

Education and Training Committee, 9 June 2011

Ownership of the outline curriculum framework for independent and supplementary prescribing

Executive summary and recommendations

Introduction

Chiropodists/podiatrists, physiotherapists and radiographers can all currently complete post-registration training to become supplementary prescribers. The Department of Health is currently undertaking a project to extend independent prescribing rights to chiropodists/podiatrists and physiotherapists.

Part of the project group's remit is to develop the necessary governance arrangements to support safe and effective independent prescribing, including developing an outline curriculum framework. The Department of Health has asked whether we would own the outline curriculum framework which the project board is developing.

This request was considered by the Committee at its previous meeting. The Committee agreed to seek the views of the professional bodies before making a decision, as it was usually the professional bodies who owned the curriculum for the relevant profession.

This paper brings back to the Committee the views expressed by the professional bodies and identifies further points for discussion and consideration.

Decision

The Committee is invited to:

- discuss the attached paper;
- make a recommendation to Council about whether to take ownership of the outline curriculum framework; and
- give reasons for their recommendation.

Background information

The Committee has previously considered several papers on this topic. The most recent was at the Committee meeting on 10 March 2011:
<http://www.hpc-uk.org/assets/documents/100033A220110310ETC08-supplimentaryprescribing.pdf>

Resource implications

At this stage, there are no resource implications associated with the recommendation. However, there would be resource implications in the future if the decision was taken to own the curriculum framework. This would include resources to manage the curriculum framework and review it on a regular basis (for example, every five years).

Financial implications

At this stage, there are no financial implications associated with the decision as the Committee. However, there would be financial implications in the future if the decision was taken to own the curriculum framework. This would be the costs associated with owning the framework, such as the costs of undertaking a public consultation on any changes to the framework.

Appendices

- Outline curriculum for training programmes to prepare allied health professionals as supplementary prescribers

Date of paper

23 May 2011

Ownership of the outline curriculum framework for independent and supplementary prescribing

1. Introduction

- 1.1 The Department of Health is currently undertaking a project to extend independent prescribing rights to chiropodists/podiatrists and physiotherapists.
- 1.2 Part of the project to extend independent prescribing rights includes updating and revising the existing outline curriculum framework for supplementary prescribing, which is currently owned by the Department of Health. The Department has written to ask whether we would be willing to own the outline curriculum for independent and supplementary prescribing by allied health professionals.
- 1.3 The Committee considered this request to own the curriculum framework at its meeting in March. The Committee recognised that we do not currently own the curriculum framework for any of the professions we regulate. Instead, we believe that it is for the professional body to own the body of knowledge for their particular profession.
- 1.4 The Committee therefore asked the Executive to contact each of the professional bodies for the professions we currently regulate to seek their views on the request from the Department of Health. The Committee would then use the views expressed to help to formulate a response to the request.
- 1.5 This paper is divided into three sections:
 - section one provides an introduction to the paper;
 - section two outlines the responses we received from the professional bodies about ownership of the outline curriculum framework; and
 - section three provides points for the Committee to discuss.

Supplementary prescribing and independent prescribing

- 1.6 At present, chiropodists/podiatrists, physiotherapists and radiographers can become supplementary prescribers, if they complete the appropriate training and have their entry on the Register annotated.
- 1.7 Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (doctor or dentist) and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient's agreement.¹
- 1.8 Following agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. There is no formulary for supplementary prescribing, and no restrictions on the medical conditions that can be managed under these arrangements. However, the

¹ Department of Health, 'Medicines Matters' July 2006

supplementary prescriber cannot prescribe a medicine which is not referred to in the plan.

- 1.9 Independent prescribing is prescribing by a practitioner (such as a doctor, dentist, or nurse) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management, including prescribing.²
- 1.10 Independent prescribers can prescribe any medicine for any medical condition within their competence, including some controlled drugs for specified medical conditions. They must also comply with any relevant medicines legislation.
- 1.11 Supplementary prescribers can only prescribe a medicine where it is referred to in the CMP. By contrast, independent prescribers have autonomy and can prescribe any medicine within their competence and knowledge.

AHP medicines project board

- 1.12 The Department of Health has established a project board to introduce independent prescribing rights for physiotherapists and chiropractors/podiatrists.
- 1.13 Any decision to implement a change in prescribing rights is subject to government agreement and requires an amendment to legislation. Changes to legislation require time and resources to implement and as such may be subject to delay or alteration.
- 1.14 The project board has recently closed an informal engagement exercise seeking views on proposals to introduce independent prescribing. They have now received ministerial agreement to prepare a formal consultation document, but will need ministerial approval before undertaking that consultation.
- 1.15 Preparation of the formal consultation document is continuing. However, the consultation document can only be issued once ministerial approval had been gained and once the 'pause' to allow for additional feedback on the Health and Social Care Bill has finished. This means that, subject to ministerial approval, there may be a delay in formal consultation on this topic.
- 1.16 The work of the project board includes developing the necessary information to support the delivery of effective training in independent prescribing. This includes revising the outline curriculum framework for supplementary prescribing to include a curriculum framework for independent prescribing as well.

