Council, 27 March 2013

Outcomes of the 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 2012, the Department of Health announced that medicines legislation would be changed to allow appropriately trained chiropodists/podiatrists and physiotherapists to become independent prescribers.

We consulted on new standards for prescribing between October 2012 and January 2013.

This paper brings to the Council a summary of the responses we received to the consultation and identifies the changes we are making to the standards in response.

Decision

The Council is invited to:

- discuss and agree the attached paper (subject to any editing amendments and final legal scrutiny);
- agree that the standards for prescribing are approved and will become effective from an appropriate date following the necessary legislation being in place;
- agree that at the same time as the standards for prescribing become effective, the relevant supplementary prescribing standard in the standards of proficiency to be published for physiotherapists and radiographers will be removed;
- agree that once the prescribing standards are effective, these will also apply to programmes delivering supplementary and independent prescribing to chiropodists/podiatrists; and
- agree that the standard relating to supplementary prescribing in the standards of proficiency for chiropodists/podiatrists will be removed once these revised standards have been agreed by the Council following consultation, been published and become effective.

Background information

The Council has previously considered several papers on independent prescribing. The most recent was at the Council meeting in September 2012: http://www.hcpc-uk.org/assets/documents/10003C66enc10-consultationonstandardsforprescribing.pdf

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

Now that the consultation has closed, the financial implications include the cost of publishing the standards. The financial implications of the publication are included within the department's budget for 2013/2014.

Appendices

None

Date of paper

14 March 2013

Outcomes of the consultation on standards for prescribing

Analysis of the responses we received to the consultation on standards for prescribing and our decisions as a result.

Contents

Introduction

About the consultation

1.1 We consulted between 2 October 2012 and 11 January 2013 on our standards for prescribing.

1.2 The standards for prescribing apply to education providers delivering training in supplementary and independent prescribing and also to the professionals on our Register who are able to prescribe on a supplementary or independent basis.

1.3 We sent the consultation documents to a range of stakeholders including professional bodies, employers, and education providers. We advertised the consultation on our website, and issued a press release.

1.4 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed

About us

1.5 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'.

1.6 We currently regulate 16 professions:

– Arts therapists
– Biomedical scientists
– Chiropodists / podiatrists
– Clinical scientists
– Dietitians
– Hearing aid dispensers
– Occupational therapists
– Operating department practitioners
– Orthoptists
– Paramedics
– Physiotherapists
– Practitioner psychologists
– Prosthetists / orthotists
– Radiographers
– Social workers in England
– Speech and language therapists

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

About this document

1.8 This document summarises the responses we received to the consultation and our decisions as a result. The document is divided into the following sections:

- Section 2 explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section 3 summarises the general comments we received in response to the consultation.
- Section 4 outlines the comments we received in relation to specific questions within the consultation.
- Section 5 outlines our responses to the comments we received and the changes we are making as a result.
- Section 6 lists the organisations which responded to the consultation.

1.9 This paper also has three appendices:

- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
- Appendix two lists all the comments we received suggesting additional standards.
- Appendix three lists all the comments we received suggesting amendments to the drafted standards.

1.10 In this document, ‘you’ or ‘your’ is a reference to respondents to the consultation, ‘we, ‘us’ and ‘our’ are references to the HCPC.

2. Analysing your responses

2.1 Now the consultation has ended, we have analysed all the responses we received. While we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

Method of recording and analysis

2.2 We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual.
- We also recorded whether the person or organisation agreed or disagreed with each question.
- We then read each response and noted the comments received against each of the consultation questions, and recorded any general comments.
- Finally, we analysed all the responses.

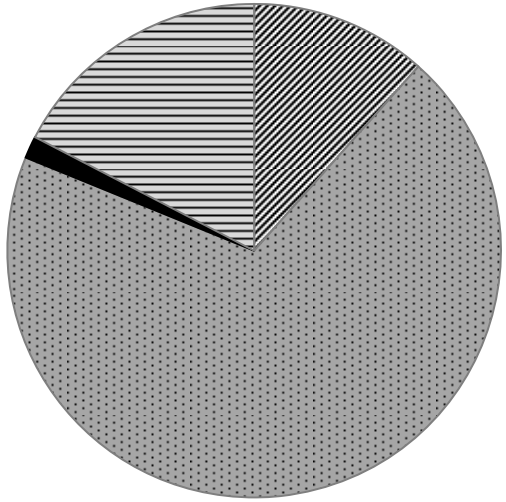
2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Statistics

2.4 We received 105 responses to the consultation document. 69 of these responses were received from individuals and 36 from organisations. (We have included and taken into account late responses to the consultation if we received them on or before 7 February 2013 but were unable to consider responses received after this date. We have not included responses where a respondent had started the survey but did not answer any of the consultation questions.)

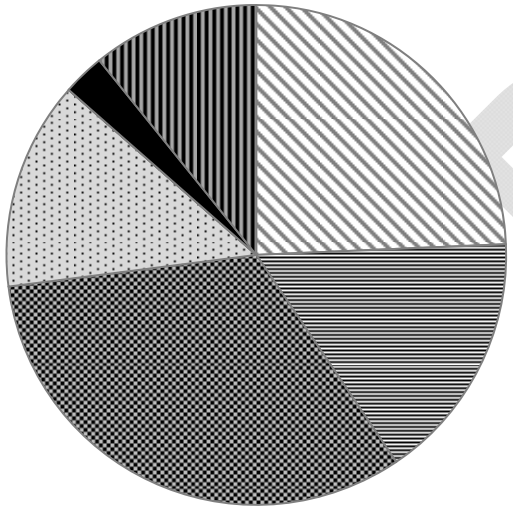
2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables that follow.

