of our register, but they are part of the nursing team.

Introduction

Our Standards for prescribing programmes sets out the legal requirements, entry requirements, availability of [recognition of prior learning](#), requirements for supervision and assessment and information on the award for all NMC approved prescribing programmes.

Student [nurse and midwife prescribers](#) in the UK must successfully complete an NMC approved post-registration prescribing programme in order to meet the standards of proficiency necessary for an annotation to be made against an entry on the NMC register as a nurse or midwife prescriber.

Public safety is central to our standards. Students will be in contact with people throughout their education and it's important that they learn in a safe and effective way.

These programme standards should be read with the NMC's Standards framework for nursing and midwifery education and [Standards for student supervision and assessment](#), both of which apply to all NMC approved programmes. NMC [Approved Education Institutions \(AEIs\)](#) intending to deliver our prescribing programmes must comply with all these standards to run an approved programme.

Education providers structure their educational programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme and students are assessed against these proficiencies to make sure they are capable of providing safe, effective and kind care that improves health and wellbeing.

Proficiencies are the knowledge, skills and behaviours that nurses and midwives need in order to practise. We publish standards of proficiency for the nursing and midwifery professions as well as proficiencies for NMC approved post-registration qualifications.

Our standards for education and training highlight the need for programmes to adopt an inclusive approach to recruitment, selection and progression, ensuring admissions and all other academic processes are open, fair, transparent and demonstrate an understanding of and take measures to address underrepresentation.

Through our [quality assurance](#) processes we check that education programmes meet all of our standards regarding the structure and delivery of educational programmes, that the programme outcomes relate to the expected proficiencies for particular qualifications and that AEs and [practice learning partners](#) are managing risks effectively. Using internal and external intelligence we monitor risks to quality in education and training; this intelligence gathering includes analysis of system regulator reports.

We believe that involving people who use services and members of the public in the planning and delivery of curricula will promote public confidence in the education of nursing and midwifery professionals. We expect the use of supportive evidence and engagement from people who have experienced care.

Before any programme can be run, we make sure it meets our standards. We do this through an approvals process, in accordance with our [quality assurance framework](#).

AEs, their practice learning partners, and employers all have ownership and accountability for the development, delivery and management of nurse and midwife prescriber programmes, including curricula and assessment, in line with our standards.

Legislative framework

Article 19(6) of the [Nursing and Midwifery Order 2001](#) (**'the Order'**) allows the NMC to establish standards for education and training that lead to additional qualifications which may be recorded on the NMC register. The Standards for prescribing programmes are made under this provision.

The Royal Pharmaceutical Society Competency Framework

As part of our commitment to inter-professional learning and in recognition of the emphasis now being placed on adopting interdisciplinary approaches to prescribing proficiency, we have decided that in future all NMC approved prescribing programmes must deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) Competency Framework for all Prescribers².

For all categories of prescriber, the RPS Competency Framework applies in full and demonstration of all those competencies contained within it must be achieved in order to be awarded prescriber status.

They must also be maintained thereafter throughout subsequent prescribing practice. The category of award determines the formulary a qualified prescriber may prescribe from.

² This and subsequent references in these standards to the RPS Competency Framework apply to the version of that document that was in place when these standards came into effect and to any subsequent revisions to it or any documents that replace it.

Titles, qualifications and formularies

The following three titles apply to registered nurses, midwives and specialist community public health nurses (SCPHNs) who are able to prescribe.

1. Community practitioner nurse or midwife prescriber

This refers to a registered nurse (level 1), midwife or SCPHN who has an annotation next to their name on our register confirming that they are qualified to prescribe drugs, medicines and appliances from the Nurse Prescribers' Formulary for Community Practitioners³ in the current edition of the British National Formulary⁴.

