**Appendix 1**

**Draft revised Standards for prescribers**

## Introduction

### About this document

This document sets out the standards for prescribing.

These standards have two purposes and so are set out in two parts:

- **The standards for education providers** 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.

- **The standards for all prescribers** 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.

Of our registered professions, the following may complete additional post-registration training to become **supplementary prescribers**:

- Chiropodists / podiatrists;
- Dietitians;
- Paramedics;
- Physiotherapists;
- Diagnostic radiographers; and
- Therapeutic radiographers.

Of our registered professions, the following may complete additional post-registration training to become **independent prescribers**:

- Chiropodists / podiatrists;
- Paramedics;
- Physiotherapists; and
- Therapeutic radiographers.

These are the only professions we regulate that are eligible to become prescribers at present.

If you are a member of one of the registered professions listed above, 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.

**Sale, supply and administration of medicines**

These standards only relate to prescribing. They do not cover the supply or administration of medicines via a Patient Specific Direction (PSD), Patient Group Direction (PGD), or the sale, supply or administration of medicines via exemptions. This is because these forms of sale, supply and administration are not 'prescribing'. There is further information about the supply or administration of medicines on our website[1].

**How the standards will be used**

We will assess relevant education and training programmes against the standards set out in the first part of this document. If a programme meets the standards we will grant open-ended approval, subject to on-going monitoring.

A programme which meets the standards for education providers allows a learner who successfully completes that programme to meet the standards for all prescribers. The learner will then be eligible for the appropriate annotation of their entry on the HCPC Register (supplementary and/or independent prescribing).

We will also take the standards in the second part of this document into account when considering concerns raised about the competence of a registrant with an annotation for prescribing, in respect of their prescribing practice.

**Our expectations of registrants**

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[1] Available here: www.hcpc-uk.org/aboutregistration/medicinesandprescribing

It is important that you read and understand this document. The standards for all prescribers set out what is necessary for safe and effective prescribing practice. We expect you to meet them in your 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 meet 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.

The standards set out in this document are complemented by information and guidance issued by other organisations. Professional bodies for professions we regulate that are eligible to become prescribers have produced detailed guidance on prescribing practice. We recognise the valuable role played by professional bodies in providing this guidance 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.

## Reviewing the standards

These standards are effective from TBC.

The HCPC has adopted the current Royal Pharmaceutical Society's, 'A Competency Framework for all Prescribers' (the Framework) as published on **4 July 2016** as our standards for all prescribers. Any updating versions of the Framework will not be applied by the HCPC unless and until approved by our Council. The Framework is next scheduled for review in July 2020.

We keep our standards under continual review. We may make changes to these standards in the future to take account of changes in prescribing by the professions that we regulate. We will always publicise any changes to the standards, for example by publishing notices on the HCPC website and informing relevant professional bodies.

# Standards for education providers

## Admissions

A.1    The admissions process 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 selection and entry criteria must include appropriate academic and professional entry standards.

A.3    There must be an appropriate and effective process for assessing applicants' prior learning and experience.

A.4    The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.

## Programme governance, management and leadership

B.1    The programme must be sustainable and fit for purpose.

B.2    The programme must be effectively managed.

B.3    The education provider must ensure that the person holding overall professional responsibility for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the register of their statutory regulator.

B.4    The programme must have regular and effective monitoring and evaluation systems in place.

B.5    There must be regular and effective collaboration between the education provider and practice education providers.

B.6    There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

B.7    Service users and carers must be involved in the programme.

B.8    Learners must be involved in the programme.

B.9    There must be an adequate number of appropriately qualified and experienced and, where appropriate, registered staff in place to deliver an effective programme.

B.10    Subject areas must be delivered by educators with relevant specialist expertise and knowledge.

B.11    An effective programme must be in place to ensure the continuing professional and academic development of educators, appropriate to their role in the programme.

B.12    The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

B.13    There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.

B.14    The programme must implement and monitor equality and diversity policies in relation to learners.

