

## Education and Training Committee – 5 March 2015

Review of the Health and Care Professions Council (HCPC) amended approval process for supplementary and independent prescribing (SPIP) post-registration education and training programmes in the 2013–14 academic year

### Executive summary and recommendations

#### **Introduction**

This paper details and analyses outcomes from approval activities relating to post-registration prescribing programmes in the 2013–14 academic year. This follows the legislative changes to extend independent prescribing rights to appropriately trained chiropodists / podiatrists and physiotherapists in August 2013, and the development of standalone HCPC standards for prescribing. Specifically, the report focuses on the amended paper based approval process, along with outcomes from this process.

Following the publication of this report on our website on 13 January 2015, we plan to publicise it via a blog piece and posts on social media. We have already featured it in the January issue of the Education Department's regular stakeholder newsletter, Education Update.

#### **Decision**

This paper is for information only. No decision is required.

#### **Background information**

- Council paper, 27 March 2013 – Outcomes of the consultation on standards for prescribing
- Education and Training Committee paper, 15 November 2012 – Supplementary and independent prescribing programmes - approval and monitoring plans

#### **Resource implications**

None

#### **Financial implications**

None

#### **Date of paper**

18 February 2015

Review of the Health and Care Professions Council (HCPC) amended approval process for supplementary and independent prescribing (SPIP) post-registration education and training programmes in the 2013–14 academic year

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## About this document

This paper focuses on the amended approval process undertaken by the Health and Care Professions Council (HCPC) for post-registration prescribing education and training programmes delivered by education providers in the United Kingdom.

The paper also provides background to, and information about, the legislative changes to extend independent prescribing rights to appropriately trained chiropodists / podiatrists and physiotherapists, which was passed on 20 August 2013.

The data used in this report is correct as of 31 August 2014.

### **Overview of our approval and monitoring processes**

Our approval and monitoring processes are in place to ensure that:

- programmes meet our education standards;
- those who complete approved programmes are able to demonstrate the expected knowledge, understanding and skills for their relevant profession or entitlement; and
- all programmes are assessed fairly and consistently.

Prior to making an assessment, we ask programmes to submit documentation which supports how they meet our standards. We also ensure that we have profession specific input so we can be confident that we are making well informed decisions about programme approval.

The types of documentary submission are comparable across our approvals and monitoring processes, and the burden of evidence in demonstrating how programmes meet our standards falls to the education provider. Therefore, we are able to adapt our processes if there is a particular need to.

## Section one – Extension of prescribing rights

### **Independent prescribing for allied health professions**

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (traditionally a doctor or dentist) and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient's agreement. Chiropodists / podiatrists, physiotherapists and radiographers are able to become supplementary prescribers if they complete appropriate training and have their entry on our Register annotated.

Independent prescribing is prescribing by an appropriately qualified practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management, including prescribing. Independent prescribers can prescribe any medicine for any medical condition within their competence.

Supplementary prescribers must only prescribe a medicine where it is referred to in the CMP. By contrast, independent prescribers have greater prescribing autonomy and can prescribe any medicine for any condition where they have the competence and knowledge to do so safely and effectively, without reference to a CMP.

### **Changes to prescribing legislation**

In 2009, the Department of Health (DH) published a scoping report looking at the use of medicines by the allied health professions (AHPs)<sup>1</sup>. The report looked at whether prescribing and medicines supply mechanisms for AHPs should change to address patient and service needs. The project found a strong case for extending independent prescribing to chiropodists / podiatrists and physiotherapists.

In July 2012, the DH announced that legislation would be passed to allow appropriately trained chiropodists / podiatrists and physiotherapists to act, and be annotated on our Register, as independent prescribers.

### **Working with our stakeholders**

Throughout the process to pass the legislation, we engaged with the DH, professional bodies, service providers and education providers in a variety of ways. We were part of the DH led Allied Health Professionals Medicines Project Board and the Education Working Group of this board. The Project Board facilitated communication about the progress of the project between stakeholders. We also responded to relevant consultations, and advertised these consultations to broaden stakeholder engagement.

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<sup>1</sup> Available at

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_103948](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103948)

## Section two – Prescribing programmes

### **Standards for prescribing**

As part of the legislative change, we produced standards for prescribing. To develop these standards, we engaged with stakeholders and undertook a public consultation<sup>2</sup>. Respondents to the consultation included:

- individuals;
- professional bodies from the professions we regulate;
- professional bodies from other professions able to prescribe independently;
- universities;
- the Department of Health; and
- NHS trusts, foundation trusts and boards.

The standards are split into two sections:

- standards for education providers; and
- standards for all prescribers (which includes additional standards for independent prescribers only).

The standards for education providers are based on our standards of education and training (SETs) which we hold pre-registration education and training programmes to from the 16 professions that we regulate. The standards for all prescribers are proficiency based, and expand upon the standard of proficiency required of chiropodists / podiatrists, physiotherapists and radiographers who undertake supplementary prescribing.

The standards for prescribing came into effect from August 2013, following the legislation passing.