2.6 Please note: some respondents did not clearly indicate the question to which they were responding, or responded more generally. In these cases, we have included their responses in the ‘General comments’ section unless it was possible to include their responses under a specific question or standard.



Graph 1 – Breakdown of individual responses

Respondents were asked to select the category that best described them. The largest groups in the 'other' category were individuals who identified themselves as pharmacists or nurses



Graph 2 – Breakdown of organisation responses

Respondents were asked to select the category that best described their organisation.

Table 1 – Breakdown of responses to each question

Question	Yes	No	Partly	Don't know	No answer
Q1. Do you think the standards are set at the level necessary for safe and effective prescribing practice?	76 (72%)	3 (3%)	15 (14%)	3 (3%)	8 (8%)
Q2. Do you think any additional standards are necessary?	35 (33%)	52 (50%)	5 (5%)	9 (9%)	4 (4%)
Q3. Do you think there are any standards that should be reworded or removed?	24 (23%)	60 (57%)	4 (4%)	8 (8%)	9 (9%)
Q4. Do you have any comments about the language used in the standards?	13 (12%)	75 (71%)	4 (4%)	2 (2%)	11 (10%)
Q5. Do you have any other comments on the standards?	31 (30%)	67 (63%)	0 (0%)	0 (0%)	7 (7%)

Table 2 – Breakdown of responses by respondent type

	Individuals					Organisations				
	Yes	No	Partly	Don't know	No ans	Yes	No	Partly	Don't know	No ans
Question 1	55 (80%)	3 (4%)	7 (10%)	3 (4%)	1 (1%)	21 (58%)	0 (0%)	8 (22%)	0 (0%)	7 (19%)
Question 2	14 (20%)	41 (59%)	3 (4%)	8 (12%)	3 (4%)	21 (58%)	11 (31%)	2 (6%)	1 (3%)	1 (3%)
Question 3	7 (10%)	48 (70%)	2 (3%)	7 (10%)	5 (7%)	17 (47%)	12 (33%)	2 (6%)	1 (3%)	4 (11%)
Question 4	2 (3%)	59 (86%)	1 (1%)	2 (3%)	5 (7%)	11 (31%)	16 (44%)	3 (8%)	0 (0%)	6 (17%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.

3. General comments

3.1 This section outlines general comments made in response to the consultation. This includes responses to question five of the consultation document which asks for any other comments on the standards. The general comments made by respondents are grouped under specific headings.

Links with other frameworks

3.2 Several responses we received mentioned the Single Competency Framework for All Prescribers (SCF) produced by the National Prescribing Centre (now part of the National Institute for Health and Clinical Excellence). Some suggested that the proposed standards lack the breadth and depth of the SCF and would benefit from referring to it more explicitly. Other respondents, however, commented that it was evident that the proposed standards had been drafted in accordance with the SCF and adequately covered the key areas it raised.

3.3 Some respondents referenced prescribing frameworks and guidance offered by other regulators as examples of good practice. Others suggested that all regulators should use the same standards to ensure public protection.

3.4 Several respondents suggested that the standards should more explicitly reference the HCPC's own standards of proficiency and standards of conduct, performance and ethics. Further, that any profession related detail that may have been lost when removing the prescribing standard from the standards of proficiency should be provided in guidance notes.

Ethical issues in relation to prescribing

3.5 Many respondents made mention of ethical issues in relation to prescribing and felt that the standards should make reference to ethical prescribing practice. This included issues around:

- prescribing for self, family and friends;
- prescribing for children and pregnant women;
- prescribing related to cosmetic procedures; and
- ethical engagement with the pharmaceutical industry.

3.6 Several respondents suggested that the standards for prescribing would benefit from specific reference to the HCPC's standards of conduct, performance and ethics to highlight the importance of ethical prescribing practice.

Prescribing rights for professionals

3.7 Several respondents expressed the desire to see prescribing rights extended to other professions. However we also received a few responses commenting that

prescribing rights should not be extended to professions with non-medical philosophies and which do not consider prescribing a core skill.

3.8 Several respondents suggested that it should be possible for other professionals to act in the place of a designated medical practitioner. They felt the requirement that the practice placement educator must be a designated medical practitioner was undermining the prescribing capabilities of other professionals, such as nurses and pharmacists.

Need for additional detail

3.9 Though the majority of respondents indicated that enough detail and clarity was provided for the standards to meet the level necessary for safe and effective practice, some respondents suggested that more detail was required to provide further clarification as to how these standards could be met.

3.10 Some of these respondents highlighted concerns that the standards for education providers were not specific enough, which could result in a lack of consistency in programmes offered across the UK. These respondents suggested a higher level of standardisation was necessary, particularly in relation to course admissions, content of the curriculum, and course assessment.

3.11 Some respondents appreciated that the standards will apply to a multi-professional audience and suggested instead that the HCPC or relevant professional bodies provide profession specific guidance to complement the standards.

Differences in prescribing programmes

3.12 Some of the responses we received suggested that the standards for education providers needed to reflect the ways in which prescribing programmes differ from other types of education programmes currently approved by the HCPC. These respondents felt that not all of the terminology used in the standards for education providers was suitable to prescribing programmes. The main issues raised were:

- that the reference to Accreditation of Prior and Experiential Learning (APEL) was not relevant;
- the use of ‘designated medical practitioner’ over ‘practice placement educator’ was not in line with educational thinking; and
- that the use of the phrase ‘practice placement’ was irrelevant to the nature of practice undertaken by registered professionals.