B.15    There must be a thorough and effective system in place for receiving and responding to learner complaints.

B.16    There must be thorough and effective systems in place for ensuring the ongoing suitability of learners' conduct, character and health.

B.17    There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.

B.18    The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for annotation of a learners' entry on the Register.

**Programme design and delivery**

C.1    The learning outcomes must ensure that learners meet the standards set out in the Competency Framework for all Prescribers, as appropriate to the prescribing mechanism(s)[2] delivered by the programme.

C.2    The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour in prescribing practice, including the standards of conduct, performance and ethics.

C.3    The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

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

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[2] By 'prescribing mechanisms', we mean independent or supplementary prescribing.

C.5    Integration of theory and practice must be central to the programme.

C.6    The learning and teaching methods used must be appropriate to the effective delivery of the learning outcomes.

C.7    The delivery of the programme must support and develop autonomous and reflective thinking.

C.8    The delivery of the programme must support and develop evidence-based practice.

C.9    The programme must include an effective process for obtaining appropriate consent from service users and learners.

C.10  The education provider must identify and communicate to learners the parts of the programme where attendance is mandatory, and must have associated monitoring processes in place.

## Practice-based learning

D.1    Practice based-learning must be integral to the programme.

D.2    The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of set out in the Single Competency Framework for all Prescribers, as appropriate to the prescribing mechanism3 delivered by the programme.

D.3    The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

D.4    Practice-based learning must take place in a setting that is safe and supportive for learners and service users.

D.5    There must be an adequate number of appropriately qualified and experienced and, where appropriate, registered staff involved in practice-based learning.

D.6    Practice educators must be a qualified prescriber, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge and experience to support safe and effective learning.

D.7    Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.

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[3] 'Prescribing mechanism(s)' describes either independent or supplementary prescribing.

D.8     Learners and practice educators must have the information they need in a
        timely manner in order to be prepared for practice based-learning.

**Assessment**

E.1     The assessment strategy and design must ensure that those who successfully
        complete the programme meet the standards set out in the Competency
        Framework for all Prescribers, as appropriate to the prescribing mechanism1
        delivered by the programme.

E.2     Assessment throughout the programme must ensure that learners
        demonstrate they are able to meet the expectations of professional behaviour,
        including the standards of conduct, performance and ethics.

E.3     Assessments must provide an objective, fair and reliable measure of learners'
        progression and achievement.

E.4     Assessment policies must clearly specify requirements for progression and
        achievement within the programme.

E.5     The assessment methods used must be appropriate to, and effective at,
        measuring the learning outcomes.

E.6     There must be effective processes in place for learners to make academic
        appeals.

E.7     The education provider must ensure that at least one external examiner for
        the programme is an appropriately qualified and experienced prescriber and
        on the register of their statutory regulator with annotation(s) for prescribing
        where applicable.

# Standards for all prescribers

**The HCPC has adopted 'A Competency Framework for all Prescribers' (the Framework) as its standards for all prescribers.**

The Framework is published and maintained by the Royal Pharmaceutical Society. It is available on their website[4], the HCPC website and is appended to this document.

The competencies detailed in the Framework 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.

Where the Framework uses the term 'patient', the HCPC will use the term 'service user' to carry out our processes and functions.

The HCPC has adopted the Framework as published on **4 July 2016** as our standards for all prescribers.

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[4] Available here: https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

## Glossary

**Clinical Management Plan (CMP)**

A CMP is a written plan agreed between a doctor or dentist and a supplementary prescriber for the treatment of a named service user, with the knowledge and agreement of the service user and/or carer. The plan outlines the illnesses or conditions that may be treated by the supplementary prescriber, the types of medicines they may prescribe any limits to the strength or dose of medicines that they may prescribe.

**Independent prescribing**

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of service users 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.

**Supplementary prescribing**

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed service user-specific clinical management plan (CMP). Once qualified a supplementary prescriber may prescribe any medicine within their clinical competence, within the limits of the CMP.