

Responses and decisions from the consultation on a proposed addition to the standards of proficiency

Proposed addition to the standards of proficiency

Introduction

The Prescription Only Medicines (Human Use) Order 1997, and related NHS Regulations have been amended to allow chiroprodists and podiatrists, radiographers and physiotherapists to become supplementary prescribers. As a consequence of this legislation, the Health Professions Council will need to annotate the Register to indicate that a health professional has this additional competence.

We proposed to add the following text to the profession-specific Standards of Proficiency for chiroprodists and podiatrists, radiographers, and physiotherapists:

‘Registrants must:

know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the register.’

We proposed to add this to section 1b of the Standards of Proficiency.

We added that because the text says ‘in order to have their name annotated on the Register’, we considered that this standard of proficiency would be optional, and would not apply to those health professionals who did not wish to become supplementary prescribers. We therefore proposed that it would not be necessary for all applicants to the Register to demonstrate that they have these skills, or for current registrants to undertake this training in order to remain registered, unless they wished to do so.

The consultation

We held a consultation from 1st March 2005 to 1st April 2005, during which we put our proposals before a wide variety of stakeholders, including the professional bodies of the professions that we regulate.

Respondents

The Council received responses from the following organisations:

- The Health Service Ombudsman;
- The Institute of Biomedical Science;
- The Institute of Chiroprodists and Podiatrists;
- The Healthcare Commission;
- The Royal Pharmaceutical Society;
- The British Society for Haematology;
- Health Professions Wales;
- The Department of Health;
- The Society of Radiographers;
- The United Kingdom Association of Sonographers;

- The Association of Clinical Biochemists;
- North Central London Strategic Health Authority;
- The UK Voluntary Register for Public Health Specialists; and
- The General Optical Council.

In addition to these responses from organisations, we also received a response from an individual.

Responses

Responses in favour of our proposals

Almost all of the responses that we received were in favour of our proposals. We received comments which included,

“The Association fully supports this proposal. It is essential that individuals within these professions are to undertake this activity, their competence to do so is assured to the public and other health professionals’ (The Association of Clinical Biochemists)

“The Society of Radiographers has no problem with the proposed addition to the text of the Standards of Proficiency for Radiographers and understands that such a change is necessary to ensure that radiographers who become supplementary prescribers may be identified as such.” (The Society and College of Radiographers)

“HPC is fully in support of the proposed wording of the text to be added to Section 1b of the Standards of Proficiency.” (Health Professions Wales)

“The wording of the text which is proposed as an addition to the profession-specific standards of proficiency does, I believe, provide a reasonable degree of protection to the public...” (The Health Service Ombudsman)

“I am pleased to confirm that in the Society’s view, the text you propose is appropriate for the registration of supplementary prescribers by the Health Professions Council.” (The Royal Pharmaceutical Society)

“The Institute of Biomedical Science is content with the proposed change to the Standards of Proficiency.” (The Institute of Biomedical Science)

“The Department of Health is pleased to see the necessary changes being put into place that will allow for the HPC Register to be annotated for those groups of healthcare professionals, regulated by the HPC, who will become supplementary prescribers, following an approved course of education and training.” (The Department of Health)

Additional comments made

In addition, a specific comment was made about the ‘optional’ nature of the text:

“The Institute of Chiropodists and Podiatrists agree to the proposal that “it will therefore not be necessary for all applicants to the Register from those professions to demonstrate that they have these skills, or for current registrants to undertake this training in order to remain registered, unless they wish to do so.” (Institute of Chiropodists and Podiatrists)

Suggestions

From the Healthcare Commission

Anna Walker, the Chief Executive of the Healthcare Commission, said, “I suggest that the text include a statement such as “to undertake this role registrants must hold a qualification in supplementary prescribing from a recognised institution”. This would fit well with arrangements for other professions taking on new prescribing roles such as nurses and pharmacists....

I welcome this opportunity for Allied Health Professionals to extend their scope of practice, which will benefit patients by making it easier for them to obtain both the medicines and care they require.”

The legislation says that the definition of a supplementary prescriber is someone who has their name annotated on the Health Professions Council register. We consider that in order to annotate the Register, we must firstly be satisfied that the registrant has completed a course which meets our standards.

Also, the current format of our Standards of Proficiency means that they detail the professional skills needed in order to be registered with us, but they do not detail how a registrant should have obtained those professional skills.

Therefore, although we agree with the premise of this suggestion, we do not intend to make this explicit in our standards.