### **Types of independent prescribing training**

Based on the Allied Health Professions Federation's curricula frameworks for independent prescribing, we expected to approve two types of IP programme:

- Standalone programmes – if the programme takes students with no prescribing annotation and delivers training in supplementary and independent prescribing; and
- Supplementary prescribing to independent prescribing conversion programmes – if the programme takes existing supplementary prescribers and delivers training in independent prescribing.

Due to the way the competency standards for prescribers are structured, any programme delivering the standards for independent prescribers must also deliver (or ensure individuals admitted to the programme can demonstrate) the standards for all prescribers. An individual with the independent prescribing annotation would also be annotated with supplementary prescribing on our Register. We therefore refer to programmes delivering independent prescribers as “supplementary and independent prescribing” (SPIP) programmes.

### **Programme names and annotation**

Education providers sometimes struggled with this distinction. They often read us describing programmes as “supplementary and independent prescribing” as the

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<sup>2</sup> The consultation and the results analysis can be found on our website at [www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=151](http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=151)

programme delivering either supplementary or independent prescribing, depending on the profession of the individual undertaking the programme (ie supplementary prescribing for radiographers, and independent prescribing for chiropodists / podiatrists and physiotherapists). The misunderstanding of annotating different individuals with different entitlements could have been a misunderstanding of which prescribing rights each profession is entitled to. This could impact on our future work if prescribing rights are widened to other professions that we regulate, but not always to independent prescribing.

Another issue arising from the structure of the proficiency standards has led to education providers having large suites of programmes, with exit points for “SP only” programmes contributing to programme numbers, along with multiple modes of study and levels of qualification.

## Section three – Visitors

### **Visitor recruitment and allocation**

When the legislation passed, there were no individuals with their registration records annotated with independent prescribing, because no training had been approved for records to be annotated.

We set rules about selecting visitors for independent prescribing approvals and monitoring work<sup>3</sup>, which defined that at least one of the visitors that review a programme must be from a non-medical prescribing profession which is currently entitled to undertake independent prescribing training (a nurse or pharmacist), who is registered, and has the entitlement recorded on their respective register.

We recruited independent prescribing visitors to competencies that were based on the competencies for the visitors or our 16 professions. We will continue to engage the current independent prescribing visitors with future approval and monitoring work until we have a reasonable pool of HCPC registered visitors with the independent prescribing annotation.

### **Visitor training**

We ran a mandatory training session for our independent prescribing visitors over a two day period. The training focused on understanding the legislation that underpins the HCPC and our functions, along with decision making, working collaboratively (including transparency and confidentiality), conflicts of interest, our standards and processes, and equality and diversity. We also focused on the particular nuances of approving prescribing training for AHPs, such as the prescribing standards and the link to SETs, and how prescribing works for the different professions. Due to the delay in the legislation passing, there was a gap of nine months between the training taking place and the first work that independent prescribing visitors undertook for us.

To help remedy this, and in order to support the independent prescribing visitors in their decision making, we sent information prior to them first undertaking for us, which included a covering email explaining how the days would work, along with the slides from their initial training. We also delivered a training presentation at the start of the assessment days (discussed below). To ensure consistency in our decision making, each independent prescribing visitor was supported by a member of the HCPC team, and formed a panel with an experienced registrant visitor (who was able to consider SP programmes).

Feedback suggested that some of the visitors would have liked more information about how the process would function at the start of the first assessment day. We will consider this feedback when taking forward other work as part of our approval and monitoring processes.

### **Visitors' reports**

For the approval process, visitors' reports detail the visitors' recommendation about whether a programme should be granted open-ended approval. To recommend a programme for approval, the visitors must be assured that the programme meets the

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<sup>3</sup> These rules are defined in a paper submitted to the Education and Training Committee in September 2012, which is available at [www.hcpc-uk.org/assets/documents/10003C4C12-visitorcriteria-independentprescribing.pdf](http://www.hcpc-uk.org/assets/documents/10003C4C12-visitorcriteria-independentprescribing.pdf)

relevant HCPC education standards, and that individuals that complete the programme meet the relevant proficiency standards. As part of the amended approval process, visitors could make one of two recommendations about programme approval:

- there is sufficient evidence to show the programme meets the standards for education providers part of the standards for prescribing, and therefore that the programme be approved; or
- there is insufficient evidence to determine if or how the programme meets the standards for education providers part of the standards for prescribing. Therefore, a visit is recommended to gather more evidence, and if required place conditions on approval of the programme.

## Section four – Assessment of prescribing programmes

### **Amended approval process**

We developed an amended paper-based approval process to consider whether programmes delivered by an education provider with an HCPC approved SP programme met the standards for prescribing. This process was drawn from our existing approval and monitoring processes. If an education provider did not already deliver an HCPC approved SP programme, they were required to complete the full approval process and gain approval before starting to run the new prescribing programme.

The amended approval process operated on a similar basis to the existing “approval of stand-alone prescription only medicine (POM) programmes major change process”. This process enables us to approve stand-alone POM programmes through the major change process if the education provider delivers an approved chiropodist / podiatrist programme.