Governance processes for safe prescribing

3.13 Several respondents made comments regarding the importance of robust governance processes to ensure safe prescribing practice.

3.14 A few respondents suggested that these processes should begin in education, with the curriculum for prescribing programmes encouraging and supporting students in understanding and completing CPD requirements. Some respondents felt this should include a requirement that education providers guarantee a commitment to clinical supervision once a student has qualified.

3.15 Other respondents felt that standards should be introduced in the section for all prescribers to provide a more rigorous governance process post-qualification. The key areas of practice discussed were:

- meeting CPD requirements in relation to prescribing practice;
- making risk assessment documents and maintaining detailed record keeping;
- engaging in inter-professional practice;
- working within current clinical governance arrangements; and,
- adhering to national and regional guidelines, protocols and formularies.

Structure and format of document

3.16 Though we received several comments that the structure of the standards was clear and coherent, some respondents suggested that the current order of the standards could be changed to provide a more logical structure. A further few respondents suggested the removal of particular standards to avoid overlap with other HCPC standards.

3.17 Several suggestions were offered in regard to the format of the document.

- The numbering of the standards could be made clearer so that standards for education providers and standards for individual prescribers are clearly distinguishable.
- The section of standards for independent prescribers could be retitled ‘additional standards for independent prescribers only’ to provide clarification that independent prescribers must also meet the standards for all prescribers.

4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

1) Do you think that the standards are set at the level necessary for safe and effective prescribing practice?

4.2 Most respondents to the consultation welcomed the standards for prescribing, with many comments indicating that the introduction of prescribing standards was essential to the safe and lawful practice of prescribing.

4.3 Many respondents agreed that the standards were at the threshold level necessary for safe and effective prescribing practice. There was no obvious difference in responses received from individuals and responses received from organisations.

4.4 Some respondents provided further comments to this question, suggesting that the standards would more easily meet the level necessary for safe and effective practice by modifying some of the proposed standards and introducing additional standards. This view was held by those concerned that the standards were not specific enough.

- Several respondents suggested that the standards for education providers were not detailed enough and needed to provide specific information pertaining to programme admissions, course management and the content and structure of the curriculum.

- We also received several comments stating that the standards concentrated primarily on education providers and that additional standards focusing on independent prescribers were necessary.

2) Do you think any additional standards are necessary?

4.5 A number of respondents commented that additional standards were not necessary because the proposed standards covered the appropriate areas for both education providers and individual prescribers. However, some felt that additional standards could provide greater clarification for both education providers and individual prescribers.

4.6 More than half of the responses from organisations indicated that additional standards were necessary, while only 20% of individuals argued that this was necessary.

4.7 Some respondents argued that additional standards should be introduced for education providers, providing more specific requirements to ensure parity between prescribing courses offered by different institutions. All of the additional standards suggested are set out in appendix two.

4.8 The key suggestions were:

- more specific criteria for programme admissions;
- additional clarifying standards for programme management;
- curriculum standards to contextualise learning to profession and specialism;
- additional standards to cover specifics of practice placements;
- additional requirements to ensure assessments are fair and objective; and
- standards to ensure service user involvement in education.

4.9 Some respondents indicated that additional standards were necessary for individual prescribers to ensure that the standards linked more closely to other existing frameworks for prescribing. While a comprehensive list of the additional standards suggested is set out in appendix two, the areas most frequently cited were:

- CPD in relation to prescribing;
- inter-professional practice;
- ethical issues around prescribing;
- standards in relation to private practice; and
- the distinction between prescribing, dispensing and administering medicine.

3) Do you think there are any standards which should be reworded or removed?

4.10 We received many comments stating that the standards were well written, clearly and appropriately differentiating between supplementary and independent prescribing. However, some respondents felt the standards could be clarified further through minor amendments.

4.11 While 70% of individuals indicated the standards did not require any amendments and only 13% indicated full or partial amendments, 53% of organisations felt some standards should be reworded, removed or partially amended.

4.12 Some responses to this question were based on concerns raised about the language used in the standards; these issues are outlined in relation to question four which addresses comments about language. All the proposed amendments to the standards are listed in appendix three.

4.13 Suggested amendments to the standards for education providers related to providing specific detail and greater clarity in order to ensure equity and

cohesiveness across education programmes. Amendments to the standards for prescribers primarily concentrated on including clauses to ensure that a prescriber undertakes their duties within the scope of their practice.

4.14 Other suggested amendments included:

- the removal of particular standards because they were not relevant to prescribing programmes or they overlapped with other HCPC standards; and,
- the revision of the structure of the standards to improve the cohesiveness of the document.

4) Do you have any comments about the language used in the standards?

4.15 Most respondents indicated that they had no comments regarding the language used in the standards, and many commented that the language was clear and appropriate. There was no significant difference in responses received from individuals and responses received from organisations.

4.16 Some respondents commented that the language was ambiguous in places, leaving the standards open to interpretation. These respondents suggested amendments to the language of the standards, which are provided in full in appendix three of this document. The key issues commented upon were:

- use of the phrase ‘understand’ which is difficult to measure instead of ‘be able to’ which is more quantifiable;
- use of the words ‘medicine’ and ‘drug’ interchangeably when medicine is more appropriate;
- use of the phrase ‘practice placement’ which may not be suitable in relation to prescribing programmes; and,
- use of the title ‘designated medical practitioner’ instead of ‘practice placement educator’.

