

Council, 18 September 2012

Consultation on standards for prescribing

Executive summary and recommendations

Introduction

Chiropodists/podiatrists, physiotherapists and radiographers can all currently complete post-registration training to become supplementary prescribers.

In July, the Department of Health announced that medicines legislation would be changed to allow appropriately trained chiropodists/podiatrists and physiotherapists to become independent prescribers.

As the regulator, we will have to set standards for independent prescribing and approve the training that chiropodists/podiatrists and physiotherapists must complete to become independent prescribers. Once chiropodists/podiatrists and physiotherapists have completed that training, we will then annotate their entry on the Register to show they have completed that training.

The attached consultation document sets out our proposed standards for prescribing. We will use these standards to approve training in prescribing, to set out the competencies we expect of prescribers and, if necessary, to consider concerns raised about their prescribing practice.

The Education and Training Committee discussed this paper at its meeting on 13 September. The Council will be given a verbal update of the Committee's discussion at this meeting.

Decision

The Council is invited to:

- discuss the attached paper;
- agree that a consultation should be held on standards for prescribing; and
- approve the attached document (subject to minor editing amendments and any changes arising from the Council's discussion)..

Background information

None

Resource implications

The resource implications include writing up the outcomes of the consultation document and preparing the standards for publication. These resource implications are covered within the departmental workplan for 2012/2013.

Financial implications

The financial implications include the cost of mailing consultation documents to relevant stakeholders. The Executive will use a survey tool to contact stakeholders, rather than a postal mailing, to increase involvement in the consultation. The financial implications of this consultation are included within the department's budget for 2012/2013.

Appendices

None

Date of paper

6 September 2012

Consultation on standards for prescribing

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1. Introduction

- 1.1 We are the Health and Care Professions Council (HCPC). This consultation seeks the views of stakeholders on draft standards for prescribing.

About this consultation

- 1.2 At present, chiropodists/podiatrists, physiotherapists and radiographers may become supplementary prescribers, if they complete the appropriate training and have their entry on our Register annotated.
- 1.3 The Department of Health announced on 24 July 2012 that legislation will be amended to allow appropriately trained chiropodists/podiatrists and physiotherapists to act as independent prescribers.¹
- 1.4 We have developed new standards for prescribing, which will apply to both supplementary and independent prescribing. We have divided the standards into two sections. The first section contains standards which education programmes delivering training in prescribing will need to meet. The second section contains standards which individual prescribers will need to meet.
- 1.5 This consultation will run from **1 October 2012 to 2 January 2013**.
- 1.6 This consultation will be of particular interest to education providers delivering training in independent and/or supplementary prescribing, professional bodies, service users and other stakeholders.
- 1.7 You can download copies of this consultation document from our website here: www.hcpc-uk.org/aboutus/consultations
- 1.8 You can find out how to respond to this consultation in paragraphs **1.15 – 1.17**.

About the Health and Care Professions Council

- 1.9 We are a regulator and we were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 1.10 We currently regulate 16 professions:
- Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers

¹ <http://www.dh.gov.uk/health/2012/07/prescribing-powers/>

- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

1.11 Before 1 August 2012, we were known as the Health Professions Council.

About this document

1.12 This document is divided into four sections.

- **Section one** introduces the paper.
- **Section two** provides background to the paper, including information on supplementary and independent prescribing.
- **Section three** explains our approach to setting standards for prescribing and how we will use these new standards.
- **Section four** sets out our proposed standards for prescribing.

Consultation questions

1.13 We would welcome your response to our consultation. We have listed some questions below to help you. We would welcome your comments on any related issue and the questions are not exhaustive. Please provide reasons alongside your answers where possible.

1.14 We have incorporated the questions alongside our proposals in section four of this document. However, we have also listed the questions below.

1. Do you think the standards are set at the level necessary for safe and effective prescribing practice?
2. Do you think any additional standards are necessary?
3. Do you think there are any standards which should be reworded or removed?
4. Do you have any comments about the language used in the standards?
5. Do you have any other comments on the standards?