² Department of Health website
<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/TheNon-MedicalPrescribingProgramme/Background/index.htm>

Curriculum frameworks

- 1.17 We do not currently own curriculum frameworks for any of the professions that we regulate, nor do we set detailed curricula. This means that we are not currently involved in setting detailed requirements or expectations for the number of hours of theory or practice, or the number or length of placements.
- 1.18 In the professions currently regulated by the HPC, many of the professional bodies are actively involved in developing and publishing curriculum guidance or frameworks for their professions. These documents often include detailed expectations around the structure of programmes, including the matters referred to above. In this way, the curriculum is owned by the profession rather than by the regulator. As the HPC does not directly set a curriculum, this also provides some flexibility for education providers in designing their programmes.
- 1.19 Although we do not set a curriculum, education providers must meet several standards that we set in relation to the curriculum on a particular programme that we are approving. These are set out in the standards of education and training, SET 4.³
- 1.20 SET 4 contains broad standards which allow an education provider to design their programme in a way that takes account of all relevant curriculum frameworks. Standard 4.2 says that the programme must ‘...reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance’.
- 1.21 Education providers must show how the programme that they have designed reflects the relevant curriculum guidance. If the provider does not reflect relevant curriculum guidance, then they must show how they make sure that those who complete the programme are safe and effective practitioners.

The outline curriculum framework and approval of supplementary prescribing programmes

- 1.22 The outline curriculum framework for supplementary prescribing is currently available on the Department of Health website although no organisation is identified for taking ownership of the framework.⁴ The framework has not been updated or amended since 2004, when it was published. A copy of the framework is appended to the paper.
- 1.23 We approve post-registration qualifications in supplementary prescribing against the standards that we set. Programmes are assessed against all the standards of education and training (apart from SET 1: level of qualification for entry to the Register).

³ Standards of education and training, <http://www.hpc-uk.org/aboutregistration/standards/sets/>

⁴ Outline curriculum for training programmes to prepare Allied Health Professionals as Supplementary Prescribers
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089002

- 1.24 As with other programmes we approve, supplementary prescribing programmes must show how they reflect the curriculum guidance, in this case, the outline curriculum framework for supplementary prescribing. If they do not reflect this curriculum then they would need to present evidence about how the education provider ensured that those completing the programme were safe and effective supplementary prescribers.

The outline curriculum framework for independent and supplementary prescribing

- 1.25 An outline curriculum framework is currently being developed for independent prescribing. The framework for independent prescribing has been based on the framework for supplementary prescribing which is appended to this paper. The intention is that there will be one framework which will apply to education programmes providing training in supplementary and/or independent prescribing.
- 1.26 The framework has not yet been finalised so the information in this section is subject to change. The framework covers the following points:
- entry requirements for the programme;
 - aims and objectives of the programme;
 - learning outcomes;
 - indicative content;
 - teaching, learning and support strategies;
 - assessment strategies;
 - length of programme; and
 - conversion programme from supplementary prescribing to independent prescribing.
- 1.27 The outline curriculum framework sets detailed requirements for education programmes in independent and supplementary prescribing. As a curriculum framework, the requirements are more prescriptive than those that we would set within our standards.

Previous discussion by the Committee

- 1.28 The Committee considered the project board's request at its meeting in March. The Committee's discussion can be summarised as follows:
- Responsibility for developing curricula lies with the professional bodies.
 - Administration of the framework could fit within HPC's public protection responsibilities.
 - Hosting the curriculum framework may compromise HPC's relationship with the professional bodies who are not involved in developing the framework for independent and supplementary prescribing.
 - Making the decision to own the curriculum framework might create a precedent for taking responsibility for other curriculum frameworks in the future.
 - It was important to take account of the views of the professional bodies before decisions were made about owning the curriculum framework.

