

**Health Professions Council
Education and Training Committee, 12th June 2007**

**Approval of programmes leading to entitlements under the Prescription Only
Medicines (Human Use) Order 1997**

Executive Summary and Recommendations

Introduction

At its meeting on 28th March 2007, the Education and Training Committee considered a paper from the Executive about the approval of programmes leading to entitlements under the Prescription Only Medicines (Human Use) Order 1997.

The Committee agreed to recommend to Council that:

1. modules leading to the prescription only medicines entitlement (POM) which form part of already approved pre-registration chiropody and podiatry programmes can be separately approved for the purposes of entitlements under the Prescription Only Medicines (Human Use) Order 1997, subject to a paper-based assessment by two visitors against SET 2 of the standards of education and training;
2. programmes which do not form part of approved pre-registration programmes will require a separate visit (as at present); and that
3. (subject to consultation) that the standards relating to the local anaesthetic and prescription only medicines entitlements in the standards of proficiency for chiropodists and podiatrists should no longer be optional.

However, a number of concerns were raised by the committee in relation to the other proposals outlined in that paper. This paper follows up on those concerns.

The Committee is also invited to make the decisions detailed below, in relation to the necessary consultation on removing the optional status of the LA and POM standards (detailed in 3 above).

Decision

The Committee is invited to discuss the attached paper and agree the conclusions drawn.

In addition, the Committee is further invited:

- to agree that a draft consultation letter should be brought back to the Committee's meeting in September 2007 for approval, which will explain the reasons behind the proposed removal of the optional status of the LA and POM standards;
- that, following a three month consultation period, a consultation responses document should be brought back to the Committee and the Council; and that
- if the change is agreed, it would be effective from the academic year commencing in September 2008.

All the above will also be subject to Council approval.

Background information

At its meeting on 31st May 2007, the Council agreed the Committee's recommendations in relation to the approval of POM courses and agreed in principle that a consultation should be held on whether the optional status of the LA and POM standards should be removed.

Resource implications

None

Financial implications

None

Background papers

Paper considered by the Education and Training Committee on 12th June 2007.

Appendices

None

Date of paper

1st June 2006

Approval of programmes leading to entitlements under the Prescription Only Medicines (Human Use) Order 1997

At its meeting on 28th March 2007, the Committee requested that a further paper was brought back in relation to the following recommendations which had been made by the Executive:

1. separate competencies should be written for threshold safe and effective practice in local anaesthetics (LA) and prescription only medicines (POM). Pre-registration programmes would be assessed against these learning outcomes. Stand alone programmes in these areas would also be assessed against the relevant competencies;
2. the standards relating to supplementary prescribing (SP) in the standards of proficiency for physiotherapists, chiropodists and podiatrists and radiographers should be removed;
3. learning outcomes described in the 'Outline Curriculum for Training Programmes to prepare Allied Health Professional Supplementary Prescribers' should be formally adopted as the competencies to be achieved by supplementary prescribing programmes;
4. separate standards of education and training (where necessary) should be produced relating to post-registration programmes leading to entitlements in local anaesthetics, prescription only medicines and supplementary prescribing; and
5. a Professional Liaison Group (PLG) should be established to draft the document.

Concerns were raised about these recommendations at the meeting and this paper will examine each of these recommendations in turn outlining:

- the rationale behind the recommendation given in the last paper;
- a summary of the concerns/ points of discussion raised by the committee; and
- an indication of an appropriate way forward.

Key:

LA: Local Anaesthetics

POM: Prescription Only Medicines

SP: Supplementary Prescribing

“...separate competencies should be written for threshold safe and effective practice in local anaesthetics and prescription only medicines. Pre-registration programmes would be assessed against these learning outcomes. Stand alone programmes in these areas would also be assessed against the relevant competencies.”

Rationale

The background to this recommendation in the paper previously considered by the Committee was the substance of the standards relating to the LA and POM entitlements and how this could potentially affect approval of these programmes.

In particular, the standards of proficiency relating to these areas are not very detailed and it was felt that it could be argued that they were an insufficient basis upon which to ensure safe and effective practice in these areas.

The standards relating to these two areas currently read:

- *administer relevant prescription only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment. This standard applies to registrants who wish to be certified as competent under the Medicines Act 1968 by the HPC (Standard 2b.4).*
- *apply local anaesthesia techniques. This standard applies only to registrants who wish to be certified as competent under the Medicines Act 1968 by the HPC (Standard 2b.4).*

The term ‘competencies’ was suggested as the Health Professions Order 2001 does not specifically provide for separate standards of proficiency for post-registration qualifications.

