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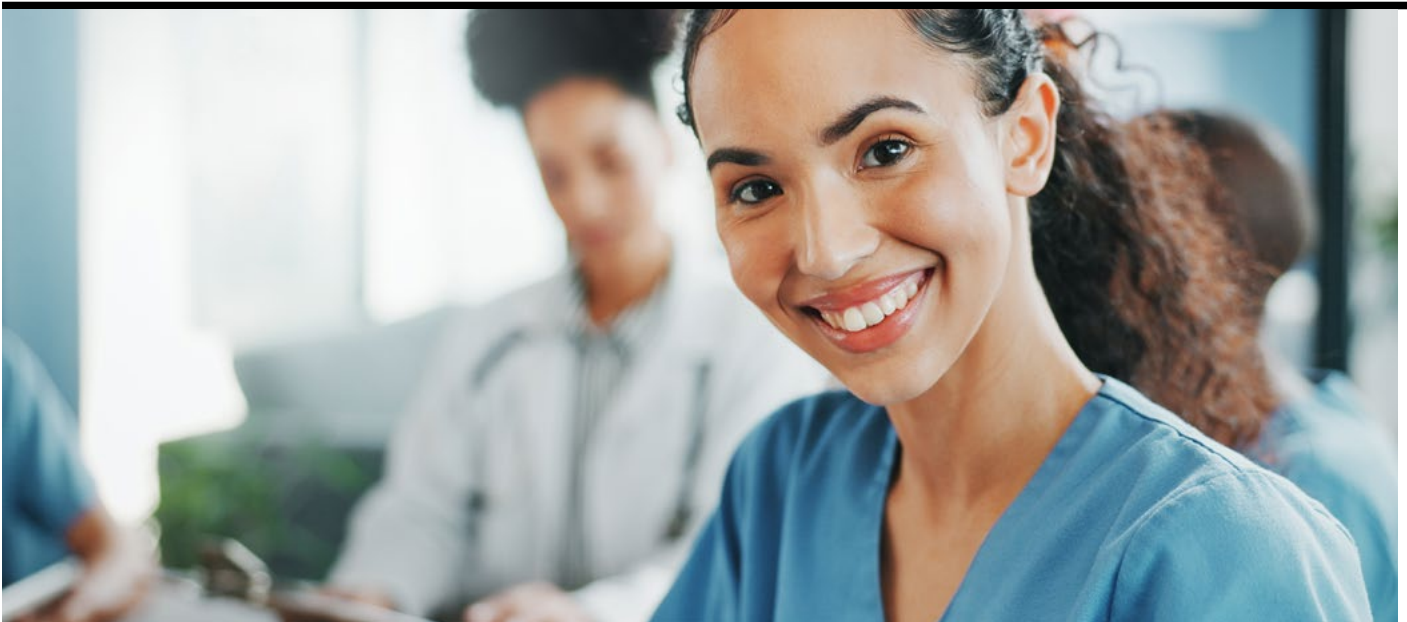


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ESTABLISHED IN 2003, CONSULTING ROOM BRINGS TOGETHER EVERYTHING YOU NEED TO DEVELOP AND GROW A SUCCESSFUL CLINIC BUSINESS IN AN INCREASINGLY DIFFICULT UK AND IRELAND MARKETPLACE.



V300 PRESCRIBING IN AESTHETICS: HOW TO KNOW YOU'RE READY

The V300 Independent and Supplementary Prescribing course is a major step toward autonomy for nurses working in aesthetics – but it's not a decision to take lightly. In this article, nurse prescriber and trainer Claire Amos outlines the key considerations, common challenges, and practical steps to help aesthetic nurses assess their readiness and approach the V300 with clarity and confidence.

As more nurses move into aesthetics or expand their clinical scope, the V300 Independent and Supplementary Prescribing qualification is an increasingly popular route. It offers greater autonomy, improves patient care, and supports business growth. But with this opportunity comes responsibility and a demanding education process. Having supported many nurses through this journey, I've found that success depends on realistic planning, adequate preparation, and the right support.