2. Responses from professional bodies

- 2.1 The Executive contacted all the professional bodies for the professions we currently regulate to seek their views on whether or not we should own the outline curriculum framework. We are grateful to those professional bodies who replied to the letter.
- 2.2 A summary of their views is provided below.
- 2.3 Arguments in favour of HPC owning the curriculum framework:
- The extension of prescribing rights requires a robust governance structure to protect the public. It would be most appropriate if the curriculum was owned by a statutory body, to support a strong governance structure.
 - As a multi-professional regulator, HPC would be well placed to co-ordinate all the allied health professions which currently have prescribing rights.
- 2.4 Arguments against HPC owning the curriculum framework:
- It is the role of the professional body to own and develop the curriculum framework for the profession or area of practice, not the HPC.
 - The HPC does not own any other curriculum frameworks and therefore it would not be appropriate for it to own this framework.
- 2.5 In our letter to the professional bodies, we made clear that we did not intend to take ownership of any other curriculum frameworks and that our decision only related to the curriculum framework for independent and supplementary prescribing. This statement was welcomed by a number of professional bodies, including some in favour of and against our ownership of the curriculum framework.

Hosting by other organisations

- 2.6 A number of professional bodies suggested that the outline curriculum framework should be hosted by the Allied Health Professions Federation (AHPF).⁵ This was suggested because the overriding purpose of the AHPF is to promote inter-professional learning amongst the allied health professions.
- 2.7 It was proposed that the AHPF would host the framework on their website and then work with the relevant professional bodies and other organisations when the framework needed updating.
- 2.8 An alternative proposal similar to that outlined in the preceding paragraph suggested that one professional body should host the curriculum framework and seek the involvement of others where appropriate.

⁵ More information about the Allied Health Professions Federation can be found here: <http://www.ahpf.org.uk/>

3. Discussion

Request from the Department of Health to own the curriculum framework

- 3.1 The project board identified two key reasons for asking us to own the outline curriculum framework for education programmes to prepare Allied Health Professionals as independent and supplementary prescribers:
1. Some regulators currently own the curriculum framework for education providers offering training to their registrants in independent prescribing.
 2. As the framework relates to several allied health professions (with the potential for more professions in the future) it would not be appropriate for the curriculum framework to be owned by a single professional body.
- 3.2 The Committee considered this request at its meeting in March. A summary of the discussion is outlined above in paragraph 1.28.
- 3.3 A key part of the Committee's discussion was the importance of seeking professional bodies' views on whether we should own this curriculum framework. Their views are outlined in section 2.
- 3.4 The points raised by the professional bodies are similar to those discussed by the Committee at its meeting in March. Some argued that HPC could take ownership of the framework because it would improve public protection and we have the resources to manage the framework effectively. However, others argued that owning curricula was the role of the professional body and not one that we should take on.
- 3.5 The Committee may also want to consider the following points:
- Any decision on ownership of the framework is made solely in response to the request from the project board to own this curriculum framework and does not fetter any decision it might make on ownership of other curriculum frameworks in the future.
 - The request to consider ownership of the curriculum framework has come from the Department of Health in England. Although the legislation that allows the extension of prescribing responsibilities applies across the UK, the devolved administrations decide whether and how it is implemented in their countries.
- 3.6 The Committee is invited to discuss and make a recommendation to Council about whether to agree in principle to own the outline curriculum framework for education programmes to prepare Allied Health Professionals as independent and supplementary prescribers. The Committee is asked to give reasons for its decision so that a detailed response can be made to the Department of Health.

Outline Curriculum for Training Programmes to prepare Allied Health Professionals as Supplementary Prescribers

**This document identifies the key areas a curriculum
will need to cover.
Some of the critical issues that Allied Health Professionals
will need to address are set out in the
introduction and background.**

**The introduction of supplementary prescribing by
chiropractors/podiatrists, physiotherapists and radiographers
will be subject to Parliamentary approval to
amendments to medicines legislation and NHS regulations,
which are not expected before early in 2005**

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1 INTRODUCTION AND BACKGROUND

1.1 Background

Supplementary prescribing has its basis in the recommendations of the final report of the Review of Prescribing, Supply and Administration of Medicines, which recommended that two types of prescriber¹ should be recognised:

- *“the independent prescriber who would be responsible for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing.”*
- *“the dependent prescriber who would be responsible for the continuing care of patients who have been clinically assessed by an independent prescriber. This continuing care might include prescribing, which would usually be informed by clinical guidelines and be consistent with individual treatment plans, or continuing established treatments by issuing repeat prescriptions, with the authority to adjust the dose or dosage form according to the patients' needs. The Review recommended that there should be provision for regular clinical review by the assessing clinician. **(Note: the previous term *Dependent Prescriber* is now referred to as a *Supplementary Prescriber*).**”*

The *NHS Plan*² for England emphasised the need to organise and deliver services around the needs of patients, their families and carers:

“The new approach will shatter the old demarcations which have held back staff and slowed down care. NHS employers will be required to empower appropriately qualified nurses, midwives and therapists to undertake a wider range of clinical tasks including the right to make and receive referrals, admit and discharge patients, order investigations and diagnostic tests, run clinics and prescribe drugs.....”