4.17 Several respondents suggested that some of the standards were difficult to implement as a result of the language used. They commented that words such as ‘adequate’, ‘appropriate’ and ‘effective’ were vague and should be replaced with more concrete language to provide more measurable indicators for assessment.

4.18 A few respondents raised concerns that the language used in the standards was not always accessible to service users and others who may wish to know more about the standards for prescribing. One respondent suggested that a glossary of terms was necessary in order to explain technical terms such as pharmacodynamics and pharmacokinetics and phrases such as Clinical Management Plan.

5) Do you have any other comments on the standards?

4.19 A few respondents indicated that they had other comments to make regarding the standards.

- Several respondents felt that the HCPC should publish guidance for education providers and individual prescribers to complement the standards and provide further information and clarification.

- In relation to service user involvement in education, one respondent commented that it would be advisable to take into consideration the responses to the HCPC's recent consultation on service user involvement in education.

- One respondent felt that standards should be auditable to provide assurance that practitioners meeting the standards are engaging in safe, lawful and effective prescribing practice.

- A further respondent commented that the HCPC should work collaboratively with education institutions, practice placement providers and employers to enhance prescribing practice and ensure public safety.

5. Our responses

5.1 The following section sets out our response to the comments we received in the consultation and identifies areas for further action.

5.2 We received a range of comments about the standards, suggested amendments and possible additional standards which we have carefully considered.

Level of detail in standards

5.3 Many of the suggested additional and amended standards we received from respondents were intended to provide more detail in relation to prescribing practice. When making decisions about whether to make changes to the standards, we must consider whether the changes would make the standards too specific or limit the scope of the standards, as ultimately the standards are intended for a multi-professional audience.

5.4 The standards for prescribing are designed to equip registrants with the threshold skills necessary to prescribe medicines safely and effectively. Registrants, as autonomous professionals, then decide how to apply these standards within their prescribing practice. We wrote the standards for prescribing in a broad, flexible way and in a high level of generality so that registrants working in different settings and in different ways can still meet the standards.

5.5 Several respondents were concerned about the level of detail in the standards for education providers, commenting that the nature of the drafted standards may enable multiple interpretations, and thus disparity in the qualification levels offered by different institutions.

5.6 We have written standards for education providers in the same way as the standards for education and training that apply to pre-registration programmes we approve. We set threshold standards which ensure the outcomes of education and training rather than stipulate exactly the way in which those standards can be met.

5.7 We aim to produce a document that maps the standards for prescribing against our standards for education and training in order to provide more guidance as to how the prescribing standards should be implemented in practice.

5.8 In order to ensure that all programmes meet the level required for safe and effective practice, trained professionals with relevant prescribing expertise will visit education providers and assess the programmes against the standards prior to approval. This ensures that standards are interpreted appropriately according to relevant prescribing practice.

5.9 Further, the Allied Health Professionals Federation is publishing a framework for education providers: the ‘Outline Curriculum Framework for Education Programmes to prepare Physiotherapists and Podiatrists as Independent/Supplementary Prescribers and to prepare Radiographers as Supplementary Prescribers'. This framework sets out detailed guidance for

education providers offering prescribing programmes. Education providers may use this framework when developing their programme.

Purpose of standards

5.10 The standards for prescribing we have developed are designed to set out requirements that education providers will need to meet in order to deliver an approved prescribing programme, and individual professionals will need to adhere to in order that they may act as a supplementary or an independent prescriber.

5.11 These standards do not stand alone and are designed to sit alongside other HCPC standards, such as the standards of proficiency for each profession, and the standards of conduct, performance and ethics relevant to all professions. Registrants applying to a prescribing programme will therefore need to meet the standards of proficiency particular to their profession and the standards of conduct, performance and ethics in addition to the standards for prescribing. As such, the standards for prescribing will not cover ethical issues or pre-registration skills and requirements as registrants will already be adhering to the sets of standards that cover these issues.

Interaction with other frameworks

5.12 Several respondents made reference to documents produced by other organisations in relation to prescribing practice; the SCF being the most often cited.

5.13 When we drafted the standards for prescribing, we considered various documents including the frameworks and guidance for prescribing set by other regulators, as well as the SCF. Following the responses to this consultation, we have reviewed our standards for prescribing against the SCF once more. As a result, we have added a standard reflecting the importance of being able to recognise different types of medication errors and being able to respond to them appropriately.

5.14 We have aimed, as several respondents noted, to pick out the key areas of prescribing practice highlighted in the SCF. However, the standards for prescribing have a very different purpose to the guidance offered by the National Prescribing Centre. The standards for prescribing should not be mistaken for a framework outlining best practice guidelines. Their purpose is to reflect the minimum level necessary for safe and effective practice, which a majority of the respondents to this consultation felt was reached.

Governance for prescribing

5.15 We received several comments expressing the importance of robust governance systems. For example, some respondents highlighted the need for risk management in relation to medicine errors, and we have added a standard to reflect this issue in prescribing practice.

5.16 Many respondents suggested additional standards requiring Continuing Professional Development (CPD) in relation to prescribing practice were necessary. All chiropodists/podiatrists and physiotherapists wanting to train as a supplementary or an independent prescriber, and radiographers wanting to train as a supplementary prescriber will have to be registered with the HCPC. All professionals on our Register must undertake CPD in order to remain registered. A registrant must undertake a range of learning activities relevant to their area of practice in order to meet the HCPC's CPD requirements. If a registrant is appropriately qualified and annotated as a prescriber on the Register, we would expect that some of their CPD relates to their prescribing practice.