Discussion at the last meeting:

The following points were raised by the Committee:

- that it was inappropriate to talk of ‘learning outcomes’. The role of the Council is in producing standards for safe and effective practice and not in producing learning outcomes for programmes;
- that the standards of proficiency for LA/POM were no less detailed than others - they express threshold standards which can be demonstrated in a variety of different ways and which education programmes imbed in different ways; and
- that it was always appropriate to talk of ‘proficiencies’ and not competencies.

Recommendations

Having reviewed these recommendations in light of the comments made, and in discussion with the Podiatry member of the Committee, we no longer recommend the production of such competencies, at this time. The following documents produced by the society of chiropodists and podiatrists provide an adequate basis for ensuring safe and practice, including suggestions for indicative content and learning outcomes:

- Regulations and Guidance for the Accreditation for Pre-registration Education in Podiatry – Handbook (2005)
- Podiatry Medicines Access and Supply Updated Pharmacology Syllabus (2006).
- National Prescribing Centre and Society of Chiropodists and Podiatrists, Access and Supply competency framework for Podiatrists

These documents function as curriculum guidance and can be considered by visitors as part assessing whether SET 4.2 has been met. SET 4.2 reads:

‘The Programme must reflect the philosophy, values, skills and knowledge base as articulated in the curriculum guidance for the profession.’

The Education: Approvals and Monitoring department will ensure that visitors have these documents available when they conduct visits.

“... the standards relating to supplementary prescribing in the standards of proficiency for physiotherapists, chiropodists and podiatrists and radiographers should be removed.”

“...the learning outcomes described in the ‘Outline Curriculum for Training Programmes to prepare Allied Health Professional Supplementary Prescribers’ should be formally adopted as the competencies to be achieved by supplementary prescribing programmes.”

Rationale

The recommendations were made in light of existing approval arrangements for supplementary prescribing.

It was noted that there is a standard relating to supplementary prescribing in the standards of proficiency for chiropodists and podiatrists, radiographers and physiotherapists. This is somewhat anomalous as supplementary prescribing is purely a post-registration entitlement, and the standards of proficiency describe threshold standards for entry to the register.

The second recommendation was made in light of the previous recommendation regarding LA and POM.

Discussion at the last meeting

It was requested that the recommendations made in this area were reviewed in light of the previous comments in relation to LA and POM.

“...that separate standards of education and training (where necessary) should be produced relating to post-registration programmes leading to entitlements in local anaesthetics, prescription only medicines and supplementary prescribing.”

Rationale

The recommendation was made in light of some feedback from visitors and members of the Executive that there were a small number of standards of education and training which were not always applicable when approving post-registration programmes (SP, LA, POM).

The recommendation was also made in light of the other recommendations (e.g. removing the standard relating to SP from the standards of proficiency would necessitate new standards of education and training to ensure a link up between standards for education delivery and management (SETS) and standards for safe and effective practice (SOPs)).

Recommendations

The recommendations detailed on the previous page touch on wider issues regarding how the Council handles post-registration qualifications.

The recent government white paper said: *'The Government agrees with the recommendation in 'The regulation of the non-medical healthcare professions' that, for the non-medical health professions, post-registration qualifications should be recorded in the register where these are relevant to patient care, risk management and are at a level substantially beyond the requirements for basic registration.'*

Many questions are raised by this conclusion, amongst them:

- Should the Council decide to record further post-registration qualifications, should such qualifications be approved and if so, how?
- Would the Council need to produce standards of proficiency (or equivalent), relating to certain post-registration entitlements in order to ensure threshold standards of safe and effective practice in that particular area, and, if so, what can or should these standards be called?
- Would it be necessary to produce separate standards of education and training for these qualifications?

The Policy and Standards workplan for 2007/08 (considered by Council on 31st May 2007) says:

'It may be appropriate to set up a discussion meeting with the professional bodies and other stakeholders, to look at the initial work on criteria that the Council suggested as part of its response to the Foster review. The results of this discussion meeting, plus further research, could form the basis of a consultation document on post-registration qualifications. This may also be an appropriate time for the Council to review further how it currently approves all post-registration qualifications, including supplementary prescribing.'

Given that the original recommendations are part of these broader issues (and that there is no evidence that the current mechanisms for approving supplementary prescribing programmes are ineffective or a barrier to education providers) it is suggested that this is an area which should be more fully explored as part of future work looking more broadly at the issues around post-registration qualifications.

Given these recommendations, it would no longer be necessary to establish a PLG.