hcpc health & care professions council

Standards for education providers and registrants

Standards for prescribing

Foreword

We are pleased to present the Health and Care Professions Council's standards for prescribing.

These standards apply to chiropodists / podiatrists, physiotherapists and therapeutic radiographers who are trained either as supplementary prescribers or as supplementary and independent prescribers. They also apply to diagnostic radiographers and dietitians who have completed training to become supplementary prescribers.

The standards for prescribing have two purposes. They set out our expectations of education providers delivering training in prescribing. They also set out the knowledge, understanding and skills we expect a prescriber to demonstrate when they complete their training.

The standards for prescribing were developed with the input of key stakeholders, including professional bodies, education providers and the Department of Health in England and its counterparts in Northern Ireland, Scotland and Wales. We also consulted on the standards and are grateful to all those who replied to the consultation.

We are confident that these standards will play a key role in supporting safe and effective prescribing practice.

The standards are effective from Tuesday 20 August 2013. The foreword and introduction were updated on Friday 1 April 2016.

Introduction

This document sets out the **standards for prescribing.** These standards have two purposes.

– They set out the processes and procedures that an education provider delivering training in prescribing must have in place in order to deliver the training safely and effectively.

– They also set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.

These standards therefore set out safe and effective prescribing practice. They are the threshold standards we consider necessary to protect members of the public.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for practice.

About prescribing

Legislation sets out which professions may act as prescribers.

Diagnostic radiographers and dietitians may complete additional post-registration training to become supplementary prescribers. Chiropodists / podiatrists, physiotherapists and therapeutic radiographers may complete additional post-registration training to become supplementary and independent prescribers. These are the only professions we regulate which are eligible to complete training to become prescribers at present.

If you are a chiropodist / podiatrist, physiotherapist, radiographer or dietitian, you may only practise as a prescriber if you have completed training which we have approved and have a mark or 'annotation' on our Register to show that you have completed that training.

These standards only relate to prescribing. The standards do not cover the supply or administration of medicines via a Patient Group Direction, or the sale, supply or administration of medicines via exemptions. This is because these forms of supply and administration are not 'prescribing'. There is further information about the supply or administration of medicines on our website at www.hcpc-uk.org/aboutregistration/medicinesandprescribing

You must always understand the legal basis on which you are prescribing, supplying or administering a medicine to a patient.

Our expectations

These standards set out what is necessary for safe and effective prescribing practice. These standards do not replace the other standards that we set and you will need to draw on the other standards to support your wider practice beyond your prescribing. We expect you to continue to keep to our **standards of proficiency, standards of conduct, performance and ethics** and **standards for continuing professional development.** We publish these in separate documents, which you can find on our website.

It is important that you read and understand this document. If your practice is called into question we will consider these standards alongside the other standards we set in deciding what action, if any, we need to take.

The standards set out in this document complement information and guidance issued by other organisations. The professional bodies for chiropodists / podiatrists, physiotherapists, radiographers and dietitians have produced detailed guidance on prescribing practice. We recognise the valuable role played by professional bodies in providing this guidance and advice about good practice which can help you to meet the standards laid out in this document.

Language

We have included a glossary of some of the terms used in the standards at the end of the document.

Meeting the standards

It is important that you meet our standards and are able to practise lawfully, safely and effectively. However, we do not dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

We often receive questions from registrants who are concerned that something they have been asked to do, a policy, or the way in which they work might mean they cannot meet our standards. They are often worried that this might have an effect on their registration. As an autonomous professional, you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times. So long as you do this and can justify your decisions if asked to, it is very unlikely that you will not meet our standards.

Standards for education providers

Programme admissions

A.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.

A.3 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.

A.4 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students[1], together with an indication of how these will be implemented and monitored.

Programme management and resources

B.1 The programme must have a secure place in the education provider's business plan.

B.2 The programme must be effectively managed.

B.3 The programme must have regular monitoring and evaluation systems in place.

B.4 There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the HCPC Register.

B.5 There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.

B.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.

[1] Throughout this document, 'students' means registered professionals completing a prescribing programme.

B.7 A programme for staff development must be in place to ensure continuing professional and research development.

B.8 The resources to support student learning in all settings must be effectively used.

B.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.

B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.

B.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.

B.12 There must be a system of academic and pastoral student support in place.

B.13 There must be a student complaints process in place.

B.14 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.

B.15 Service users and carers must be involved in the programme.

Curriculum

C.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards for independent and / or supplementary prescribers.

C.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

C.3 Integration of theory and practice must be central to the curriculum.

C.4 The curriculum must remain relevant to current practice.

C.5 The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics on their prescribing practice.

C.6 The delivery of the programme must support and develop autonomous and reflective thinking.

C.7 The delivery of the programme must encourage evidence-based practice.

C.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.

C.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

Practice placements

D.1 Practice placements must be integral to the programme.

D.2 The length of time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

D.3 The practice placements must provide a safe and supportive environment.