5.17 A sample of each profession is selected for CPD audit every two years, coinciding with the renewal of registration, to check that the standards for CPD are being met. More information can be found about our CPD processes on our website: htttp://www.hcpc-uk.org/registrants/cpd/

5.18 Other respondents commenting on governance processes stressed the need for prescribers to work within the current clinical governance system. We recognise the value of these national and regional frameworks, protocols and formularies and are aware that the professional bodies for chiropodists/podiatrists and physiotherapists have produced practice guidance for their professions. This guidance covers a range of areas including medicines governance. The guidance will be publicly available and registrants can draw on it to inform their safe and effective prescribing practice.

5.19 Several respondents asked how we would keep the standards up to date. We undertake an on-going and periodic review of standards to ensure that they continue to be fit for purpose and that stakeholders understand their content. The standards for prescribing will be subject to this review process.

Prescribing rights for other professions

5.20 We received several comments expressing the desire to see prescribing rights extended to other professions, as well as comments raising concern at the recent extension of prescribing rights to chiropodists/podiatrists and physiotherapists.

5. 21 However, the HCPC is not in a position to decide which professions are granted prescribing rights. This decision is made by the government alone.

5.22 Following two public consultations the previous year, on 24 July 2012 the Department of Health announced that legislation would be amended to allow appropriately trained chiropodists/podiatrists and physiotherapists to act as independent prescribers. We drafted these standards to take into account the government's decision.

Terminology

5. 23 Several respondents sought to highlight the ways in which prescribing programmes differ from other types of programmes and felt that terminology in the standards should reflect these differences. We recognise that post-registration practice programmes are different to most other programmes we

approve, and taking the comments we received into consideration, we have removed two standards which were less relevant to prescribing programmes.

5.24 We have, however chosen to continue to use the phrase ‘designated medical practitioner’ over ‘practice placement educator’ in order to highlight that only a medical practitioner can direct and supervise a non-medical prescriber’s period of learning in practice.

5.25 Some concern was raised that some of the language used in the standards was not accessible to service users and others, and as such we have decided to introduce a glossary to explain technical words and phrases used in the standards.

Service user involvement in education

5.26 One responded asked whether, in light of our recent consultation on service user involvement in education and training programmes, we would be introducing a standard for education providers requiring that service user involvement takes place in prescribing programmes.

5.27 We will consider whether to amend the standards for prescribing to add a requirement for service user involvement in prescribing programmes. We will do so as part of considering the outcomes of our consultation on service user involvement in HCPC approved education and training programmes.

Our decisions

5.28 We have made a number of changes to the standards based on the comments we received in consultation.

- We have added a standard to ensure that all prescribers are able to recognise common types of medicine errors and respond appropriately. (Standard 1.11 in appendix one).

- We have removed the English language standard from the programme admission requirements as this is covered in the standards of proficiency. (Previously standard 1.2 in appendix three).

- We have removed the standard about students acting as service users as it was not relevant to prescribing programmes. (Previously standard 2.14 in appendix three).

- We have also amended some standards to include clauses or phrases that provide greater clarity. This included:

    - Adding pharmacology and therapeutics to areas of knowledge (standard 1.1 in appendix one);

    - Referencing off-label prescribing (standard 1.2 in appendix one) ;

- Including ‘relevant to prescribing practice’ to narrow scope (standard 1.1 in appendix one); and,

- Replacing ‘drug’ with ‘medicine’ (standards 1.9 and 1.10 in appendix one).

- We have reordered the standards for individual prescribers to improve the coherence of the document and renumbered the standards where appropriate.

- We have changed the numbering of the section for education providers to letters for visible distinction between these standards and those for individual prescribers.

- We have also changed the title ‘standards for independent prescribers only’ to ‘additional standards for independent prescribers’.

- We will create a glossary to explain key terms less accessible to service users and others interested in the standards for prescribing.

- We will consider whether to amend the standards for prescribing to add a requirement for service user involvement in prescribing programmes. We will do so as part of considering the outcomes of our consultation on service user involvement in HCPC approved education and training programmes.

5.29 We have set out the draft revised standards following consultation in appendix one.

6. List of respondents

We have listed below the organisations who responded to our consultation.

AHP Directors – Scotland
British Dietetic Association
British Medical Association
British Pharmacological Society
Chartered Society of Physiotherapy
Chartered Society of Physiotherapy – Scotland
College of Occupational Therapists
College of Paramedics
Council of Deans of Health
Coventry University
Cwm Taf Local Health board
Department of Health
Dorset Healthcare University Foundation Trust
Guild of Healthcare Pharmacists
Health and Care Board – Northern Ireland
Heart of England NHS Foundation Trust (Radiography directorate)
Keele University
London South Bank University
NHS Education for Scotland
NHS Fife
NHS Highland
Oxford Brookes University
Primary and Community Care Pharmacy Network (PCCPN)
Public Health Agency – Northern Ireland
Royal College of Physicians
Royal College of Physicians of Edinburgh
Royal Pharmaceutical Society
Royal Wolverhampton Hospitals NHS Trust
Society and College of Radiographers
South West Yorkshire Partnership NHS Foundation Trust
Spangula Press
Staffordshire University
Sussex Community NHS Trust
University of Dundee
University of Essex
University of Huddersfield
Unite the Union
University of Southampton (Faculty of Health Sciences)

Appendix 1: Standards for prescribing

New standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~.

Standards for education providers

Programme admissions

A.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.~~
A.2	The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.
A.3	The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.
A.4	The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students[1], together with an indication of how these will be implemented and monitored.