How to respond to the consultation

1.15 The consultation closes on **2 January 2013**.

1.16 You can respond to this consultation in the following ways:

- By completing our easy-to-use online survey: [link will appear here]
- By emailing us at: consultation@hcpc-uk.org
- By writing to us at:

Consultation on standards for prescribing
Policy and Standards Department
The Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Fax: +44(0)20 7820 9684

1.17 Please note that we do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.

Please contact us to request a copy of this document in an alternative format, or in Welsh.

1.18 Once the consultation period is completed, we will analyse the responses we have received. We will then publish a document detailing the comments received and explaining the decisions we have taken as a result. This will be available on our website.

1.19 If you would prefer we do not make your response public, please indicate this when you respond.

1.20 We look forward to receiving your comments.

2. Supplementary and independent prescribing

- 2.1 At present, chiropodists/podiatrists, physiotherapists and radiographers may become supplementary prescribers, if they complete the appropriate training and have their entry on our Register annotated.
- 2.2 Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (doctor or dentist) and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient's agreement.²
- 2.3 Following agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. There is no formulary for supplementary prescribing. In addition, the prescriber can manage any medical condition through a CMP. However, the supplementary prescriber cannot prescribe a medicine which is not referred to in the CMP.
- 2.4 Independent prescribing is prescribing by an appropriately qualified practitioner (such as a doctor, dentist, or nurse) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management, including prescribing.³ Independent prescribers can prescribe any medicine for any medical condition within their competence.
- 2.5 Supplementary prescribers must only prescribe a medicine where it is referred to in the CMP. By contrast, independent prescribers have greater prescribing autonomy and can prescribe any medicine for any condition where they have the competence and knowledge to do so safely and effectively, without reference to a CMP.

Regulation of supplementary prescribing

Existing standards for supplementary prescribing

- 2.6 We set standards of proficiency for each of the professions we regulate. The standards of proficiency are the threshold standards setting out what is necessary for safe and effective practice within a profession. They set out what a registrant should know, understand and be able to do before they start practising for the first time. Once on the Register, they must continue to meet the standards relevant to the areas in which they work.
- 2.7 We also currently set a standard of proficiency for chiropodists/podiatrists, physiotherapists and radiographers who undertake supplementary prescribing. We include this standard within the standards of proficiency for the relevant profession and it says:

² Department of Health, 'Medicines Matters' July 2006

³ Department of Health website www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/TheNon-MedicalPrescribingProgramme/Background/index.htm

'know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber'

- 2.8 In addition to meeting this standard, supplementary prescribers would also have to meet the other standards of proficiency relevant for their scope of practice, as well as the standards of conduct, performance and ethics and standards for continuing professional development.

Education programmes

- 2.9 We currently approve education programmes which deliver training in supplementary prescribing.⁴ We approve these programmes against the standards of education and training and the standard of proficiency mentioned above in paragraph 2.7. We approve these programmes to ensure that professionals who complete these programmes are capable of meeting the standards we have set.
- 2.10 Most education providers we have approved to deliver supplementary prescribing training deliver that training on a multidisciplinary basis. This means that chiropodists/podiatrists, physiotherapists and radiographers may complete the theory parts of their supplementary prescribing programme alongside other professionals, such as nurses and pharmacists. At the moment, chiropodists/podiatrists, physiotherapists and radiographers completing this training are only able to act as supplementary prescribers as set out within the legislation around medicines supply and administration.
- 2.11 Chiropodists/podiatrists, physiotherapists and radiographers may complete their theoretical learning alongside other professionals. However, they apply that knowledge within the area in which they work and within the legislative framework of supplementary prescribing. This means that they can only currently be assessed as supplementary prescribers.