The value of the V300

The V300 is the NMC-accredited Independent and Supplementary Prescribing qualification for registered health professionals. It enables nurses to prescribe any medication, including controlled drugs, within their own

competence, without needing a medical prescriber. This role is both independent and supplementary, allowing practitioners to prescribe from the British National Formulary and legally register the qualification with the NMC upon completion.¹

Independent prescribing means making autonomous decisions about a patient's treatment within your scope of practice. Supplementary prescribing involves working in partnership with another prescriber under an agreed Clinical Management Plan (CMP). Both routes are covered in the V300 programme.¹

This qualification can be truly transformative for aesthetic nurses:

- It grants autonomy to prescribe treatments like botulinum

toxin directly, reducing reliance on external prescribers and streamlining patient care.²

- It enables timely response to complications – such as arranging antibiotics or hyaluronidase – enhancing safety and continuity of care.³
- It supports greater professional independence, reducing costs associated with contractor-led prescribing and building patient trust.²
- It opens pathways to advanced clinical roles and broader business opportunities in private practice.²⁻³

That said, the course is rigorous and requires a clear understanding of what's involved, what's expected, and whether the timing is right. The following sections aim to help you determine

your readiness and understand how to approach the process successfully.

Understanding eligibility and readiness

Before applying for the V300, it's important to understand who the course is designed for and whether now is the right time for you to take it on.

Most nurses who reach out to me for guidance are already practising in medical aesthetics, delivering treatments like botulinum toxin, dermal fillers or advanced skin procedures. Others are transitioning from the NHS – commonly from acute care, emergency departments or dermatology – where they've built transferable clinical skills.

Regardless of your background, the key to success with the V300 lies in honest self-assessment. You'll need to be confident in your clinical decision-making and prepared for the academic workload. That includes:

- A solid understanding of pharmacology
- Thorough consultation and assessment skills
- Strong critical thinking skills
- Confidence in managing patients independently
- Time and capacity for academic study and supervised practice

While individual universities vary slightly, most require applicants to be NMC-registered for a minimum of 12 months and able to demonstrate safe and effective clinical practice, including skills in assessment, diagnostics, and care planning. Many providers also expect prior academic study at degree level or evidence of study readiness at Level 6 or 7.⁴⁻⁶

Applicants must secure a Designated Prescribing Practitioner (DPP) and appropriate governance arrangements – requirements that can be more complex for those working independently. Some universities, such as Salford and UHI, are more accommodating to aesthetic practitioners, provided they can demonstrate robust supervision and governance structures.⁷ It is essential to check specific entry criteria carefully before applying and ensure you have the necessary clinical, academic, and organisational support in place.

I'd also recommend planning ahead. With increased demand following recent NMC regulatory changes, some universities are already full more than a year in advance. Applying at least six months before your intended start date is strongly recommended.

Course demands and time commitment

One of the most commonly underestimated aspects of the V300 is the time and workload involved. The course combines academic study with a mandatory supervised practice element – typically requiring around 90 hours of learning in practice settings.⁸ This is in addition to lectures, assignments, and independent study, all of which demand consistent attention across several months.

For nurses working in aesthetics, especially those also managing a business or clinical caseload, this can be a significant adjustment. I advise all prospective students to review their schedule carefully and, where possible, reduce their clinical hours to allow space for learning. Even freeing up one day per week or a few days per month can ease the pressure and improve the quality of both your study and patient care.

Some nurses remain in NHS roles while completing the V300, and they may be able to negotiate study time or supervision within their existing structure. However, for self-employed aesthetic nurses, planning ahead is essential, particularly when arranging supervision hours with a DPP. Course fees vary by university provider but are typically in the range of £1,500-£3,000. This is in addition to the cost of securing a DPP in the private sector, which can add a further £2,000-£3,000.

The challenge of finding a DPP

Securing a Designated Prescribing Practitioner is often one of the most difficult hurdles for aesthetic nurses. In contrast to the NHS, where DPPs are typically embedded within clinical teams, the aesthetics sector lacks formal infrastructure – meaning practitioners must source and fund supervision independently.

A DPP must be an experienced independent prescriber, trained to

supervise prescribing students, and willing to take responsibility for your progression and sign-off.^{9,10} They should also have relevant clinical experience in your area of practice and ideally hold formal training or experience in supervision and assessment, as set out in the Royal Pharmaceutical Society's DPP Competency Framework.⁹

In my experience, most DPPs in the aesthetics sector charge between £2,000 and £3,000 for this service, reflecting the time commitment, legal responsibility, and educational input required.

