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Nurses in cannabis care: The case for expanding nursing roles in the UK sector

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About the author

Ariana Ayu is the founder, creator, and lead educator of the CannyNurse® Certificate Program, the first comprehensive medical cannabis education programme designed specifically for working nurses. The programme has been developing specialist endocannabinology nurses in the North American cannabis industry since 2021.

> **Nurses are an overlooked asset in the UK medical cannabis industry. Hiring properly trained ECS nurses can increase patient satisfaction, ease burdens on prescribers, and decrease clinic costs. What's not to like?**
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Ariana prepared this report for the Cannabis Industry Council to set out the case for a nurse-led model of care within the UK's regulated medical cannabis sector.

Ariana's US nursing background includes paediatrics, labour & delivery, nurse education, holistic health, and Integrative Nurse Coaching®. She earned her MSc in Advancing Nursing Practice from the University of Edinburgh in Scotland and her cannabis nursing training from Pacific College of Health and Science in California. Ariana is passionate about racial justice, social equity, environmental preservation/ conservation, and empowered health, wellness, and joy for all. Her practice is governed by the ethical principles of integrity, non-judgment, empowerment and respect for client autonomy.

Executive summary

The UK medical cannabis sector has expanded rapidly since cannabis-based products for medicinal use (CBPMs) were legalised in 2018, yet nursing involvement remains underdeveloped. The sector is largely private and telemedicine-led, while the pool of specialist prescribers who can initiate unlicensed CBPM treatment remains limited.

Appropriately trained nurses can help address this capacity gap. Existing UK regulation already permits nurse independent prescribers to prescribe within their competence, and published guidance supports shared-care arrangements in which appropriately qualified non-medical prescribers can undertake follow-up prescribing within a specialist-defined treatment plan. Nurses can also contribute to education, monitoring, medication review, triage, patient advocacy and ongoing support without replacing specialist medical oversight.

This report argues for a structured expansion of nursing roles, supported by specialist education, clear governance and defined escalation pathways. UK clinics already provide examples of nurses working in shared-care and follow-up roles. The opportunity now is to make such roles more systematic across the sector.

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1. The opportunity



Nurses are consistently among the most trusted healthcare professionals. In the 2025 Ipsos Veracity Index, 92% of Britons surveyed said they trusted nurses to tell the truth, the highest proportion recorded for any profession in the poll.[1] Nurses also have an established role in patient education, advocacy, monitoring and ongoing care. These capabilities are particularly relevant to medical cannabis, where patients may need structured support to understand administration, monitor effects and side effects, communicate concerns, and use medicines safely.

In the United States, nurses have played a range of roles in the medical cannabis sector, including clinical care, patient advocacy and education. Specialist endocannabinology nurses work in hospitals, clinics, and universities, as well as in their own businesses as nurse coaches, industry consultants, and educators.

In the UK, by contrast, nursing involvement remains comparatively limited. This report examines the opportunity to expand that involvement within the UK's existing regulatory and clinical framework.

2. The UK medical cannabis landscape

Regulatory framework

Medical cannabis has been legal in the UK since November 2018, when the Government rescheduled cannabis-based products for medicinal use. Prescribing of unlicensed CBPMs remains tightly restricted: doctors on the General Medical Council's Specialist Register may initiate treatment, while ongoing prescribing may be undertaken by other appropriately qualified registered professionals, including GPs, pharmacist independent prescribers and nurse independent prescribers, within their competence.[2 3]

The Royal College of Nursing called in 2018 for the list of professionals able to initiate CBPM prescribing to be extended to appropriately trained non-medical prescribers, including nurse independent prescribers.[4] Nurse independent prescribers are regulated by the Nursing and Midwifery Council (NMC). Following completion of an NMC-approved prescribing qualification, they may prescribe within their scope of competence.

Since 2009, nurse independent prescribers have been able to prescribe unlicensed medicines on the same basis as doctors, and since 2012 they have been able to prescribe controlled drugs in Schedules 2–5 where clinically appropriate and within competence.[5 6] The NMC adopts the Royal Pharmaceutical Society's Prescribing Competency Framework, and nurses remain individually accountable for working within their competence when prescribing, including when prescribing CBPMs.[7]

Shared care in practice

The Medical Cannabis Clinicians Society's Good Practice Guide for Prescribers of CBMPs provides a framework for shared care. Once a specialist has established a written treatment plan, appropriately qualified prescribers, including pharmacist and nurse independent prescribers, may undertake follow-up care within defined parameters. This can include continuing stable prescriptions, adjusting dose or formulation within the agreed plan, monitoring effectiveness and side effects, and referring back to the specialist when a patient's condition becomes unstable or falls outside the prescriber's competence.[8] This provides an established clinical framework on which services can build nurse-led follow-up, rather than requiring each clinic to design such pathways from first principles.