On 4 May 2001, Ministers announced the Government's intention to take steps to introduce supplementary prescribing following the enactment of the Health and Social Care Bill. Ministers subsequently decided that the greatest initial benefit to the NHS and to patients treated within the NHS, would be achieved through the introduction of supplementary prescribing by nurses and pharmacists. Amendments to the Prescription Only Medicines (Human Use) Order 1997 (the POM Order) and NHS Regulations made such a step possible from April 2003. Ministers have now agreed that supplementary prescribing responsibilities should be extended to radiographers, physiotherapists, chiropodists/podiatrists and optometrists, subject to the outcome of Department of Health (DH) and Medicines and Healthcare products Regulatory Agency (MHRA) consultation on supplementary prescribing by these groups³.

A detailed summary of the policy context and the legal framework can be found in *Supplementary Prescribing A resource to help healthcare professionals to understand the framework and opportunities*⁴ published by the National Prescribing Centre (NPC).

1.2 What is supplementary prescribing?

The working definition of supplementary prescribing¹ is:

“...a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan with the patient’s agreement”.

1.3 Aims of supplementary prescribing

Supplementary prescribing is intended to provide patients with quicker and more efficient access to medicines, and to make the best use of the skills of highly qualified health professionals. It should only be used when there is a clear benefit to both the patient and to the NHS locally (or the independent healthcare provider).

Over time, supplementary prescribing is also likely to reduce doctors’ workloads, freeing up their time to concentrate on patients with more complicated conditions, and on more complex treatments.

1.4 Underpinning Principles of the Outline Curriculum

1.4.1 Patient safety is paramount.

1.4.2 The programme will teach participants the general principles of prescribing and how to apply these principles safely within their relevant scope of practice.

1.4.3 The extensive work already carried out by the NPC to develop competency frameworks for prescribing nurses, pharmacists, optometrists and Allied Health Professionals (AHPs) (initially chiropodists/podiatrists, physiotherapists and radiographers), as well as health professionals supplying and administering medicines under Patient Group Directions (PGDs) shows that the core competences needed by these groups are very similar.

- 1.4.4 This outline curriculum framework currently focuses on supplementary prescribing by Chiropodists/Podiatrists, Physiotherapists and Radiographers - but it is intended that it will be used by other AHPs should prescribing responsibilities be extended to others.
- 1.4.5 The development of an outline curriculum to prepare AHPs as supplementary prescribers does not mean that all AHPs are necessarily to be trained as supplementary prescribers (Ref: Entry Requirements Paragraphs 2.1 – 2.5)
- 1.4.6 The development of an outline curriculum to prepare AHPs as supplementary prescribers does not require that AHPs are necessarily to be trained separately from other professions. The decision on how a course will be delivered (i.e. as an AHP only programme or as a wider multiprofessional programme, currently including nurses and/or pharmacists) will be determined locally.
- 1.4.7 There is normally no automatic entitlement to exemption from any part of the programme although Higher Education Institutions (HEIs) may use established mechanisms for considering exemption from parts of the programme. However students must satisfy all assessment requirements.
- 1.4.8 The training programme is at post-registration level. The baseline for the programme is judged to be at Level 3 to develop safe supplementary prescribers working within the legal framework. If offered by a Higher Education Institution at Masters Level the course will still need to be able to map to the minima required for Level 3.
- 1.4.9 For each profession, both the theoretical and the learning in practice components of the training programme will be tailored in content and duration to deliver standards of knowledge and practice against each element of the Curriculum Framework that will allow safe practice.
- 1.4.10 Programmes will include sufficient emphasis on clinical decision-making, including a decision not to prescribe.

1.5 Current Knowledge Base/Professional Context

The relevant knowledge and expertise of chiropodists/podiatrists, physiotherapists and radiographers entering a training programme will depend on the nature of their practice and the length of their experience. The design and delivery of programmes will need to take account of the programme participants' range of background expertise, experience and skills and will be expected to confirm their competence in prescribing through appropriate assessment strategies.

Since August 2000⁵ chiropodists/podiatrists, physiotherapists and radiographers have been able to sell, supply or administer medicines as named individuals under Patient Group Directions.

1.5.1 Chiropodists/Podiatrists

In 1972, exemptions to the Medicines Act (1968) enabled podiatrists to obtain and administer local analgesics (LA) in the course of their professional practice. Approved podiatrists have LA rights identified on their registration certificate issued by the Health Professions Council (HPC).

In addition, podiatrists may now also hold a certificate of competence in the use of other specified medicines, and are able to obtain and supply these to patients in the course of their professional practice. These rights were granted under the Medicines (Pharmacy and General Sale – Exemption) Amendment Order 1998 (1998 Statutory Instrument 107) and the POM Order (1998, Statutory Instruments 108).