Annotation of the Register

- 2.12 We currently annotate the Register to show that a chiropodists/podiatrist, physiotherapist or radiographer has successfully completed the training in supplementary prescribing. We are required to annotate the Register by The Prescriptions Only Medicines (Human Use) Order 1997.
- 2.13 The annotation is a mark on the Register, so that other professionals and members of the public can check that a supplementary prescriber has completed the appropriate qualification and can therefore act as a prescriber.
- 2.14 A professional cannot act as a supplementary prescriber unless they have both completed a supplementary prescribing programme and had their entry on the Register annotated. Individuals who act as supplementary prescribers without completing training and having their entry on the Register annotated could be

⁴ A list of the programmes we approve is available on our website here: www.hcpc-uk.org/education/programmes/

prosecuted. There is therefore a clear link between the legislation, the annotation on the Register and a function.

Department of Health proposals

- 2.15 In 2009, the Department of Health published a scoping report looking at the use of medicines by the allied health professions. The report looked at whether prescribing and medicines supply mechanisms for the allied health professions should change to address patient and service needs.⁵ The project found a strong case for extending independent prescribing to physiotherapists and podiatrists and the Department of Health established a project to take the work forward.
- 2.16 The Department of Health consulted on proposals to introduce independent prescribing for physiotherapists and podiatrists in 2011. The consultation document is available on the Department's website www.dh.gov.uk/en/index.htm
- 2.17 The Department of Health announced on 24 July 2012 that the medicines legislation would be changed so that appropriately trained chiropodists/podiatrists and physiotherapists would be able to prescribe independently.

⁵ www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103948

3. About the standards

Existing standards

- 3.1 The primary role of the standards of proficiency is regulation of entry to the Register. The standards of proficiency set out what a registrant must know, understand and be able to do when they start practising for the first time. The standard of proficiency related to supplementary prescribing currently sits within the standards of proficiency for the particular profession.
- 3.2 This is anomalous, as the standard for supplementary prescribers is not a standard for pre-registration training. Only registrants who have completed their pre-registration training and are now HCPC registered may complete the supplementary prescribing training and therefore meet this standard. It is therefore not possible for a registrant to meet the standard for supplementary prescribing before they start practising for the first time.

New standards

- 3.3 The proposals to introduce independent prescribing for chiropodists/podiatrists and physiotherapists represent an opportunity to review and revise the standards that we set for prescribing.
- 3.4 We propose setting new standards for prescribing, which you can find on pages 12 - 18 of this document. This section sets out how we drafted these standards and when we will use these standards.
- 3.5 These standards only relate to prescribing practice and do not cover entitlements to administer or supply certain medicines. There is more information about the different entitlements to administer or supply certain medicines of the professions we regulate on our website.⁶

Drafting the standards

- 3.6 When we drafted the standards for prescribing, we looked at the following documents:
 - our standards of education and training and standards of proficiency;
 - standards and frameworks set by other regulators for prescribing;
 - the National Prescribing Centre's single competency framework for prescribing; and
 - the draft curriculum frameworks for education programmes delivering training in supplementary and independent prescribing for allied health professionals.

⁶ <http://www.hcpc-uk.org/aboutregistration/medicinesandprescribing/>

- 3.7 The prescribing standards will be used to approve training programmes which deliver training in supplementary and/or independent prescribing. We will also use these standards to monitor those programmes on an ongoing basis. It is therefore important that the standards reflect existing requirements of supplementary prescribing training and practice.
- 3.8 The standards also set out what we expect of registrants when they prescribe as either supplementary or independent prescribers. We recognise that many skills used to ensure safe and effective prescribing practice, for example assessment skills or communication skills, are skills which registrants have already developed before they begin to prescribe. These skills are therefore not included within the standards we have set for prescribing, unless the registrant enhances or develops those skills whilst learning safe and effective prescribing practice.