2. The UK medical cannabis landscape

Patient numbers and market growth

Patient access has grown rapidly since legalisation, largely through private, direct-to-patient telemedicine clinics. Because no single government body publishes an official patient count, estimates vary.

Industry analysis cited in this report places the number of patients treated during 2025 in the region of 75,000–90,000, with cumulative patient numbers since 2018 approaching 100,000; some forecasts project an active patient base above 140,000 by the end of 2026.[9] [10]
CQC data illustrate the pace of prescribing growth.

Its 2024 annual update recorded a 130% rise in independent-sector CBPM prescribing between 2022/23 and 2023/24, to 356,335 items.

Its subsequent 2025 annual update recorded a further 134% year-on-year increase, to 833,525 items.[11] [12]

The CQC also emphasises patient-centred decision-making, clinical justification, multidisciplinary review and clear communication with the wider care team, including nursing staff involved in shared care and ongoing support.[12]

This combination of rapid growth, a largely private delivery model and increasing expectations around clinical governance creates a clear opportunity to use appropriately trained nurses more effectively.



3. Why nurses?

Published research directly examining cannabis nursing in the UK remains limited, but the available evidence points to a consistent need for education and a potential role for nurses in supporting patients. UK research involving community nurses supporting patients with fibromyalgia who use cannabis for pain found that nurses wanted to have open, informed conversations with patients but often felt anxious about balancing support with clinical guidance and wanted further education.[13]

A 2024 qualitative study of registered nurses' experiences caring for patients using medicinal cannabis similarly found that nurses felt under-prepared, sought further education, and were viewed by patients as a natural point of contact for cannabis-related questions.[14]

The implication is not that nurses should work beyond their competence. Rather, it is that the sector should equip nurses with appropriate specialist knowledge and then use their existing clinical skills in education, assessment, monitoring, communication and escalation.

Potential nursing roles

Nurses can contribute across the patient pathway, with the precise scope determined by competence, service governance and the patient's treatment plan:

- **Education and treatment support:** explaining prescribed medicines, administration, equipment and practical questions, and reinforcing information provided by the prescriber.
- **Follow-up and monitoring:** assessing treatment response, side effects, adherence and patient concerns, with escalation when required.
- **Titration support:** supporting patients to use medicines as prescribed and, where the nurse is an authorised prescriber, adjusting treatment within defined clinical parameters.
- **Triage and assessment:** gathering relevant health information and patient goals before or between prescriber appointments, while ensuring appropriate clinical escalation.
- **Medication review:** identifying potential interactions or other medication-related concerns and referring to the prescriber or pharmacist as appropriate.
- **Patient advocacy and continuity:** providing a consistent point of contact and helping patients communicate questions or concerns to the wider clinical team.
- **Evidence and education support:** locating and critically appraising relevant evidence to support patient education and multidisciplinary decision-making.

4. Benefits of expanding nursing roles



For patients

Patients often have questions after they leave a prescribing consultation, particularly about administration, equipment, expected effects, side effects and what to do when treatment does not work as expected. A structured nursing follow-up provides an opportunity to address these questions, reinforce safety information and identify issues that require escalation.

The communication role is especially important in a field where stigma may affect disclosure. Nurses can provide a non-judgemental clinical setting in which patients can discuss prescribed cannabis, over-the-counter CBD products or other cannabis use, allowing relevant information to be incorporated into care.



For prescribers and providers

Many routine questions arising after initiation of treatment do not necessarily require a specialist prescribing consultation. Appropriately delegated nursing follow-up can allow prescribers to focus on assessment, prescribing decisions and complex cases while nurses provide structured education and monitoring. This is also a financial efficiency opportunity.

There is a substantial difference between average UK registered-nurse and GP hourly rates, while NHS Agenda for Change banding similarly reflects different levels of remuneration and responsibility.[15] The precise economics will vary by organisation, but the principle is straightforward: services should use the most appropriate clinician for each task, without compromising safety or governance.

4. Benefits of expanding nursing roles



For nurses

Specialist medical cannabis roles can provide nurses with career opportunities beyond traditional shift-based clinical work, including education, follow-up care, clinical leadership and specialist practice. The UK sector's largely private model may offer opportunities to develop these roles alongside existing healthcare structures.

Nurse burnout is a global problem. Telehealth and clinic settings expand nurse roles beyond the traditional hospital setting. This can keep experienced nurses in the field and making positive contributions to overburdened prescribers.