To obtain community practitioner nurse or midwife prescriber status, a registered nurse, midwife or SCPHN must successfully complete either:

- 1.1** A community practitioner nurse prescribing course as part of an existing approved SCPHN or district nursing specialist practitioner qualification (SPQ) education programme. This is sometimes known as a 'V100 course' from the code that is used to enter the annotation onto the NMC register indicating that a registrant has successfully completed a prescribing course as part of a SCPHN or district nursing SPQ programme and can prescribe from the limited community formulary; or
- 1.2** A stand-alone prescribing course for nurse or midwives who have not undertaken the community practitioner nurse (V100) qualification as part of an integrated programme of education, for example as part of a specialist practice qualification in district nursing or a SCPHN health visiting programme but who wish to be able to prescribe from the Nurse Prescribers' Formulary for Community Practitioners in the current edition of the British National Formulary. This is sometimes known as a 'V150 course' from the code that is used to enter the annotation onto the NMC register indicating that a nurse or midwife (who is not a SCPHN and has not completed an SPQ as, for example, a district nurse that includes a prescribing qualification) has successfully completed an approved NMC prescribing programme and can prescribe from the limited community formulary.

3 [Nurse Prescribers' Formulary](#)

4 [British National Formulary](#)

2. Nurse or midwife independent prescriber

This refers to a registered nurse (level 1), midwife or SCPHN who has an annotation next to their name on our register confirming that they may prescribe any medicine for any medical condition within their competence (with the exception of certain controlled drugs).

3. Supplementary prescriber

This refers to a registered nurse (level 1), midwife or SCPHN who has an annotation next to their name on our register confirming that they are able to work in partnership with an independent prescriber (such as a doctor or dentist) to implement an agreed patient/client-specific clinical management plan with the patient/client's agreement.

To obtain independent/supplementary prescriber status, a registered nurse, midwife or SCPHN must successfully complete an independent/supplementary prescriber preparation programme. This is sometimes known as a 'V300 course', from the code that is used to enter the annotation onto the NMC register indicating that a nurse or midwife has successfully completed an NMC approved prescribing programme that gives them independent/supplementary prescriber status, allowing them to prescribe any drugs (except certain controlled drugs) appropriate to their scope of practice.

Stand-alone extended formulary prescriber status was previously available by way of successfully completing the now discontinued V200 prescribing programme, before supplementary prescribing was introduced in 2003.

The above titles are set out in law⁵ and in NMC legislation⁶.

5 Human Medicines Regulations SI 2012/1916, regulations 214(3)(c), 214(3)(d) and 214(4).

6 The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004 ("the Parts and Entries Order") SI 2004/1765, Article 7(2).

The student journey

Standards for prescribing programmes follow the student prescriber's journey and are grouped under the following five headings:

1. Selection, admission and progression

Standards about an applicant's suitability and continued participation in a prescribing programme

2. Curriculum

Standards for the content, delivery and evaluation of prescribing programmes

3. Practice learning

Standards specific to learning for student prescribers that takes place in practice settings

4. Supervision and assessment

Standards for safe and effective supervision and assessment for prescribing programmes

5. Qualification to be awarded

Standards which state the award and information for annotation onto the NMC register

1 Selection, admission and progression

Approved education institutions together with practice learning partners must:

- 1.1** ensure that on entry to the programme the applicant is a registered nurse (level 1), a registered midwife or a SCPHN
- 1.2** provide opportunities that enable all nurse (level 1), midwife or SCPHN registrants (including NHS, self-employed or non-NHS employed registrants) to apply for entry onto an NMC approved prescribing programme
- 1.3** confirm that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where appropriate) to enable students to undertake, and be adequately supported throughout, the programme
- 1.4** consider recognition of prior learning that is capable of being mapped to the RPS Competency Framework for all Prescribers
- 1.5** confirm on entry that any applicant selected to undertake a prescribing programme has the competence, experience and academic ability to study at the level required for that programme
- 1.6** confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas:
 - 1.6.1** Clinical/health assessment
 - 1.6.2** Diagnostics/care management
 - 1.6.3** Planning and evaluation of care, and
- 1.7** ensure that applicants for V300 supplementary/independent prescribing programmes have been registered with the NMC for a minimum of one year prior to application for entry onto the programme.

2 Curriculum

Approved education institutions, together with practice learning partners, must:

- 2.1** ensure that programmes comply with the NMC [Standards framework for nursing and midwifery education](#)
- 2.2** ensure that all prescribing programmes are designed to fully deliver the competencies set out in the RPS Competency Framework for all Prescribers, as necessary for safe and effective prescribing practice
- 2.3** state the learning and teaching strategies that will be used to support achievement of those competencies
- 2.4** develop programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice:
 - 2.4.1** stating the general and professional content necessary to meet the programme outcomes
 - 2.4.2** stating the prescribing specific content necessary to meet the programme outcomes
 - 2.4.3** confirming that the programme outcomes can be applied to all parts of the NMC register: the four fields of nursing practice (adult, mental health, learning disabilities and children's nursing); midwifery; and specialist community public health nursing;
- 2.5** ensure that the curriculum provides a balance of theory and practice learning, using a range of learning and teaching strategies
- 2.6** ensure technology and **simulation** opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment, and
- 2.7** ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language.