Structure of the new standards

- 3.9 We propose to publish the standards in one document, with an introduction setting out their purpose. Publishing the standards in one document means that we can clearly set out our expectations for prescribing practice and it is easy for stakeholders to find the standards.
- 3.10 We have divided the standards into two sections:
- The first section contains standards which education programmes delivering training in prescribing will need to meet.
 - The second section contains standards which individual prescribers will need to meet to demonstrate safe and effective prescribing practice.
- 3.11 Many of the standards in the first section of the document are similar to the existing standards of education and training (SETs) which we currently use to approve and monitor supplementary prescribing programmes.
- 3.12 We have used wording similar to the standards of education and training where possible because the SETs are generic standards which supplementary prescribing programmes are already meeting. By using the same standards where possible, we can limit the burden on education providers whilst still ensuring that the processes to approve and monitor education programmes are robust and appropriate.

Role and purpose of the new standards

- 3.13 We will use the standards for prescribing in the following ways:
1. When we approve and monitor education programmes delivering training in independent and/or supplementary prescribing.
 2. To set out the standards prescribers must meet before being allowed to prescribe.
 3. When we consider concerns raised about the competence of a prescriber.

- 3.14 The standards for prescribing set out our expectations of registrants in relation to their prescribing practice. Registrants who prescribe will still need to meet the standards of proficiency relevant to their area of practice and the standards of conduct, performance and ethics in addition to the standards for prescribing. Education providers and registrants should therefore read the standards for prescribing alongside the standards of proficiency for the relevant profession and the standards of conduct, performance and ethics.
- 3.15 The standards for prescribers will sit alongside practice guidance developed by the professional bodies for the relevant professions, which the professional bodies will make publicly available. We recognise the role played by professional bodies in providing guidance on good practice and are supportive of their guidance on prescribing.
- 3.16 The standards for prescribers contain standards which all prescribers need to meet and standards which only need to be met by individuals who will be able to act as independent prescribers.
- 3.17 At the moment, chiropodists/podiatrists and physiotherapists can complete training to become supplementary prescribers. Those chiropodists/podiatrists and physiotherapists who want to become independent prescribers will need to complete additional training before they are able to become independent prescribers. By completing the additional training, chiropodists/podiatrists and physiotherapists demonstrate that they meet these standards.
- 3.18 However, radiographers are currently only able to prescribe as supplementary prescribers and will therefore not need to meet the standards for independent prescribing. In addition, chiropodist/podiatrists and physiotherapists who are currently supplementary prescribers and do not want to train to become independent prescribers will not need to meet the standards for independent prescribers.

Implementation

- 3.19 The consultation on the draft standards closes on **2 January 2013**. We hope to publish the standards in April 2013.
- 3.20 We will use these standards to approve and monitor education programmes which want to deliver training in independent prescribing and/or supplementary prescribing.
- 3.21 Subject to the change in medicines legislation to allow chiropodists/podiatrists and physiotherapists to act as independent prescribers, it is expected that training in independent prescribing will start to be available in autumn 2013.

4. Standards for prescribing

Questions on the standards

- 4.1 We have listed some questions below. However, these questions are not exhaustive and we would welcome your comments on any area related to the standards.
1. Do you think the standards are set at the level necessary for safe and effective prescribing practice?
 2. Do you think any additional standards are necessary?
 3. Do you think there are any standards which should be reworded or removed?
 4. Do you have any comments about the language used in the standards?
 5. Do you have any other comments on the standards?

Standards for prescribing

Standards for education providers

Programme admissions

- 1.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.
- 1.2 The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English.
- 1.3 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.
- 1.4 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.
- 1.5 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students⁷, together with an indication of how these will be implemented and monitored.

Programme management and resources

- 2.1 The programme must have a secure place in the education provider's business plan.
- 2.2 The programme must be effectively managed.
- 2.3 The programme must have regular monitoring and evaluation systems in place.
- 2.4 There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the Register.
- 2.5 There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.
- 2.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.
- 2.7 A programme for staff development must be in place to ensure continuing professional and research development.
- 2.8 The resources to support student learning in all settings must be effectively used.