Separately certificated courses and examinations leading to both the above are included in all undergraduate podiatry programmes⁶. Postgraduate courses are also available for practitioners to update or gain these qualifications^{7,8}. All courses contain elements of general and specific pharmacology and include pharmacokinetics; pharmacodynamics; adverse drug reactions and drug interactions; drug dependency and abuse; and a knowledge of the law. Members of the Society of Chiropodists and Podiatrists in possession of the above certificates, are obliged to undertake periodic continuing professional development in both Local Anaesthesia and Pharmacology for Podiatrists, Access and Supply.

Following the 1998 report on the Supply and Administration of Medicines under Group Protocol, and the subsequent amendments to the Medicines Act 1968, many podiatrists now utilise PGDs to support their clinical work. These are particularly relevant where podiatrists are involved in surgical practice or the conservative management of the high-risk foot.

1.5.2 Physiotherapists

As part of their pre-registration courses⁹ all physiotherapists will have:

- significant subjective assessment and interviewing skills and be used to applying these in a range of settings.
- well developed objective assessment and handling skills and have applied these in a range of settings and with a variety of different pathologies.

- good clinical reasoning skills and applied these in a range of settings.
- good decision making skills related to a range of clinical settings.
- an understanding of pathologies of a range of conditions.
- good reflective practice skills both theoretical and applied. Most physiotherapy courses use reflective practice as a learning tool across all levels.

- experience of critically evaluating literature, this skill is developed across all levels but physiotherapists may demonstrate differing levels of ability particularly where they have come from a diploma background.
- a basic knowledge of pharmacology relating to a limited range of medicines. This may relate purely to drug management or it may be more applied to show the interrelationship between drug therapy and physiotherapy intervention.

At a postgraduate level some physiotherapists may:

- have undertaken education in order to use injection therapy to manage, for example, musculoskeletal injuries.
- have experiential knowledge of a range of medicines related to their area of expertise.

1.5.3 Radiographers

Diagnostic Radiographers

As part of their pre-registration courses¹⁰ Diagnostic Radiographers will have a thorough and detailed knowledge and understanding of:

- The pharmacology of medicines commonly encountered within imaging settings with a particular emphasis on contrast agents, associated medicines and pharmaceuticals
- The methods of administration of medicines.

Therapeutic Radiographers

As part of their pre-registration courses¹⁰ Therapeutic Radiographers will have a thorough and detailed knowledge and understanding of:

- The pharmacology of medicines commonly used in the relief of symptoms commonly encountered within the oncology setting, cytotoxic drugs, hormonal agents, imaging contrast agents and radiopharmaceuticals.
- The methods of administration of medicines.

1.6 Professional Codes of Ethics and Standards

1.6.1 Health Professions Council

The regulatory body for AHPs included in this outline curriculum is the HPC. The HPC has produced the following standards, which cover the practice of AHPs.

- Standards of Conduct, Performance and Ethics¹¹
- Standards of Education & Training¹²
- Standards of Proficiency – Chiropodists and Podiatrists¹³
- Standards of Proficiency – Physiotherapists¹³
- Standards of Proficiency – Radiographers¹³

1.6.2 It may also be useful to refer programme participants to Codes of Ethics and Professional Conduct issued by professional bodies such as the Society of Chiropodists and Podiatrists¹⁴, Chartered Society of Physiotherapy^{15, 16}, Society of Radiographers¹⁷.

1.7 Registration and Continuing Professional Development

A joint formal consultation by DH and MHRA on proposals to extend supplementary prescribing to Chiropodists/Podiatrists, Physiotherapists and Radiographers began in May 2004. Subject to the outcome of the consultation it is hoped that supplementary prescribing will be introduced for these professions from early 2005.

1.7.2 It is a legal requirement that, to practise, Allied Health Professionals (who are subject to statutory regulation) must be registered with the Health Professions Council (HPC).

1.7.1 If it is agreed that a Chiropodist/Podiatrist, Physiotherapist or Radiographer can practise as a supplementary prescriber, the registrant must have successfully completed a programme of study approved by the HPC and been issued with appropriate certification.

1.7.4 The Prescription Only Medicines Order made under the Medicines Act will require that the register of the HPC for these registrants be annotated to indicate that the registrant is competent to practise as a supplementary prescriber.

- 1.7.5 As with all registrants of the HPC, to remain on the annotated register Supplementary Prescribers will have to demonstrate that they continue to meet the Standards of Proficiency for safe and effective practice of their profession. Item 6 of the Council's Standards of Conduct, Performance and Ethics requires that registrants only practise in those fields in which they have appropriate education, training and experience. This involves a self-declaration on renewal of their registration.
- 1.7.6 From 2005, registrants will also have to meet the requirements of the Standards for Continuing Professional Development (CPD) of the HPC. This will be a self-declaration that they have kept up-to-date with practice within their current context and scope of practice. This will be subject to periodic audit requiring the registrant to submit evidence of their CPD to the HPC for scrutiny to support their claim.