Before the change in legislation, we had ensured that all approved SP programmes met the standards of education and training (SETs) as part of our approval and monitoring work. As new or amended prescribing programmes at these education providers were based on these approved programmes, and as the standards for prescribing were based on the SETs, we could be satisfied that these programmes would meet some of the standards for prescribing. However, the way education providers met other standards for prescribing would likely be different within the context of introducing independent prescribing for AHPs to these programmes.

For example, we did not expect education providers to need to evidence standard B.13 (there must be a student complaints process in place), as they were unlikely to have changed the student complaints process when amending their prescribing provision in line with the legislative changes. But we did expect them to demonstrate how the programme meets standard B.6 (subject areas must be taught by staff with relevant specialist expertise and knowledge), because the judgement that we made previously about staffing for the equivalent SET was based on the programme delivering training in supplementary prescribing only.

We were aware that it was already commonplace for education providers to deliver IP programmes for professions that we do not regulate (pharmacists and nurses). But we needed to satisfy ourselves that independent prescribing could be supported for our professions and in relation to our standards.

We consulted two visitors when deciding which standards education providers would need to evidence through the amended approval process. One visitor was an experienced educationalist from one of the 16 professions that we regulate, and one was a newly appointed independent prescribing visitor. We put the burden on the education provider to tell us if there were significant differences to the way the new or amended programme met the standards for prescribing as compared to the equivalent SETs. This is similar to the requirements made of education providers when they engage with our annual monitoring and major change processes.

### **Communications**

Prior to, and soon after, the passing of legislation, we wrote to education providers which delivered approved SP programmes outlining how the amended approval

process would work, including what their responsibilities would be should they wish to engage with the process. We advised education providers that we planned to assess programmes planning to deliver independent prescribing for AHPs in November 2013 via a series of assessment days.

We disseminated information by ensuring our website was kept up to date, via direct emails to SP programme leaders, and to a wider audience by including articles in our stakeholder newsletter, Education Update.

### **Assessment days**

We assessed prescribing programmes via the amended approval process at a series of assessment days in November 2013, which ran similarly to our annual monitoring assessment days. At these assessment days, two visitors considered how programmes met the standards for prescribing by reviewing a series of documentation supplied by the education provider<sup>4</sup>.

If the visitors were unclear how a standard was met, they were able to request further documents from the education provider. There are 49 specific standards which visitors could request further documentation for. Programmes had two opportunities to demonstrate how they met the prescribing standards before our final decision about the approval of the programme.

### **Timeframes**

We expected that the first prescribing programmes considered via this process would be approved in December 2013, with the first programmes being able to run from January 2014. Following the legislation passing, there were several considerations that we needed to make around timescales for new programmes being approved. For example, education providers needed to prepare and submit high quality documentation, we needed to arrange assessment days and review this documentation, and meeting dates of the Education and Training Committee where programmes need to be formally approved are fixed. Therefore, programmes would only be able to run from January 2014 if visitors determined that they met the standards at first attempt at the assessment days.

However, the amended approval process gave eligible education providers the opportunity to gain approval for prescribing programmes in a significantly shorter timeframe than the standard approval process. On average, programmes were approved ten weeks after their documentary submission, which is less than half of the average in the 2013-14 academic year for programmes via the full process (22 weeks). This demonstrates that we are able to amend our processes to support the work and initiatives of health and care service providers.

The process also reduced the burden of work required for education providers to evidence how they met the required standards when compared to the full approval process. The process was a proportionate assessment, requiring less organisational resource to carry out approval assessments. It will continue to be available on an ad hoc basis when an eligible education provider requests assessment.

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<sup>4</sup> The standards for prescribing mapping document for the amended approval process, which details the standards that need to be evidenced as part of the process, along with the documentation required, can be found on our website at [www.hcpc-uk.org/Assets/documents/100043D5Standardsforprescribingmapping\(amendedapprovalprocessforprescribingprogrammesonly\).doc](http://www.hcpc-uk.org/Assets/documents/100043D5Standardsforprescribingmapping(amendedapprovalprocessforprescribingprogrammesonly).doc)