⁷ Throughout this document, 'students' means registered professionals completing the prescribing programmes

- 2.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.
- 2.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.
- 2.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.
- 2.12 There must be a system of academic and pastoral student support in place.
- 2.13 There must be a student complaints process in place.
- 2.14 Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.
- 2.15 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.

Curriculum

- 3.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards for independent and/or supplementary prescribers.
- 3.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
- 3.3 Integration of theory and practice must be central to the curriculum.
- 3.4 The curriculum must remain relevant to current practice.
- 3.5 The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics on their prescribing practice.
- 3.6 The delivery of the programme must support and develop autonomous and reflective thinking.
- 3.7 The delivery of the programme must encourage evidence based practice.
- 3.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.
- 3.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

Practice placements

- 4.1 Practice placements must be integral to the programme.
- 4.2 The duration of the time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.
- 4.3 The practice placements must provide a safe and supportive environment.
- 4.4 The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.
- 4.5 There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.
- 4.6 The designated registered medical practitioner must have relevant knowledge, skills and experience.⁸
- 4.7 The designated registered medical practitioner must undertake appropriate training.
- 4.8 The designated registered medical practitioner must be appropriately registered.
- 4.9 There must be regular and effective collaboration between the education provider and the practice placement provider.
- 4.10 Students and designated registered medical practitioners must be fully prepared for the practice placement environment which will include information about:
 - the learning outcomes to be achieved;
 - the timings and the duration of the experience and associated records to be maintained;
 - expectations of professional conduct;
 - the professional standards which students must meet;
 - the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and
 - communication and lines of responsibility.
- 4.11 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
- 4.12 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment.

⁸ As practical training is all carried out by the designated registered medical practitioner, this terminology is used instead of practice placement educators.

Assessment

- 5.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards for independent and/or supplementary prescribers.
- 5.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.
- 5.3 Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.
- 5.4 Assessment methods must be employed that measure the learning outcomes.
- 5.5 The measurement of student performance must be objective and ensure safe and effective prescribing practice.
- 5.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.
- 5.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.
- 5.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.
- 5.9 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.
- 5.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Standards for all prescribers

- 1.1 Understand pharmacodynamics and pharmacokinetics
- 1.2 Understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines and the prescribing of unlicensed products
- 1.3 Understand the differences between prescribing mechanisms and supply/administration of medicines mechanisms
- 1.4 Be able to make a prescribing decision based on a relevant physical examination, assessment and history taking
- 1.5 Be able to undertake a thorough, sensitive and detailed patient history, including an appropriate medication history
- 1.6 Be able to monitor response to medicines and modify or cease treatment as appropriate within professional scope of practice
- 1.7 Be able to develop and document a Clinical Management Plan to support supplementary prescribing
- 1.8 Be able to distinguish between independent and supplementary prescribing mechanisms and how those different mechanisms affect prescribing decisions
- 1.9 Be able to undertake drug calculations accurately
- 1.10 Be able to identify adverse drug reactions, interactions with other drugs and diseases and take appropriate action
- 1.11 Be able to communicate clearly to service users information about medicines and prescriptions
- 1.12 Understand antimicrobial resistance and the roles of infection prevention and control
- 1.13 Understand the process of clinical decision-making and prescribing decisions within a Clinical Management Plan
- 1.14 Understand the relationship between independent and supplementary prescribers when using a Clinical Management Plan
- 1.15 Be able to practise as a supplementary prescriber within an agreed Clinical Management Plan
- 1.16 Understand the legal framework that applies to the safe and effective use of Clinical Management Plans

Standards for independent prescribers only

- 2.1 Understand the process of clinical decision making as an independent prescriber
- 2.2 Be able to practise autonomously as an independent prescriber
- 2.3 Understand the legal framework of independent prescribing as it applies to your profession