2 ENTRY REQUIREMENTS

The safety of patients is paramount and the entry requirements focus on protection of patients including:

- The legal requirement to be registered to practise as an allied health professional
- The service need to protect patients – including development of new services and new roles
- Demonstrating and maintaining competence in a clinical speciality
- Supplementary prescribing as an adjunct to high level clinical practice
- Responsibility of services to identify a) where this development needs to occur and b) that potential prescribers are in roles which require such development.

All entrants to the programme must meet the following requirements:

- 2.1 Be registered with the Health Professions Council in one of the relevant Allied Health Professions
And
- 2.2 Be professionally practising in an environment where there is an identified need for the individual to regularly use supplementary prescribing
And
- 2.3 Be able to demonstrate support from their employer/sponsor including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe
And
- 2.4 Have an approved medical practitioner, normally recognised by the employing/Health Service commissioning organisation a) as having experience in a relevant field of practice, b) training and experience in the supervision, support and assessment of trainees, c) who has agreed to;
 - Provide the student with opportunities to develop competencies in prescribing
 - Supervise, support and assess the student during their clinical placement**And**
- 2.5 Have normally at least 3 years relevant post-qualification experience.
- 2.6 Programme providers must ensure through pre-programme assessment or from clear documented evidence that candidates have appropriate background knowledge and experience and are able to study at academic level 3.



3 AIM AND OBJECTIVE OF THE PROGRAMME

- 3.1 Aim – to develop the knowledge and skills required by an allied health professional to practice as a supplementary prescriber meeting the standards set by the Health Professions Council for entry on the Register as supplementary prescribers.
- 3.2.1 Objective – AHP supplementary prescribers will be able to demonstrate how they will prescribe safely, effectively and competently.



4. LEARNING OUTCOMES

By the end of the training programme participants will be able to:

- 4.1 Demonstrate effective partnership working with Independent Prescriber(s), patient(s) and the wider care team.
- 4.2 Develop and document a clinical management plan (CMP) within the context of a prescribing partnership.
- 4.3 Demonstrate effective consultation/assessment ^(a) skills including the following:
 - 4.3.1 Ability to communicate effectively with patients^(b) and carers.
 - 4.3.2 Ability to conduct a relevant physical assessment/examination of patients with those conditions for which they may prescribe.
 - 4.3.3 The process of effective clinical decision-making.
 - 4.3.4 How to assess patients' needs for medicines, taking account of their wishes, values, ethnicity and the choices they may wish to make in their treatment.
- 4.4 Understand the way medicines work in relation to the disease process (pharmacodynamics and pharmacokinetics).
- 4.5 Demonstrate the ability to monitor response to medicines and modify treatment or refer the patient as appropriate.
- 4.6 Identify sources of information, advice and decision support, eg *Prodigy* in primary care settings, and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines.
- 4.7 Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.

NOTES

(a) Wherever the term consultation is used in the document it refers to consultation/assessment as some professions use the term 'assessment' rather than 'consultation' as overarching terminology meaning the total of communication/physical assessment/decision making.

(b) It is recognised that the terms patient/client/user/customer may be used in different settings. The term patient is used throughout the document and encompasses all these terms.

- 4.8 Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to supplementary prescribing and demonstrate how the law relates to supplementary prescribing practice.
- 4.9 Demonstrate a reflective approach to continuing professional development of prescribing practice.
- 4.10 Demonstrate an understanding of the importance of record keeping in the context of medicines management including:
 - accurate recording in patients' notes.
 - the reporting of near misses.
 - adverse reactions.
 - ability to access the CMP



5 INDICATIVE CONTENT

The following areas of work should all be addressed to meet the learning outcomes for this programme of study.

5.1 Consultation and Decision-Making

- 5.1.1 When and how to apply the range of models of consultation.
- 5.1.2 Strategies to develop accurate and effective communication and consultation with professionals, patients and their carers.
- 5.1.3 How to build and maintain an effective relationship with patients and carers taking into account their values and beliefs.
- 5.1.4 Partnership working with the patient including the concordant approach and the importance of explaining why medication has been prescribed, side effects and other relevant information to enable patient choice
- 5.1.5 How to develop and document a CMP including referral to the independent prescriber and other professionals.
- 5.1.6 How to apply the principles of diagnosis and the concept of a working diagnosis.
- 5.1.7 How to understand and recognise personal limitations.