Because of this, it's vital to choose a DPP who is not only qualified, but also invested in your development. Look for someone who:

- Understands aesthetics practice (and is supportive of it)
- Offers structured and supportive supervision
- Can dedicate sufficient time for regular feedback and assessment
- Ideally holds a Level 7 qualification in aesthetics and a teaching/assessing qualification

In my training role, we work with a network of experienced supervisors across England and Wales. Where needed, we can match students with appropriate DPPs and offer structured learning through clinical assessment days, pharmacy sessions, and case study reviews to support their development. For nurses without existing contacts, this can make the process less daunting, ensuring access to a vetted supervisor who understands both the demands of the course and the realities of aesthetic

Making sense of the academic content

While much of the V300 curriculum is designed with NHS prescribing roles in mind, the core principles, such as pharmacology, clinical reasoning, risk management, and legal accountability, are equally applicable in aesthetic practice. Understanding drug actions, interactions, contraindications, and consultation frameworks is fundamental to safe prescribing, whether you're working in a hospital setting or a private clinic. However, some course content may feel less relevant for aesthetic nurses.

Scenarios based on community care, chronic disease management, or hospital discharge planning can be difficult to relate to if you work exclusively in aesthetics. This doesn't mean the learning isn't valuable – it simply requires you to work harder to contextualise assignments, reflective pieces, and CMPs to your own practice area.

Nurses should be prepared to source additional clinical examples from their own work to meet learning outcomes where NHS-based case studies do not directly apply. This proactive approach helps ensure academic work remains relevant and directly linked to everyday aesthetic prescribing scenarios.

That's why having a DPP or academic assessor who understands the aesthetics field can make a real difference. Supervisors with this experience can help you interpret the academic requirements in a way that aligns with your practice and support you in bridging any gaps in relevance.

In our training programmes, we support this process through dedicated

aesthetic prescribing sessions, case study work, and clinical reflection, ensuring that students don't have to navigate these adjustments alone.

Addressing gaps in aesthetic-specific learning

Despite its robust foundation, the V300 doesn't cover every topic needed for safe, effective prescribing in aesthetics. Many aesthetic nurses benefit from additional support to help bridge the gap between general prescribing education and the specific demands of aesthetic practice. This includes:

- **Management of aesthetic complications**, including the use of hyaluronidase, antibiotics, and emergency protocols
- **Advanced consultation and consent practices**, especially for elective, aesthetic treatments
- **Pharmacovigilance** specific to aesthetic injectables
- **Governance and regulation** in the private sector, including documentation, audit, and indemnity
- **Business considerations** such as

stock management, patient safety systems, and accountability in solo practice

As part of my training role, I offer structured opportunities for case-based learning, complication management, and regulatory understanding to help nurses feel confident in applying their prescribing knowledge safely and effectively in aesthetics.

Support beyond qualification

Achieving the V300 is a significant milestone, but it's just the beginning of your journey as an independent prescriber. The first six to 12 months post-qualification can be particularly challenging, as you begin applying your knowledge in real-world scenarios, often without the formal support structures found in NHS settings.

New prescribers benefit greatly from continued access to:

- **Mentorship or peer support**, especially when navigating unfamiliar prescribing decisions
- **Case-based discussion forums**,



which offer a safe space to reflect on and develop your practice

- **Regular CPD**, including updates in pharmacology, ethical considerations, and complication management in aesthetics

Joining a professional organisation such as the British Association of Medical Aesthetic Nurses (BAMAN) can also provide valuable networking, peer learning, and professional development opportunities.¹¹ Attending aesthetics conferences, available across the UK, is another way to stay up to date and connected within the field.

In my training role, I continue to support newly qualified prescribers through structured CPD, small group learning, and complication workshops. Many nurses find this helpful as they transition from theory into safe, confident prescribing practice – especially in areas where aesthetics-specific prescribing guidance continues to evolve.

The long-term impact of independent prescribing

For nurses working in aesthetics,

gaining the V300 can be a transformative step. It allows you to take full clinical responsibility for prescribing and delivering treatments – improving continuity of care, streamlining processes, and often increasing patient trust.

One of the most immediate benefits is the ability to prescribe your own stock and manage complications without delay. This is particularly important in aesthetics, where timely intervention is critical to patient safety and outcomes. No longer having to rely on another prescriber also allows for greater flexibility in scheduling and treatment planning.

From a business perspective, becoming an independent prescriber may also reduce overheads and open opportunities for expanding your treatment portfolio. It removes the ongoing cost of paying another prescriber and allows you to incorporate advanced techniques or emergency medicines into your practice without needing external input.

Many nurses find that gaining the V300 also improves their confidence – not

only in prescribing, but in patient consultations, clinical assessments, and managing risk. It's a step that signals your commitment to safety, professionalism, and excellence in patient care.

For more information on Claire's V300 non-medical prescribing support visit: saferaestheticstraining.co.uk



Resources

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