We do intend, however, to put information about supplementary prescribing, and our role, on our website.

From North Central London Strategic Health Authority

Rachel Picton, Head of Workforce Development at the North Central London Strategic Health Authority, said, “The enhanced scope of practice as carried out by a supplementary prescriber must be supported by the CPD standards to ensure ‘safe and effective practice’ is relevant and up to date.

This would need to be a specific requirement outlined in either the CPD standard or the section 1b standard.”

Our standards of conduct, performance and ethics, which apply to all registrants, say that, ‘You must keep your professional knowledge and skills up to date.

You must make sure that your knowledge, skills and performance are of a high quality, up to date, and relevant to your field of practice.’

They also say, ‘You must stay up to date with the changes to the standards of proficiency that we make for your profession as technology and techniques develop.’

We consider that it is vital that all registrants, whether they are supplementary prescribers or not, ensure that their practice remains relevant and up to date. Since this standard already applies to all registrants through our standards of conduct, performance and ethics, we do not feel that it needs to be repeated in the standards of proficiency.

The responses to our consultation in 2004 on CPD are still being analysed, but any requirement for registrants to undertake CPD will equally apply to registrants who are supplementary prescribers, and so again we do not feel that it needs to be repeated in the standards of proficiency.

From Susan Oliver

Susan Oliver, an individual with nursing expertise who responded to the consultation, said that she would “suggest replacing ‘key concepts’ to ‘identified competencies’. I believe this is more specific. Not sure how you define a ‘concept’ whereas work can be undertaken to clearly define competencies.”

We are grateful for this suggestion, but would point out in response that ‘key concepts’ is a term also used in part 3a.1 of the Standards of Proficiency (“registrants must ... know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice”). We feel that consistency of language and approach is vital to the usefulness and accessibility of the Standards of Proficiency, and so we feel that the term ‘key concepts’ should remain.

From the Health Service Ombudsman

The Health Service Ombudsman’s agreement with the text was only given, “provided that there is a method for appropriate inspection of individual practitioners, and the methodology for that inspection is sufficiently robust.

Members of a number of professional groups, such as nurses and pharmacists, are at present eligible to be included on a list of supplementary prescribers. However, before presenting themselves for entry to the list, these individuals are required to have undertaken an accredited course of further education... to have acquired certain competencies, to have undergone a period of supervised practical experience, and to be able to demonstrate application of their knowledge and competencies. I would hope that a similar standard will apply to chiropractors, radiographers, and physiotherapists.”

Under the legislation, a supplementary prescriber from the professions above is defined as someone who has their name annotated on our Register. We therefore consider that in order to annotate the Register, we must be satisfied that they have undergone sufficient education in order to be able to meet the standard of proficiency that we have consulted on.

Our Education and Training committee has therefore agreed that courses in supplementary prescribing for chiropractors and podiatrists, radiographers, and physiotherapists, will be approved by us. We will use partners to approve these courses

against our Standards of Education and Training (apart from section 1, which relates to initial entry to pre-registration training), and against this additional standard of proficiency. The Education and Training committee has also agreed to adopt the outline curriculum which was developed by the National Prescribing Centre for allied health professional supplementary prescribers.

Queries raised

Peter Coe, the Chief Executive of the General Optical Council, asked whether other changes were being made to take account of these developments, “The GOC is sure that there are underpinning systems changes which are not demonstrated in the consultation document.”

He added that, “The work which the GOC has undertaken with the National Prescribing Centre follows the model used by the Nursing and Midwifery Council and the Royal Pharmaceutical Society ie: the establishment of:

1. a new set of competencies
2. a draft national curriculum
3. an agreed process of assessment

He commented that, “Without sight of these underpinning philosophies and systems it is impossible to comment on the recommendations to establish supplementary prescribing for these professional groups.”

As mentioned above, the National Prescribing Centre has developed an outline curriculum for allied health professional supplementary prescribers. To develop this curriculum, it convened a group of people with relevant expertise and experience, which included representatives from the HPC.

It is not within our remit to consult on whether certain professions should become supplementary prescribers (this is decided by government), but we must consult when we change our standards, which we have done.

Decision

We are confident that the general support for our proposal means that it is a sensible and useful one. We have therefore decided to amend the profession-specific Standards of Proficiency for chiropodists and podiatrists, radiographers and physiotherapists by adding the text we originally suggested.

Conclusion

The Council would like to thank all those who participated in this consultation for their time and their input.

This document will be posted on the HPC website.