## Section five – Outcomes of the amended approval process

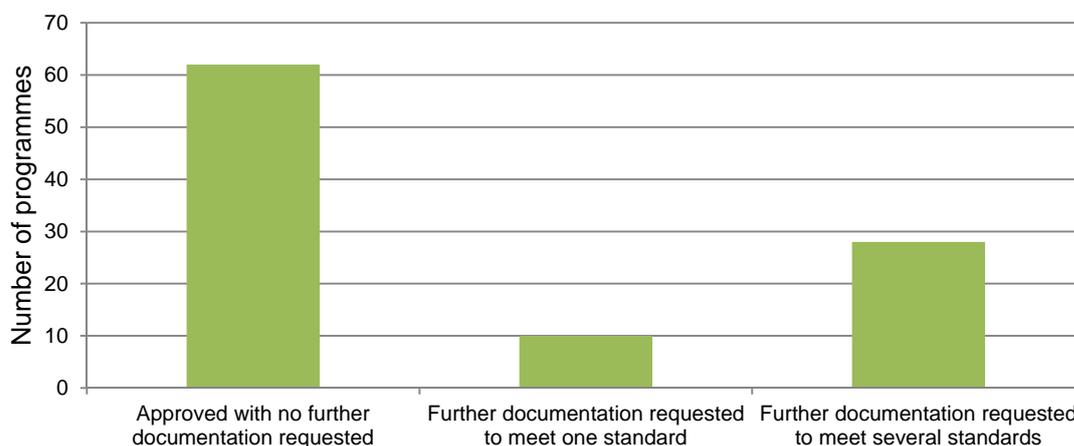
We reviewed 100 prescribing programmes at the assessment days in November 2013. All of these programmes were approved by February 2014<sup>5</sup>. Of the 52 education providers contacted to engage with the process, 44 had programmes assessed at the assessment days.

As a result of this process, 31 approved programmes were closed by education providers who considered and rationalised their whole prescribing provision as part of the process. The closed programmes were all SP programmes, which were often replaced by new iterations of SP programmes.

### Requests for further documentation

Visitors were able to request further documentation if they were not satisfied that a standard was met following their review of the documentation. Visitors needed to be satisfied that programmes met all of the standards before recommending them for approval.

**Graph 1 – Number of programmes requested to provide further documentation**



Graph 1 shows how many prescribing programmes were requested to provide further documentation before the programme was approved. Sixty-two per cent of the programmes assessed met the standards for education providers without the need for additional documentation. This outcome contrasts with the full approval process, where only three per cent of programmes visited in 2012-13 were approved at the first time of asking, without needing to meet conditions.

The contrast in outcomes stems from education providers not fundamentally altering their existing prescribing provision to include independent prescribing training for AHPs. All of the education providers that engaged with this process ran existing HCPC approved SP programmes, and many ran IP programmes for nurses and pharmacists. The education providers were familiar with our processes as they already delivered HCPC approved SP programmes.

In addition to this, we can see parallels to our approval work. When considering programmes via the full approval process, we set fewer conditions for already approved programmes that are visited as a result of our monitoring processes when

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<sup>5</sup> A list of all prescribing programmes assessed via this process over the period covered in this report can be found in Appendix 1.

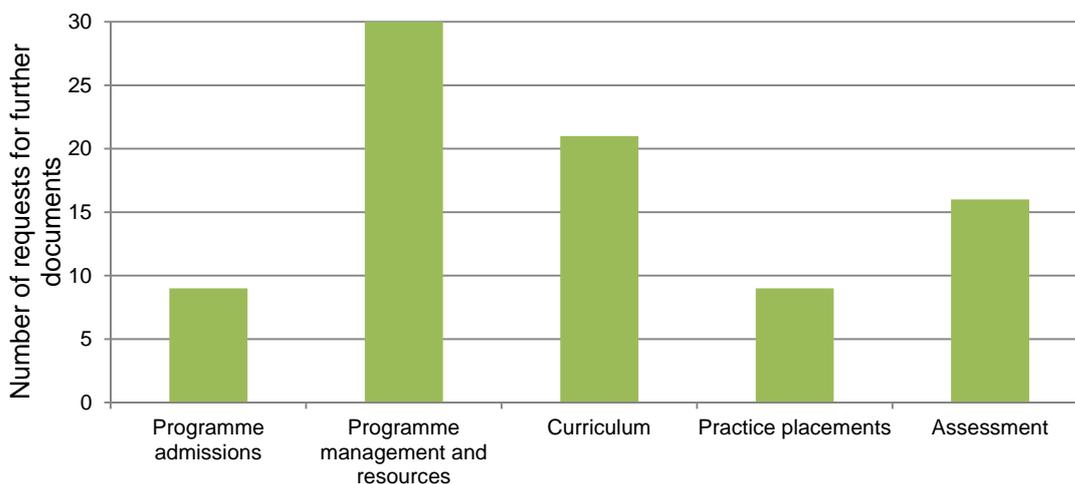
compared to new programmes, and programmes from new professions to our regulatory model. This is because existing programmes are more familiar with our regulatory requirements. For both of these reasons, a high proportion of education providers were able to demonstrate how they met the standards at the first attempt, and we did not need to visit any programmes as a result of this process

Importantly, none of the outcomes from the assessment days are indicative of a specific risk profile for prescribing as an annotation, or a particular difficulty in engaging with our broad standards and flexible processes.

### **Areas where we requested further documentation**

There are 49 standards for education providers, which are split into five areas. When considering requests for further documentation, it is important to remember that we were satisfied that programmes had met equivalent standards when they were delivering training in supplementary prescribing (only) for AHPs, and therefore we considered how programmes met the standards for prescribing within the context of the introduction of independent prescribing for AHPs.