5.2 The Psychology of Prescribing and influencing Factors

- 5.2.1 Strategy for managing patient demand. - Patient demand versus patient need, the partnership in medicine taking, the patient choice agenda and an awareness of cultural and ethnic needs.
- 5.2.2 The external influences, at individual, local and national levels.
- 5.2.3 Personal attitudes and their influences on prescribing practice.

5.3 Prescribing in a Team Context

- 5.3.1 The role and functions of other team members
- 5.3.2 The professional relationship between independent prescriber (a doctor or dentist) and supplementary prescriber and those responsible for dispensing

- 5.3.3 The responsibility of the Supplementary Prescriber in the development and the delivery of the CMP.
- 5.3.4 The importance of communicating prescribing decisions within the team.
- 5.3.5 Interpretation of documentation including medical records, clinical notes and electronic health records.
- 5.3.7 How to manage the interface between multiple prescribers, and recognise the potential conflict and how that might be managed.
- 5.3.8 An overview of prescribing budgets.

5.4 General Principles and Application of Pharmacology and Therapeutics.

- 5.4.1 Principles of pharmacokinetics^(c) and drug handling – absorption, distribution, metabolism and excretion of drugs.
- 5.4.2 Pharmacodynamics^(d).
- 5.4.3 Changes in physiology and drug response, for example in the older person, young people, the effect of pregnancy and on women who are breast-feeding and the issues raised by ethnic origin.
- 5.4.4 Adverse drug reactions, interactions with drugs (including over-the-counter (OTC) products, prescription-only medicines (POMs), Complementary Medicines) and interactions with other diseases
- 5.4.5 Impact of co-morbidity and other treatments on prescribing and patient management
- 5.4.6 Selection of drug regimen

NOTES

(c) Pharmacokinetics: the study of the accumulation of drugs within the body, including the routes and mechanisms of absorption and excretion, the rate at which a drug's action begins and the duration of the effect, the biotransformation of the substance in the body, and the effects and routes of excretion of the metabolites of the drug.

(d) Pharmacodynamics: the study of how a drug acts on a living organism, including the pharmacologic response observed relative to the concentration of the drug at an active site in the organism.

5.5 Principles and methods of patient monitoring

- 5.5.1 Methods for monitoring the patient including interpretation and responding to patient reporting, physical examinations and laboratory investigations.
- 5.5.2 Relevant physical examination skills.
- 5.5.3 Assessing responses to treatment against the objectives of the clinical management plan
- 5.5.4 Working knowledge of any monitoring equipment used within the context of the clinical management plan
- 5.5.5 Identifying and reporting adverse drug reactions

5.6 Evidence-based Practice and Clinical Governance in relation to Supplementary Prescribing

- 5.6.1 Principles of evidence-based prescribing
- 5.6.2 Knowledge of national and local guidelines, protocols, policies, decision support systems and formularies – including rationale for, adherence to and deviation from such guidance
- 5.6.3 Reflective practice and continuing professional development – role of self and organisation
- 5.6.4 Auditing, monitoring and evaluating prescribing systems and practice including the use of outcome measures
- 5.6.5 Risk assessment and risk management
- 5.6.6 Analysis and learning from medication errors and near misses

5.7 Legal, Policy, Professional and Ethical Aspects

- 5.7.1 Policy context for prescribing
- 5.7.2 Professional judgement in the context of HPC Standards of Conduct, Performance and Ethics
- 5.7.3 Legal Basis for prescribing, supply and administration of medicines
- 5.7.4 Legal and regulatory aspects of controlled drugs and the practical application of these

- 5.7.5 Legal implications of advice to self medicate including the use of complementary therapy and OTC medicines
- 5.7.6 Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and “off-label” use.
- 5.7.7 Application of the law in practice, professional judgement, liability and indemnity.
- 5.7.8 Maintenance of professional knowledge and competence in relation to the conditions for which the allied health professional may prescribe.
- 5.7.9 Individual accountability and responsibility as a supplementary prescriber.
- 5.7.10 Accountability and responsibility to the employer or commissioning organisation.
- 5.7.11 Issues relating to consent.
- 5.7.12 Writing prescriptions in a range of settings.
- 5.7.13 Prescription pad security and procedures when pads are lost or stolen.
- 5.7.14 Record keeping, documentation and professional responsibility
- 5.7.15 Confidentiality, Caldicott and Data Protection
- 5.7.16 IT developments and their impact on prescribing including electronic patient records, e-prescribing
- 5.7.16 Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and ‘whistle blowing’ procedures

5.8 Prescribing in the Public Health Context

- 5.8.1 Duty to patients^(b) and society
- 5.8.2 Public health issues and policies, particularly the use of antimicrobials and resistance to them.
- 5.8.3 Inappropriate prescribing, over and under-prescribing.
- 5.8.4 Inappropriate use of medicines including misuse, under and over-use



6. TEACHING, LEARNING AND SUPPORT STRATEGIES

Teaching and learning strategies should be designed to allow students to demonstrate that they are familiar with the clinical conditions for which they may prescribe and their treatment, e.g. through the use of case presentations, seminars, tutorials etc.