3 Practice learning

Approved education institutions must:

- 3.1** ensure that suitable and effective arrangements and governance for practice learning are in place for all applicants including arrangements specifically tailored to those applicants who are self-employed.

Approved education institutions, together with practice learning partners, must:

- 3.2** ensure that practice learning complies with the NMC [Standards for student supervision and assessment](#), and
- 3.3** ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC [Standards for student supervision and assessment](#).

4 Supervision and assessment

Approved education institutions, together with practice learning partners, must:

- 4.1** ensure that support, supervision, learning and assessment provided complies with the NMC [Standards framework for nursing and midwifery education](#)
- 4.2** ensure that support, supervision, learning and assessment provided complies with the NMC [Standards for student supervision and assessment](#)
- 4.3** appoint a programme leader in accordance with the requirements of the NMC [Standards framework for nursing and midwifery education](#). The programme leader of a prescribing programme may be any registered healthcare professional with appropriate knowledge, skills and experience
- 4.4** ensure the programme leader works in conjunction with the Lead Midwife for Education (LME) and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes
- 4.5** ensure the student is assigned to a practice assessor who is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking
 - 4.5.1** In exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for that part of the programme where the prescribing student is undergoing training in a practice learning setting. In such instances, the student, practice supervisor/assessor and the AEI will need to evidence why it was necessary for the practice supervisor and assessor roles to be carried out by the same person

- 4.6** ensure the student is assigned to an academic assessor who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking
- 4.7** provide constructive feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes
- 4.8** assess the student's suitability for award based on the successful completion of a period of practice based learning relevant to their field of prescribing practice
- 4.9** ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies. This includes all students:
 - 4.9.1** successfully passing a **pharmacology** exam (the pharmacology exam must be passed with a minimum score of 80 percent), and
 - 4.9.2** successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100 percent).

5 Qualification to be awarded

Approved Education Institutions, together with practice learning partners, must:

- 5.1** following successful completion of an NMC approved programme of preparation, confirm that the registered nurse (level 1), midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of:
 - 5.1.1** a community practitioner nurse or midwife prescriber (V100/V150), or
 - 5.1.2** a nurse or midwife independent/supplementary prescriber (V300)
- 5.2** ensure that participation in and successful completion of an NMC approved prescribing programme leads to accreditation at a level equivalent to a bachelor's degree⁷ as a minimum award
- 5.3** inform the student that the award must be registered with us within five years of successfully completing the programme and if they fail to do so they will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber⁸, and
- 5.4** inform the student that they may only prescribe once their prescribing qualification has been annotated on the NMC register and they may only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice.

⁷ Level 6 in England, Wales and Northern Ireland and Level 9 in Scotland.

⁸ The requirement to undertake the qualification again is a standard made by Council under its powers contained at Article 19(3) of the Nursing and Midwifery Order (2001 as amended)

Glossary

Approved Education Institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that work in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Educators: in the context of the NMC standards for education and training, educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.

Formulary: an official list giving details of prescribable medicines. The main function of a nursing and midwifery prescription formulary is to specify those particular medications that are approved to be prescribed by nurses and midwives, depending on the level of qualification they have obtained.

Nurse and midwife prescribers: the collective title for those nurses and midwives who have successfully completed an NMC approved prescribing programme and had that qualification added as an annotation to their entry on the NMC register.

Pharmacology: the study of medicinal drugs and their effect on the body. This includes both pharmacokinetics (the effect of the body on drugs) and pharmacodynamics (the effect of drugs on the body).

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Recognition of prior learning: a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes and requirements; this means it includes both theory and practice achievement.

Simulation: an educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.

Student: any individual enrolled onto an NMC approved programme at pre-registration or post-registration level, whether full-time or less than full-time.

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the independent regulator of more than 808,000* nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision-making. We use our voice to speak up for a healthy and inclusive working environment for our professions.



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