**Graph 2 – Number of requests for further documentation for SPIP programmes considered at the November 2013 assessment days – by broad standard area**

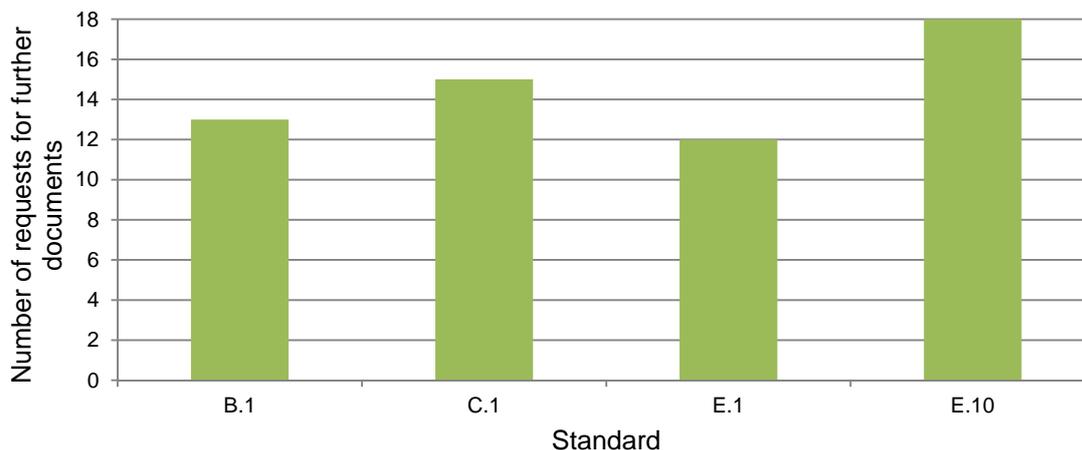


Graph 2 illustrates that requests for further documentation were made most often for programme management and resources standards, followed by curriculum, and then assessment. Requests for further documentation for curriculum, practice placements and assessment standards often focused on specific areas of programme design, management and delivery. In contrast, requests placed on programme admissions and programme management and resources frequently related to the clarity and completeness of programme documentation.

Issues with documentation and mapping are important for us to pick out, as the documents underpin how the programme runs in every area. We require documentation to communicate expectations about how the programme will interact with its stakeholders (such as students and practice placement educators), and that it clearly defines the roles and responsibilities of all parties in the running of the programme. The visitors flagged the importance of clear mapping in their feedback about the process. They also flagged that poor mapping had a negative impact on making evidence based judgements about whether programmes met the standards, which led to more requests for further documentation.

In other approval work, we often set a high number of conditions on the standards relating to practice placements, as practice placements are the area where education providers must work with a large number of stakeholders and invest both time and resources. In this instance, practice placements were one of the areas where we noted fewer concerns than in other areas. This was due to new programmes being based on existing HCPC approved programmes, and therefore tried and tested policies and procedures being in place between the education provider and practice placement provider.

**Graph 3 The four standards with the most requests for further documentation**



Graph 3 identifies the standards where the visitors most frequently requested further documentation to demonstrate how the standard was met.

### **Programme management and resources**

Standard B.1 requires that “the programme must have a secure place in the education provider’s business plan.” The requests for further documentation in this area often related to programmes demonstrating security, with adequate resources and financial support, and having a clear long-term strategy. When making these requests, visitors were unable to see that education providers had considered how incorporating independent prescribing for AHPs would impact on their prescribing provision more broadly. An example of this was that commissioning numbers provided were often inclusive of nurse and pharmacist prescribers without specific breakdown to a professional level. Therefore, visitors could not see how numbers were specifically commissioned for chiropodists / podiatrists and physiotherapists.

### **Curriculum and assessment**

Standard C.1 requires that “the learning outcomes must ensure that those who successfully complete the programme meet the standards for independent and / or supplementary prescribers.” Standard E.1 requires that “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.” Requests for further documentation regarding the curriculum often focused on how the learning outcomes ensured that individuals completing the programme meet our standards for prescribing. This resulted in a high number of requests against standard C.1 and E.1. This is because if it is not clear where one or more of the prescribing standards is being delivered through learning outcomes, it will also be difficult to see where it is assessed.

Prior to the introduction of the standards for prescribing, SP programmes needed to demonstrate how they delivered and assessed a particular standard of proficiency for chiropodists / podiatrists, physiotherapists and radiographers to “know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber”. The standards for prescribing are more specific in defining the “key concepts”. Therefore, the exercise that education providers needed to complete to demonstrate how they delivered and assessed the “key concepts” was more complex. When assessing programmes, we were able to pick out specific issues with how education providers delivered particular prescribing competencies, by linking these issues back to how the prescribing standards were delivered and assessed. Requests for further documentation were made when it was unclear how a programme’s learning outcomes and assessments ensured students met the standards for all prescribers (including the additional standards for independent prescribers only, where required) upon completing the programme.