Programme management and resources

B.1	The programme must have a secure place in the education provider's business plan.
B.2	The programme must be effectively managed.
B.3	The programme must have regular monitoring and evaluation systems in place.
B.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.
B.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.
B.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge.
B.7	A programme for staff development must be in place to ensure continuing professional and research development.
B.8	The resources to support student learning in all settings must be effectively used.

[1] Throughout this document, 'students' means registered professionals completing the prescribing programmes

B.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.
B.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.
B.11	There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.
B.12	There must be a system of academic and pastoral student support in place.
B.13	There must be a student complaints process in place.
B.14	Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.
B.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

C.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards for independent and/or supplementary prescribers.
C.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
C.3	Integration of theory and practice must be central to the curriculum.
C.4	The curriculum must remain relevant to current practice.
C.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.
C.6	The delivery of the programme must support and develop autonomous and reflective thinking.
C.7	The delivery of the programme must encourage evidence based practice.
C.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.
C.9	When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

Practice placements

D.1	Practice placements must be integral to the programme.
D.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.

D.3	The practice placements must provide a safe and supportive environment.
D.4	The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.
D.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.
D.6	The designated ~~registered~~ medical practitioner must have relevant knowledge, skills and experience.[2]
D.7	The designated ~~registered~~ medical practitioner must undertake appropriate training.
D.8	The designated ~~registered~~ medical practitioner must be appropriately registered.
D.9	There must be regular and effective collaboration between the education provider and the practice placement provider.
D.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.
D.11	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
D.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

Assessment

E.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.
E.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks

~~[2] As practical training is all carried out by the designated registered medical practitioner, this terminology is used instead of practice placement educators.~~

[2] As all practical training is carried out by the registered medical practitioner who has been designated for that purpose, the term designated medical practitioner is used instead of practice placement educator.

	can be measured.
E.3	Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.
E.4	Assessment methods must be employed that measure the learning outcomes.
E.5	The measurement of student performance must be objective and ensure safe and effective prescribing practice.
E.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.
E.7	Assessment regulations must clearly specify requirements for student progression and achievement within the programme.
E.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.
E.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.
E.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

Registrants must:

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

Additional 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 their profession

Appendix 2: Suggested additional standards

Section	Additional standards
Programme admissions	Several respondents suggested that a post-registration period which registrants would have to wait before being eligible for prescribing programmes should be stipulated. Some respondents commented that applicants should be required to demonstrate a suitable level of numeracy before starting the programme. Several respondents commented that applicants should be required to provide a CRB check as part of the admissions process. Others also suggested a health check should be required. One respondent suggested that a designated medical practitioner should be part of the admissions arrangements. A few respondents believed that applying for entry to an independent prescribing programme should be a collaborative arrangement between the registrant, employer and education provider: • One respondent suggested that applicants for independent prescribing programmes should need to provide references from their employer and/or programme lead demonstrating their competency and suitability • Another suggested that independent prescribing needs to already be taking place within the clinical workplace for a registrant to undertake the programme • While two other respondents commented admission should be dependent upon being able to provide evidence that independent prescribing was required within the professional's workplace • One respondent also added that the applicant should be required to show evidence of value for money and benefit to patient care
Programme management and resources	Several responded stipulated that more clarification was needed as to who should manage independent prescribing programmes and what training they should be required to undertake. One respondent argued that measurable indicators were necessary in order to establish whether

	a programme was being 'managed effectively', as per the requirement in the current standards. There were a range of comments from respondents who suggested that more detail was required about the management and structure of independent prescribing programmes in order to ensure consistency and equity across all courses. Respondents suggested the following areas should be standardised: • Duration of course • Number of contact hours • Module size • Level of programme • Type of qualification awarded • Cost of programme A few respondents commented that the education provider's fitness to practice system should link appropriately with the HCPCs standards of performance, conduct and ethics. Another respondent suggested that the process should also link to the fitness to practice system of the placement providers. Further, several respondents indicated that the education provider's student complaints procedure should link to the placement provider's complaints procedure, in order to ensure cohesiveness between teaching and learning in the classroom and on the practice placement. A few respondents felt that at present the standards were too process focused and suggested that they should be more outcomes focused. One respondent suggested a list of learning outcomes would help further guide trainers and trainees. Several respondents seemed concerned with a bridging the gap between theory and practice within the classroom, and suggested that a standard be introduced that required teaching staff to come from a background in a clinical environment or have some current experience in practice. With regard to placement management, one respondent suggested that the education provider must be able to provide the designated medical practitioner as some students may find this very difficult.

	Another respondent suggested that a standard be introduced which means education providers are required to employ an organisation to support applicants, identify appropriate mentors and guarantee a commitment to clinical supervision once the student has qualified. Some respondents suggested that a standard was necessary to ensure that the programme was monitored and evaluated by a range of people including students, employers and service users, and then developed according to this assessment.
Curriculum	Several respondents commented that the design and delivery of curriculum should reflect both inter-professional learning and inter-professional practice. They suggest a standard should be introduced to ensure students are able to acknowledge the limitations of their knowledge and interact with other professions to ensure safe and effective practice. Related to practising within scope, one respondent felt that additional standards should be introduced that were specific to knowledge and understanding of prescribing different types of medicines. One respondent felt this could be covered in a standard that stated that the curriculum should reflect the importance of contextualising learning to profession and specialism, and build upon relevant developments in current practice. Several respondents felt a standard should be introduced to ensure that the curriculum encouraged and supported students in completing continued professional development requirements, and ensure that students understood the code of conduct in relation to prescribing practice. One respondent suggests that a standard should be introduced to ensure that the course curriculum encourages understanding of the administrative and practical challenges of operating as a new independent prescriber post-qualification.
Practice Placements	Some respondents commented that there should be additional standards relating to the management of practice placements covering the following areas: • Expected number and duration of practice placements • Systems to audit practice learning

