

Education and Training Committee, 17 November 2011

Update on independent prescribing for physiotherapists and chiropodists/podiatrists

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.

The Department of Health has now launched a consultation on their proposals to introduce independent prescribing. Subject to the outcomes of the consultation, the Department would then seek legislative change to introduce independent prescribing for chiropodists/podiatrists and physiotherapists.

Decision

This paper is to note, no decision is required.

Background information

The Committee has previously considered several papers on this topic. The most recent was at the Committee meeting on 9 June 2011:
<http://www.hpc-uk.org/assets/documents/1000353F20110609ETC07-curricframework-suppresp.pdf>

Resource implications

The resource implications would include drafting and consulting on the standards for prescribing, changes to the Register to incorporate the independent prescribing annotation and approving education programmes. These resource implications are already included within the workplan for 2011 - 2012 and will be included within workplans for subsequent years.

Financial implications

The financial implications would include the costs of consulting on standards, technology changes and of approving education programmes. It is expected that these financial costs will fall in the years 2012 - 2013 and 2013 - 2014 and will be accounted for accordingly.

Appendices

None

Date of paper

7 November 2011

Update on independent prescribing for physiotherapists and chiropodists/podiatrists

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 The Department of Health has now launched public consultations on their proposals to introduce independent prescribing for physiotherapists and chiropodists/podiatrists.¹
- 1.3 Currently, we annotate the Register to indicate where a registrant has undertaken additional training and has obtained entitlements to supply, administer or prescribe these medicines. The Prescriptions Only Medicines (Human Use) Order 1997 requires us to annotate the Register.
- 1.4 Where we annotate the Register, we also approve the education programmes and set standards linked to that annotation. This model will apply to the independent prescribing annotation, as we will approve the education programmes delivering training and set standards for independent prescribing.
- 1.5 This paper sets out how we will take forward work to implement independent prescribing rights for chiropodists/podiatrists and physiotherapists.

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.²
- 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 supplementary prescriber cannot prescribe a medicine which is not referred to in the plan.

¹ www.dh.gov.uk/health/2011/09/independent-prescribing/

² Department of Health, 'Medicines Matters' July 2006

- 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.³
- 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 chiropodists/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 Department has now launched the consultation on their proposals. The consultation closes on 8 December. Subject to the outcomes of the consultation, the Department of Health will then work with the Medicines and Healthcare Products Regulatory Agency to bring about legislative change to implement independent prescribing. It is currently anticipated that the legislative change will be effective from autumn 2012, though this may be subject to delay.
- 1.15 It is therefore important that we progress our work to implement independent prescribing so that we can allow sufficient time to consult on our standards and prepare our processes before the change is implemented.

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

2. Standards for prescribing

Existing standards

- 2.1 The standards of proficiency are the threshold standards necessary for safe and effective practice within a profession. Most standards of proficiency relate to competencies that individuals must gain before they apply to join the Register. Once on the Register, they must continue to meet the relevant standards for their scope of practice.
- 2.2 In addition to these standards of proficiency, we also currently set a standard of proficiency for chiropodists/podiatrists, physiotherapists and radiographers who undertake supplementary prescribing. The standard is incorporated within the standards of proficiency for the relevant profession and says:

'know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber'
- 2.3 In addition to meeting this standard, supplementary prescribers would also have to meet the other standards of proficiency relevant for their scope of practice, as well as the standards of conduct, performance and ethics and standards for continuing professional development.
- 2.4 The standard of proficiency related to supplementary prescribing currently sits within the pre-registration standards for the particular profession. This is anomalous as the standard for supplementary prescribers can only be met by individuals who have completed their pre-registration training and are now registered with us. This standard is not therefore a pre-registration standard.

New standards

- 2.5 The Committee agreed at its meeting in September 2010 that the Executive should draft standards for prescribing which would sit within a separate document, rather than the existing standards of proficiency.
- 2.6 Under the Health Professions Order 2001 ('the Order'), we have powers to set standards of education and training for post-registration qualifications, but no express powers to set standards of proficiency for post-registration qualifications.
- 2.7 However, the standards of education and training are described in the Order as the standards necessary to achieve the standards of proficiency that the Council has set. Therefore, although the legislation does not give express powers to produce standards of proficiency for post-registration qualifications, the definition of standards of education and training means that we can produce standards of proficiency.
- 2.8 In the paper presented in September 2010, the Executive suggested that a practical solution to the situation would be to produce standards of

education and training and standards of proficiency for post-registration qualifications which can sit within a single document. These would be the standards for prescribing.

2.9 As set out in paragraph 1.14 above, the Department of Health is currently running a formal consultation on their proposals to introduce independent prescribing. The Executive should therefore begin work to prepare the standards so that they are ready in time for the introduction of independent prescribing (subject to legislative change).

2.10 The Executive proposes the following timetable for producing the standards:

Standards development	November 2011 – February 2012
Agreement of draft standards by ETC	March 2012
Approval of draft standards by Council	March 2012
Consultation on draft standards	April – July 2012
Approval of final standards by ETC	September 2012
Approval of final standards by Council	October 2012