Standard E.10 requires education providers to ensure that “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 HCPC Register.” In many cases, education providers supplied information about who the current external examiner (EE) for the programme was, but did not supply information about the policies relating to the appointment of EEs. This was despite us specifically requesting “appropriate extracts from assessment regulations relating to... external examiners”. We asked to see this information so we could be satisfied not just of the current EE arrangements, but also that programmes have a policy in place to ensure that the arrangements continue to meet our standards in the future. All requests for further documentation in this area related to ensuring policies relating to EEs were appropriate, and were reflected in the programme documentation.

### **Approval visits to SPIP programmes**

In November 2013, we also assessed two SPIP programmes via our full approval process, as the education provider did not deliver an HCPC approved SP programme. We recommended that these programmes were approved subject to them meeting two conditions for standard B.9. The education provider met the conditions and the programmes are now approved.

### **Existing supplementary prescribing programmes**

As stated earlier in this report, education providers often closed existing SP programmes and opened new SP programmes when rationalising their prescribing provision. When education providers left existing SP programmes open but had an IP programme approved through the amended approval process, we did not formally consider whether the SP programme met the standards for prescribing.

Since the assessment days, we have made the judgement that these programmes meet the standards for prescribing as they were always routes through approved SPIP programmes. We considered that an additional 33 SP programmes met the prescribing standards. These programmes were only at education providers which engaged with the amended approval process and had their SPIP programmes approved.

## Section six – Conclusions

After the passing of the legislation in 2013, and the introduction of standards for prescribing, we developed a robust and proportionate process to approve supplementary and independent prescribing programmes. We based this process on our tried and tested operational processes.

We can be confident that the process was robust as it allowed us to ask for further evidence from education providers when we were not satisfied that programmes met our standards, and one of the potential outcomes from the process was to visit programmes, although this is not an option that we needed to use. We requested further documents from a significant proportion (38 per cent) of programmes in order to be able to recommend them for approval.

We can demonstrate that the process was proportionate as a high number (85 per cent) of eligible education providers engaged with the process at the first opportunity. This shows that the ability to deliver the independent prescribing annotation was desirable for education providers, and that they considered the process practical to engage with along a reasonably short timeframe.

This is the first time that we have undertaken an amended approval process on this scale. The outcomes from the two assessment days show this process is robust and captured all of the evidence required to make informed decisions about whether programmes met our standards. On average, programmes were approved twelve weeks quicker than they would have been if we had assessed them via our full approval process. We can be confident that, even with this shortened timeframe, we were able to make strong evidence based decisions about programme approval.

The programmes that have been through the amended approval process have demonstrated how they meet our standards for prescribing. Therefore, we have granted open-ended approval to these programmes and it will remain in place, subject to meeting our ongoing monitoring requirements.

The outcome of approving these programmes is that individuals from the relevant professions can have their registration record annotated as an independent prescriber, once they complete the relevant training.

## Appendix 1 – List of prescribing programmes approved via the amended approval process

<b>Education provider</b>	<b>Programme name</b>	<b>Mode</b>	<b>Entitlement</b>	<b>Date approved</b>
Anglia Ruskin University	Advanced Non-Medical Prescribing (level 7)	Part Time	SPIP	03 December 2013
Anglia Ruskin University	Advanced Non-Medical Prescribing (level 7) (SP only)	Part Time	SP	03 December 2013
Anglia Ruskin University	Non-Medical Prescribing (level 6)	Part Time	SPIP	03 December 2013
Anglia Ruskin University	Non-Medical Prescribing (level 6) (SP only)	Part Time	SP	03 December 2013
Bangor University	Non medical / Independent prescribing	Part Time	SPIP	03 December 2013
Bangor University	Supplementary to Independent Prescribing	Part Time	SPIP	03 December 2013
Birmingham City University	Non-Medical Prescribing for Allied Health Professionals (Undergraduate)	Full Time	SPIP	13 February 2014
Birmingham City University	Non-Medical Prescribing for Allied Health Professionals (Undergraduate)	Part Time	SPIP	13 February 2014
Birmingham City University	Non-Medical Prescribing for Allied Health Professionals (Undergraduate) (Conversion)	Full Time	SPIP	13 February 2014
Birmingham City University	Non-Medical Prescribing for Allied Health Professionals (Undergraduate) (Conversion)	Part Time	SPIP	13 February 2014
Birmingham City University	Principles of Prescribing for Allied Health Professionals (Post Graduate)	Full Time	SPIP	13 February 2014
Birmingham City University	Principles of Prescribing for Allied Health Professionals (Post Graduate)	Part Time	SPIP	13 February 2014
Birmingham City University	Principles of Prescribing for Allied Health Professionals (Post Graduate) (Conversion)	Full Time	SPIP	13 February 2014
Birmingham City University	Principles of Prescribing for Allied Health Professionals (Post Graduate) (Conversion)	Part Time	SPIP	13 February 2014
Bournemouth University	Supplementary and Independent Prescribing For Physiotherapists and Chiropodists / Podiatrists	Part Time	SPIP	03 December 2013
City University	Independent and Supplementary Non-Medical Prescribing Programme (V300)	Part Time	SPIP	03 December 2013
City University	Supplementary Prescribing	Part Time	SP	03 December 2013
Coventry University	Certificate in Non-Medical Prescribing (Level 3)	Part Time	SPIP	03 December 2013
Coventry University	Certificate in Non-Medical Prescribing (M Level)	Part Time	SPIP	03 December 2013
De Montfort University	BSc Non-Medical Prescribing	Part Time	SPIP	03 December 2013
De Montfort University	Post Graduate Certificate Non-Medical Prescribing	Part Time	SPIP	03 December 2013
Edge Hill University	Non-Medical Prescribing (Level 6)	Part Time	SPIP	03 December 2013