	• Procedure to ensure placements are appropriate to profession and specialism A few respondents suggested that a standard about private practice placements and the governance systems they required was also necessary. One respondent felt that mentors/educators in the practice placements should be required to undertake training to facilitate learning in the context of the student's study. One respondent emphasised the importance of a system that approves and monitors all practice placements, and expressed that this system should be a joint process between the education and placement providers.
Assessment	One respondent felt that three additional standards were necessary regarding the assessment of students on independent prescribing programmes: • A range of assessment strategies must be employed to test knowledge, decision-making and the application of theory to practice. • Students are required to maintain a portfolio of assessment and achievement to the stated learning outcomes. • Students must undertake and successfully complete all assessments. Several respondents demonstrated concern over the objectivity of the designated medical practitioner in assessing students, and felt there should be a standard requiring a system/body that would ensure that students were objectively assessed. In relation to this concern, one respondent suggested that standards be introduced to specify the methodology of assessment.
Standards for all prescribers	Respondents commented that there should be additional standards for prescribers covering the following areas; • Prescribing unlicensed or off label medicines • Prescribing as a private practitioner • Prescribing for self, family and friends • Prescribing for children and pregnant women • Prescribing related to cosmetic procedures

	• Remote prescribing • Prescribing within context of national and local guidelines, protocols and formularies. Some respondents felt the standards for all prescribers should provide more emphasis on the following topics; • Pharmacological and pharmaceutical knowledge • CPD in relation to prescribing • Risk and risk assessment reports • Recordkeeping and inter-professional practice • Safe storage and disposal of prescription pads and medicines • Undertaking, requesting and interpreting investigations • Acknowledging limitations of knowledge • Working within clinical governance arrangements • Engagement with the pharmaceutical industry • Standards of performance, conduct and ethics in relation to prescribing practice Some respondents felt there should be specific requirements for all prescribers to understand; • Reasons for non-adherence • Cost-effectiveness of prescribing • Prescribing is only part of management plan • Modes of action of individual medicines and drug interactions • Adverse side effects, contra-indications and special precautions • Drug regimens and dosing issues • Potential misuse of medicines
Standards for independent prescribers only	A few respondents felt that the standards did not focus enough on independent prescribers and suggested that additional standards in the SCF were added to the proposed standards. Several respondents suggested the addition of standards in relation to private independent prescribers, who may not have governance systems in place. One respondent felt that the following standard was required for clarity; • ‘You may only prescribe once you have successfully completed an HCPC approved

	independent prescribing programme, and had this recorded in the HCPC register.’

Appendix 3: Suggested amendments to the standards

This section sets out the changes that respondents suggested to the standards. The original standards are shown on the left, with the proposed standards on the right. Proposed deletions are shown in ~~strikethrough~~, whilst additions are shown in bold. Blank spaces indicate that we did not receive any comments specific to that standard.

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.	One responded commented that this standard should be removed as it replicates the English language requirement in the Standards of proficiency.
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.	Several respondents commented that academic regulation does not permit APEL for part of modules and as such this standard was not necessary in the context of short independent prescribing programmes. One respondent felt that this standard should remain, but should be changed to: • The admissions procedures must apply selection and entry criteria, including ~~accreditation~~ **consideration** 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 students[3], 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.	
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	One respondent felt that this standard and standard 2.12

[3] Throughout this document, 'students' means registered professionals completing the prescribing programmes

	welfare and wellbeing of students in all settings.	were repetitive and as such one could be removed.
2.12	There must be a system of academic and pastoral student support in place.	One respondent felt that this standard and standard 2.11 were repetitive and as such one could be removed.
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.	One respondent suggested that this standard be removed as it was not relevant for non-medical prescribing modules.
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.	One respondent suggested this standard should be reworded to articulate that patient safety is paramount: • The programme must ~~reflect~~ **demonstrate that it delivers** the philosophy, core values, skills and knowledge base as articulated in ~~any~~ relevant curriculum guidance **to ensure patient safety**.
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.	A few respondents felt that this standard was not clear and should be changed to say: • The delivery of the programme must support and develop autonomous **practice** and reflective thinking. • The delivery of the programme must support and

		develop autonomous and **reflective practice as well as** thinking. One respondent felt that this standard should be expanded to say: • The delivery of the programme must support and develop autonomous practice ~~and reflective thinking~~. **The delivery of the programme must support and promote students' critical thinking and reflection on their own professional development and practice and on service delivery.**
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.	Several respondents suggested that the phrase 'practice placement' did not appropriately describe practice undertaken by students training to become NMPs and should be changed to say: • Practice ~~placements~~ must be integral to the programme. • Practice ~~placements~~ **settings** must be integral to the programme. • Practice ~~placements~~ **hours** must be integral to the programme. • Practice ~~placements~~ **experience** must be integral to the programme. • ~~Practice placements~~ **Work based learning** must be

		integral to the programme. • **Learning in the** practice ~~placements~~ **environment** 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.	One respondent felt this should be reworded to say: • 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, **taking account of relevant curriculum guidance.**
4.3	The practice placements must provide a safe and supportive environment.	One respondent suggested that this standard be amended to say: • The practice placements must provide a safe and supportive environment **appropriate to the student's scope of practice.**
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.	One respondent suggested that this standard be removed as many practitioners work autonomously in highly specialist areas and may be the only practitioner employed within that role.
4.6	The designated registered medical practitioner must have relevant knowledge, skills and experience.[4]	Several respondents suggested further clarity was needed around the term 'designated registered medical practitioner'. A few respondents suggested changing the term to 'practice placement educator; • The ~~designated registered medical practitioner~~ **practice placement educator** must have relevant knowledge, skills and experience.
4.7	The designated registered medical practitioner must undertake appropriate training.	The same respondent suggested the change be made to all references to designated registered medical practitioner; • The ~~designated registered medical practitioner~~ **practice placement educator** must undertake appropriate training.