They will also demonstrate how theory underpins practice

Teaching and learning strategies should recognise:

- 6.1 the background knowledge and experience of allied health professionals in aspects of medicines relevant to scope of practice, working with patients and the law relating to practice, recognising that these will vary between individuals/professional groups.
- 6.2 the requirement for an allied health professional to become familiar with the specified conditions for which they may prescribe and that some individual directed study may be necessary to achieve this.
- 6.3 the value added to learning by the need for additional self-directed study, group work and multi-disciplinary learning experiences with other trainee supplementary prescribers to ensure they have an appropriate level of knowledge commensurate with their supplementary prescribing responsibilities.
- 6.4 the value of case studies and significant event analysis in the learning process.
- 6.5 the need to encourage development of critical thinking skills and reflective practice and the means to accessing appropriate CPD and maintenance of CPD records – such as maintaining a CPD portfolio.
- 6.6 The period of Learning in Practice should ensure that each AHP can demonstrate:
 - competence in the relevant physical examination of patients with those conditions for which they may prescribe
 - ability to monitor and assess the responses of patients to treatment against the objectives in the clinical management plan and ability to make relevant changes to medication within the parameters detailed within the CMP
 - appropriate clinical decision-making
 - effective communication with the patient, the Independent Prescriber and the wider care team

- appropriate record-keeping
 - ability to document their learning as a Supplementary Prescriber.
- 6.7 The sponsoring organisation e.g. a primary care organisation or NHS Trust, and the education provider must ensure that the designated registered medical practitioner who provides supervision, support and shadowing opportunities for the student is familiar with the requirements of the programme and the need to achieve the learning outcomes.
- 6.8 The education provider must support the designated registered medical practitioner with a suitable framework (competence framework) to assess Learning in Practice
- 6.9 The role of the designated registered medical practitioner in assessing/verifying the clinical learning outcomes relating to the period of Learning in Practice.
- 6.10 The requirements for supervised learning in practice for nurses and midwives are detailed on the DH website and may be helpful to those developing programmes to train AHPs as supplementary prescribers.¹⁵



7. ASSESSMENT STRATEGIES

- 7.1 The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.
- 7.2 Assessment strategy should ensure that all the learning outcomes for the supplementary prescribing programme are able to be tested, both theory and practice
- 7.3 The learning outcomes should be assessed by a combination of methods to test knowledge, skills and a reflective approach to learning
- 7.4 Completion of the programme and confirmation of an award must be conditional on satisfactory completion of the practice experience. Poor performance in this element must not be compensated by other elements of the assessment.
- 7.5 Assessment strategies must be designed to confirm that the AHP is a safe and effective supplementary prescriber and that a major failure to identify a serious problem or an answer that would cause a patient harm should result in overall failure.



8. LENGTH OF PROGRAMME

- 8.1 The duration of the theoretical programme is expected to be at least **26 days**, normally over a period of three to six months and no longer than a period of twelve months. The programme will be expected to contain a range of delivery methods. In finalising programme requirements for this curriculum, the following factors will be taken into account:
- 8.1.1 The views of education providers on a realistic programme to deliver the curriculum normally over a period of three to six months to achieve the learning outcomes
 - 8.1.2 The compatibility of programmes for allied health professionals and supplementary prescribers from other disciplines provides opportunity to consider shared learning experiences
 - 8.1.3 The programmes for allied health professionals should contain an element of additional directed private study on the defined conditions and medicines for which they will be expected to prescribe treatments.
- 8.2 The period of learning in practice for an individual allied health professional should be sufficiently long to enable the allied health professional to demonstrate competence in the skills of supplementary prescribing practice and should be a minimum of **12 days**.
- 8.3 The length of the programme is expected to be at least **26 days** for the theoretical component and at least **12 days** for the learning-in-practice programme – a total of at least **38 days**.



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ANNEX 1

A. Membership of Allied Health Professional Supplementary Prescribing Steering Group

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Lesley Coles	University of Southampton
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Dr Catherine Duggan	Academic Department of Pharmacy, Barts and the London NHS Trust
Kay East (Chairperson)	Department of Health
Christina Freeman	Society and College of Radiographers
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Clive Jackson	National Prescribing Centre
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Maureen Morgan	Department of Health
Shelagh Morris	Department of Health
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Jim Pickard	University of Huddersfield
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Pen Robinson	Chartered Society of Physiotherapy
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