D.4 The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.

D.5 There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.

D.6 The designated medical practitioner must have relevant knowledge, skills and experience.[2]

D.7 The designated medical practitioner must undertake appropriate training.

[2] As all practical training is supervised by the registered medical practitioner who has been designated for that purpose, the term designated medical practitioner is used instead of practice placement educator.

D.8 The designated medical practitioner must be appropriately registered.

D.9 There must be regular and effective collaboration between the education provider and the practice placement provider.

D.10 Students and designated medical practitioners must be fully prepared for the practice placement environment, which will include being given information about:

- the learning outcomes to be achieved;
- the timings and the duration of the experience and associated records to be maintained;
- expectations of professional conduct;
- the professional standards which students must meet;
- the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and
- communication and lines of responsibility.

D.11 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.

D.12 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment.

Assessment

E.1 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.

E.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.

E.3 Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.

E.4 Assessment methods must be employed that measure the learning outcomes.

E.5 The measurement of student performance must be objective and ensure safe and effective prescribing practice.

E.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

E.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.

E.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the HCPC Register in their named award.

E.9 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.

E.10 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.

Standards for all prescribers

Registrants must:

1.1 understand pharmacodynamics, pharmacokinetics, pharmacology and therapeutics relevant to prescribing practice

1.2 understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines, off-label prescribing of medicines and the prescribing of unlicensed medicines

1.3 understand the differences between prescribing mechanisms and supply / administration of medicines

1.4 be able to distinguish between independent and supplementary prescribing mechanisms and how those different mechanisms affect prescribing decisions

1.5 be able to make a prescribing decision based on a relevant physical examination, assessment and history taking

1.6 be able to undertake a thorough, sensitive and detailed patient history, including an appropriate medication history

1.7 be able to communicate information about medicines and prescriptions clearly with service users and others involved in their care

1.8 be able to monitor response to medicines and modify or cease treatment as appropriate within professional scope of practice

1.9 be able to undertake medicine calculations accurately

1.10 be able to identify adverse medicine reactions, interactions with other medicines and diseases and take appropriate action

1.11 be able to recognise different types of medication error and respond appropriately

1.12 understand antimicrobial resistance and the roles of infection prevention and control

1.13 be able to develop and document a Clinical Management Plan to support supplementary prescribing

1.14 understand the process of clinical decision-making and prescribing decisions within a Clinical Management Plan

1.15 understand the relationship between independent and supplementary prescribers when using a Clinical Management Plan

1.16 be able to practise as a supplementary prescriber within an agreed Clinical Management Plan

1.17 understand the legal framework that applies to the safe and effective use of Clinical Management Plans

Additional standards for independent prescribers only

Registrants must:

2.1 understand the process of clinical decision making as an independent prescriber

2.2 be able to practise autonomously as an independent prescriber

2.3 understand the legal framework of independent prescribing as it applies to their profession

Glossary

Antimicrobial resistance
This is the ability of micro-organisms (such as bacteria, viruses and parasites) to withstand attack by antimicrobial medicines which kill or inhibit the growth of these micro-organisms (such as antibiotics, antivirals and antimalarials).

Clinical Management Plan (CMP)
A CMP is a plan agreed between a doctor or dentist and a supplementary prescriber relating to a named service user. It outlines the illness or conditions that may be treated by the supplementary prescriber and the types of medicine which may be prescribed by the supplementary prescriber.

Controlled medicines
These are medicines which contain drugs that are controlled under Misuse of Drugs legislation. For example, morphine is a controlled drug.

Designated medical practitioner
A designated medical practitioner is a registered doctor who directs, assesses and supervises a non-medical prescriber's period of learning in practice.

Independent prescribing
Independent prescribing is prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required. An independent prescriber is able to prescribe on their own initiative any medicine within their scope of practice and relevant legislation.

Off-label prescribing
Off-label prescribing is the practice of prescribing a medicine outside of the parameters for which it has been approved. This may mean prescribing a medicine that is not routinely used for a particular disease or illness, prescribing it to an unapproved age group, at an unapproved dosage or in an unapproved form of administration.

Pharmacodynamics
A branch of pharmacology concerned with the study of the action or effects of drugs on living organisms.

Pharmacokinetics
A branch of pharmacology concerned with the study of the way medicines are taken into, move around and are eliminated from the body.

Pharmacology
This is the scientific study of characteristics, properties, uses and effects of drugs, particularly those that make them medically effective.

Supplementary prescribing
Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement. A supplementary prescriber can only prescribe within the limits of the CMP.

Therapeutics
The branch of medicine concerned with the treatment of disease or alleviating pain or injury.

Unlicensed medicines
These are medicines that are not licensed in the country in which they are prescribed. Before a medicine can be sold in the UK, a marketing authorisation from the Medicines and Healthcare Products Regulatory Agency (MHRA) is required. Unlicensed medicines are those which are not authorised for sale by the MHRA.

Notes

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