Edge Hill University	Non-Medical Prescribing (Level 7)	Part Time	SPIP	03 December 2013
Edinburgh Napier University	AHP SP - IP Conversion course	Part Time	SPIP	03 December 2013
Edinburgh Napier University	Non Medical Prescribing for Nurses Midwives and Allied Health Professionals	Part Time	SPIP	03 December 2013
Edinburgh Napier University	Radiographer Supplementary Prescriber	Part Time	SP	03 December 2013
Glasgow Caledonian University	AHP Supplementary Prescribing to Independent Prescribing Conversion	Part Time	SPIP	03 December 2013
Glasgow Caledonian University	Non-Medical Prescribing SCQF Level 10	Part Time	SPIP	03 December 2013
Glasgow Caledonian University	Non-Medical Prescribing SCQF Level 11	Part Time	SPIP	03 December 2013
Glasgow Caledonian University	Non-Medical Prescribing SCQF Level 9	Part Time	SPIP	03 December 2013
Keele University	Independent and Supplementary Prescribing for Allied Health Professionals	Part Time	SPIP	03 December 2013
Liverpool John Moores University	Independent & Supplementary Prescribing (NMP)	Part Time	SPIP	13 February 2014
Liverpool John Moores University	Independent & Supplementary Prescribing (NMP) (Level 7)	Part Time	SPIP	13 February 2014
London South Bank University	Conversion to Independent Prescribing for Physiotherapists and Podiatrist Supplementary Prescribers	Part Time	SPIP	03 December 2013
London South Bank University	Postgraduate Certificate in Non-Medical Prescribing	Part Time	SPIP	03 December 2013
Manchester Metropolitan University	Non-Medical Prescribing	Part Time	SPIP	13 February 2014
Medway School of Pharmacy	Postgraduate Certificate in Independent and Supplementary Prescribing	Distance Learning	SPIP	03 December 2013
Northumbria University at Newcastle	Prescribing for Non-Medical Health Professionals	Part Time	SPIP	13 February 2014
Oxford Brookes University	Independent / Supplementary Prescribing for Allied Health Professions (v300) Level 6	Part Time	SPIP	13 February 2014
Oxford Brookes University	Independent / Supplementary Prescribing for Allied Health Professions (v300) PG level 7	Part Time	SPIP	13 February 2014
Oxford Brookes University	Independent Prescribing (conversion course) for Allied Health Professions: (PG Level 7)	Part Time	SPIP	13 February 2014
Sheffield Hallam University	Non-Medical Prescribing	Part Time	SPIP	03 December 2013

Sheffield Hallam University	Non-Medical Prescribing	Part Time	SP	03 December 2013
Staffordshire University	Independent/Supplementary Prescribing for Allied Health Professionals	Part Time	SPIP	13 February 2014
Swansea University	Non-Medical Prescribing	Part Time	SPIP	13 February 2014
Teesside University	Advancing from Supplementary to Independent Prescribing	Part Time	SPIP	03 December 2013
Teesside University	Advancing Non Medical Prescribing (postgraduate)	Part Time	SPIP	03 December 2013
Teesside University	Non Medical Prescribing (undergraduate)	Part Time	SPIP	03 December 2013
The Robert Gordon University	Non Medical Prescribing (SCQF Level 11)	Part Time	SPIP	03 December 2013
The Robert Gordon University	Non Medical Prescribing (SCQF Level 9)	Part Time	SPIP	03 December 2013
The University of Bolton	Non-Medical Prescribing IP and/or SP (HE6)	Part Time	SPIP	03 December 2013
The University of Bolton	Non-Medical Prescribing IP and/or SP (HE7)	Part Time	SPIP	03 December 2013
The University of Bolton	Non-Medical Supplementary Prescribing (Radiographer)	Part Time	SP	03 December 2013
University Campus Suffolk	Non-Medical Independent and/or Supplementary Prescribing	Part Time	SPIP	03 December 2013
University of Bradford	Practice Certificate in Supplementary Prescribing	Part Time	SP	13 February 2014
University of Bradford	Prescribing for Healthcare Professionals	Part Time	SPIP	13 February 2014
University of Brighton	Independent Prescribing (1)	Part Time	SPIP	03 December 2013
University of Brighton	Supplementary Prescriber to Independent Prescriber Conversion Programme	Part Time	SPIP	03 December 2013
University of Central Lancashire	Advanced Certificate Non Medical Prescribing	Part Time	SPIP	03 December 2013
University of Chester	Non-Medical Prescribing	Part Time	SPIP	03 December 2013
University of Chester	Supplementary Prescribing	Part Time	SP	03 December 2013
University of Cumbria	Non-Medical Prescribing for AHPs (level 6) (Conversion)	Part Time	SPIP	03 December 2013
University of Cumbria	Non-Medical Prescribing for AHPs (level 7) (Conversion)	Part Time	SPIP	03 December 2013
University of Cumbria	University Award Non-Medical Prescribing for AHPs (level 6) (Supplementary Prescribing)	Part Time	SP	03 December 2013
University of Cumbria	University Award Non-Medical Prescribing for AHPs (level 6) (with SP pathway and IP pathway)	Part Time	SPIP	03 December 2013
University of Cumbria	University Award Non-Medical Prescribing for AHPs (level 7) (Supplementary Prescribing)	Part Time	SP	03 December 2013