5. A practical nurse-led / shared-care model

A practical model could involve:

- **Specialist assessment and initiation** — an appropriately authorised specialist assesses the patient and establishes treatment.
- **Nurse education** — once treatment is prescribed, a trained nurse provides structured education on administration, monitoring, equipment and what to expect.
- **Follow-up** — the nurse monitors response, side effects, adherence and questions, and supports the patient within the agreed treatment plan.
- **Prescribing where authorised** — a nurse independent prescriber may continue or adjust treatment within the specialist-defined parameters and their own competence.
- **Escalation** — changes in clinical status, significant adverse effects, treatment failure or issues outside the nurse's competence are referred back to the specialist or appropriate clinician.
- **Multidisciplinary review** — complex cases are discussed through the service's established clinical governance arrangements.

> This model does not remove specialist medical oversight. It distributes care according to professional competence and uses nursing capacity to provide more consistent follow-up and patient support.



6. Spotlight: UK cannabis nurses in practice

Nursing roles are already emerging within UK medical cannabis clinics. These examples illustrate how nurses can contribute within shared-care and follow-up models.

Case study 1

Extract from: Lucy MacKinnon (May 2026, Releaf)

Kim Kaye, Head of Nursing at Releaf, is a non-medical prescribing nurse who moved into medical cannabis nursing after ten years in specialist palliative care. Working under shared-care arrangements, she holds follow-up consultations with more than 80 patients a week, reviewing medication response and adjusting dose and formulation within parameters set by the initiating specialist. Complex cases are discussed at multidisciplinary team meetings before changes are signed off.[16]

Case study 2

Extract from: Sarah Sinclair (February 2022, Cannabis Health News)

Katrina Boulton, former NHS nurse, moved from NHS palliative care and chronic pain nursing into a clinical nurse advisor role at The Medical Cannabis Clinics. Her role includes supporting patients from first enquiry through ongoing treatment, liaising with prescribers, triaging appointments, checking understanding of dosing and vaporiser use, monitoring side effects and reviewing progress at follow-up.[17] These examples suggest that the proposed model is not theoretical: elements of nurse-led and shared-care practice are already operating in UK clinics.



7. What needs to happen

The sector can take four practical steps to expand nursing capacity safely and effectively.

1. Invest in established and recognised specialist training programs



Nurses entering medical cannabis roles should receive structured education covering the endocannabinoid system, cannabinoid pharmacology, clinical evidence, medicines safety, patient communication, administration and equipment, and appropriate escalation and referral. Training should emphasise critical appraisal of evidence and the distinction between preclinical findings, clinical evidence and unsupported claims.

Few existing providers offer routes into this area, but there are some, such as the CannyNurse® Certificate Program, which has been training nurses internationally on endocannabinology and medical cannabis since 2021. A nurse-led educational program with a proven track record will expedite the process far more efficiently and effectively than clinic-led on-the-job training.

2. Build nursing into clinical pathways



Clinics and other organisations should identify where nurses can safely provide education, triage, monitoring, follow-up and shared care.

Role descriptions should specify which activities require prescribing authority and which can be undertaken as part of delegated clinical support.

7. What needs to happen

The sector can take four practical steps to expand nursing capacity safely and effectively.

3. Establish clear governance and escalation pathways



Nurse-led care should operate within clear clinical governance arrangements, including defined treatment parameters, documentation standards, multidisciplinary review and escalation criteria.

This will support patient safety while giving nurses the autonomy appropriate to their competence.

4. Create sustainable nursing career pathways



Nurses should be recruited and remunerated as skilled clinical professionals, with opportunities for specialist development and leadership.

Services should use nursing expertise across patient care, education, research, triage and clinical improvement rather than limiting nurses to administrative or support functions.

Conclusion

The UK medical cannabis sector has an opportunity to build nursing into its model of care as it grows. The regulatory framework already permits nurse independent prescribing within competence, published shared-care guidance provides a basis for follow-up prescribing, and UK clinics are demonstrating how nurses can contribute in practice.

> The next step is to move from isolated examples to a more consistent model: train nurses well, define their scope clearly, integrate them into clinical pathways and provide robust governance and escalation. Done properly, expanding nursing roles can increase clinical capacity while maintaining specialist oversight and giving patients more consistent education, monitoring and support.



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About the Cannabis Industry Council

The Cannabis Industry Council (CIC) defines, sets and maintains standards for organisations operating in the UK medical cannabis, CBD and hemp sector.

This report forms part of the CIC's ongoing work to support a safe, professional and well-regulated medical cannabis industry, including the role of the nursing workforce within it.

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Non-members are welcome to attend a meeting before joining the Council to learn more about our aims and objectives.

> Being part of the CIC has been instrumental in helping us stay closely connected to the evolving landscape of the cannabis industry, both within the UK and mainland Europe. From a business perspective, it definitely helps us to better support our clients with informed, responsible messaging that aligns with industry standards and regulatory developments.

Learn more about CIC membership and join today!

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