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

		Other respondents were concerned that this standard was too vague and suggested it should be made clearer, to say: • The designated registered medical practitioner must undertake ~~appropriate~~ training **to facilitate learning of students within the context of the programme of study.** • The designated registered medical practitioner must undertake ~~appropriate~~ **mandatory** training. • The designated registered medical practitioner must undertake appropriate training **appropriate to the student's scope of practice.** • The designated registered medical practitioner must ~~undertake appropriate training~~ **have knowledge of the requirements of the education programme and the supervision the student will require.**
4.8	The designated registered medical practitioner must be appropriately registered.	One respondent suggested a change be made to all references to designated registered medical practitioner; • The ~~designated registered medical practitioner~~ **practice placement educator** 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	One respondent suggested that the syntax of this standard should be revised.

	• communication and lines of responsibility.	
4.11	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.	One respondent suggested that the word 'encouragement' was not strong enough and should be changed to say: • Learning, teaching and supervision must ~~encourage~~ **ensure** 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	

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.	One respondent suggested that it was not necessary to mention practice placement as an allied health professional working within their practice environment must have already complied with this standard. They suggest the standard should read: • 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.	One respondent suggested that this standard needed rewording as it was unclear, however they did not specify a way in which this might be clarified.
5.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.	One respondent argued that the use of 'regulations' suggest legal requirements and suggested it be changed to say: • Assessment ~~regulations~~ **mechanisms** 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	One respondents suggested that the standard should be changed to say: • Understand pharmacodynamics and pharmacokinetics **of the medicines within the scope of competence of the prescriber and those that are commonly prescribed within scope of practice.** Another suggested that it should be changed to read: • Understand pharmacodynamics ~~and,~~ pharmacokinetics**, pharmacology and therapeutics**. One respondent felt that the terms 'pharmacodynamics' and 'pharmacokinetics' were not accessible to service users wanting to review the standards, and felt they should be explained or expanded upon.
1.2	Understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines and the prescribing of unlicensed products	Two respondents felt this standard should be changed to provide further clarification: • Understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines and the prescribing of unlicensed products **appropriate to the registrant's profession**. • Understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines, **off-label prescribing of medicines** and the prescribing of unlicensed products.
1.3	Understand the differences between prescribing mechanisms and supply/administration of medicines mechanisms	One respondent felt this standard required a clarifying clause, so that it should say: • Understand the differences between prescribing mechanisms and supply/administration of medicines mechanisms **relevant to the registrant's**

		profession and other professions as necessary. One registrant suggested that a clearer distinction needed to be made between prescribing, dispensing and administering roles of a prescriber.
1.4	Be able to make a prescribing decision based on a relevant physical examination, assessment and history taking	One respondent suggested that the standard should be changed to say: • Be able to make a prescribing decision based on a relevant physical examination, assessment and history taking **into account patient characteristics, disease states, allergies, medication and where possible laboratory results** • Be able to make a prescribing decision based on a relevant physical examination, ~~assessment and~~ history taking, **and impression and management plan.** One respondent was concerned that there was not enough clarity provided in this standard about the physical examination expected. The respondent pointed out that only some professionals are qualified to carry out full autonomous physical examinations, and therefore the standard should be clearer about the type of examination.
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	One respondent suggested that the standard should be changed to say: • Be able to **ensure appropriate administration and** 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	One respondent felt this standard required a clarifying clause, so that it should say:

	affect prescribing decisions	• Be able to distinguish between independent and supplementary prescribing mechanisms and how those different mechanisms affect prescribing decisions **relevant to the registrant's profession.** One respondent felt there was enough overlap between this standard and standard 1.3 to justify them being merged into the one standard.
1.9	Be able to undertake drug calculations accurately	One respondent felt that this standard should be changed so that it reads: • Be able to undertake ~~drug~~ **medicine** 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	Several respondents proposed changes to this standard: • Be able to communicate clearly to service users **and others involved in their care** information about medicines and prescriptions • Be able to ~~communicate clearly to service users information about medicines and prescriptions~~ **show communication with patients to promote concordant decision making around medicines** • Be able to communicate clearly to service users information about medicines and prescriptions **in an individualised manner and using a range of communication media** • Be able to communicate clearly to service users information about medicines and prescriptions **particularly side effects, how to manage side effects and when to seek further advice** • Be able to communicate clearly to service users information about medicine and prescriptions **to allow them to make informed decisions about treatment and improve adherence**
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	One respondent felt there was enough overlap between this standard and standard 1.14 for the two to be merged together.
1.14	Understand the relationship between independent and supplementary prescribers when using a Clinical Management Plan	One respondent felt there was enough overlap between this standard and standard 1.13 for the two to be merged together.
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	One respondent suggested this standard should be changed to say: • Understand the legal framework of independent prescribing as it applies to your profession, **refraining from prescribing for self and close family except within exceptional circumstances and within scope of practice.**