University of Cumbria	University Award Non-Medical Prescribing for AHPs (level 7) (with SP pathway and IP pathway)	Part Time	SPIP	03 December 2013
University of Dundee	Non-Medical Prescribing (SCQF 11)	Part Time	SPIP	13 February 2014
University of Dundee	Non-Medical Prescribing (SCQF 9)	Part Time	SPIP	13 February 2014
University of Hertfordshire	Practice Certificate in Independent Prescribing (for Physiotherapists / Podiatrists)	Part Time	SPIP	03 December 2013
University of Hertfordshire	Practice Certificate in Supplementary Prescribing (for Radiographers)	Part Time	SP	03 December 2013
University of Huddersfield	Conversion To Independent Prescribing For Physiotherapy/Podiatry Supplementary Prescribers	Part Time	SPIP	13 February 2014
University of Huddersfield	Independent and Supplementary Prescribing	Part Time	SPIP	13 February 2014
University of Hull	Allied Health Professional Independent and Supplementary Prescribing	Part Time	SPIP	03 December 2013
University of Nottingham	Independent and Supplementary Prescribing for PHs and CHs Degree level	Part Time	SPIP	13 February 2014
University of Nottingham	Independent and Supplementary Prescribing for PHs and CHs Masters Level	Part Time	SPIP	13 February 2014
University of Plymouth	Non-Medical Prescribing IP and SP for Designated AHPs (PHs and CHs) level 6	Part Time	SPIP	03 December 2013
University of Plymouth	Non-Medical Prescribing IP and SP for Designated AHPs (PHs and CHs) level 7	Part Time	SPIP	03 December 2013
University of Plymouth	Supplementary Prescribing to Independent Prescribing Level 6	Part Time	SPIP	03 December 2013
University of Plymouth	Supplementary Prescribing to Independent Prescribing Level 7	Part Time	SPIP	03 December 2013
University of Salford	Non Medical Prescribing - Independent Prescribing	Flexible	SPIP	03 December 2013
University of Southampton	Independent and Supplementary Prescribing	Part Time	SPIP	03 December 2013
University of Stirling	Non-Medical Prescribing (Supplementary and Independent Prescribing)	Part Time	SPIP	03 December 2013
University of Stirling	Non-Medical Prescribing (Supplementary Prescribing Only)	Part Time	SP	03 December 2013
University of the West of England, Bristol	Prescribing Principles (Level 3)	Part Time	SPIP	03 December 2013
University of the West of England, Bristol	Prescribing Principles (Level M)	Part Time	SPIP	03 December 2013
University of the West of England, Bristol	Principles of Supplementary Prescribing	Part Time	SP	03 December 2013
University of the West of Scotland	Advanced Non-Medical Prescribing	Part Time	SPIP	03 December 2013

University of the West of Scotland	Non-Medical Prescribing	Flexible	SPIP	03 December 2013
University of the West of Scotland	Non-Medical Prescribing	Part Time	SPIP	03 December 2013
University of Ulster	Certificate in Medicines Management (Conversion to Independent Prescribing)	Part Time	SPIP	13 February 2014
University of Ulster	Postgraduate Certificate in Medicines Management (Independent and Supplementary Prescribing)	Part Time	SPIP	13 February 2014
University of Ulster	Postgraduate Certificate in Medicines Management (Supplementary Prescribing)	Part Time	SP	13 February 2014
University of Wolverhampton	Non-Medical Prescribing Programme	Part Time	SPIP	13 February 2014
University of Worcester	V300 Independent Prescribing Conversion Course (For Registered Supplementary Prescribers)	Part Time	SPIP	13 February 2014
University of Worcester	V300 Non-Medical (Independent and Supplementary) Prescribing Programme	Part Time	SPIP	13 February 2014
University of York	Independent and Supplementary Prescribing for Nurses, Midwives and AHPs Level 6	Part Time	SPIP	13 February 2014
University of York	Independent and Supplementary Prescribing for Nurses, Midwives and AHPs Level 7	Part Time	SPIP	13 February 2014
University of York	Supplementary Prescriber (Level 6)	Part Time	SP	13 February 2014
University of York	Supplementary Prescriber (Level 7)	Part Time	SP	13 February 2014