

## Education and Training Committee – 15 November 2012

### Criteria and allocation of Visitor Partners to supplementary prescribing approval and monitoring work

#### Executive summary and recommendations

#### **Introduction**

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.

The Department of Health announced on 24 July 2012 that legislation will be amended to extend independent prescribing rights to appropriately trained chiropodists / podiatrists and physiotherapists.

We currently approve post-registration education programmes which deliver training in supplementary prescribing. When legislation is amended to extend independent prescribing rights to chiropodists / podiatrists and physiotherapists we will approve programmes in independent prescribing which chiropodists / podiatrists and physiotherapists must complete before having their entry on the Register annotated. The individual can then operate as an independent prescriber.

The Education and Training Committee approved the criteria which will be used to allocate visitors for the approval and monitoring activities for independent prescribing programmes at their meeting on 13 September 2012. The criteria for visitors allocated to supplementary prescribing programmes now need to be updated to reflect these requirements.

This paper seeks approval of an amendment to the criteria for the allocation of visitors for supplementary prescribing programmes.

#### **Background**

##### Supplementary prescribing

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (such as a doctor, dentist, specifically trained nurse, or pharmacist) and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient's agreement.

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. In addition, the prescriber can manage any medical condition through a CMP. However, the supplementary prescriber cannot prescribe a medicine which is not referred to in the plan.

### **Allocation of visitors for supplementary prescribing programmes**

At its meeting on 2 February 2005 the Approvals Committee made a specific requirement for the allocation of visitors to supplementary prescribing programmes. The Committee determined that supplementary prescribing programmes could only be visited by a number of specific configurations of visitors to ensure that the visiting panel had the required expertise to make appropriate recommendations. The reason for this decision of the Committee was that the entitlement was new to the professions affected and as a result no appropriate visitors could be found from within the professions. They agreed that supplementary prescribing programmes required visitors with powers to prescribe or exemptions from prescribing restrictions in legislation (paramedics or chiropodist / podiatrists with one or both of the Local Anaesthetics or Prescription Only Medicines entitlements respectively) since they had the experience of working in the complex arena of medicines.

The Education and Training Committee updated the specific requirements for the allocation of visitors to supplementary prescribing programmes at its meeting on 10 March 2012 as more individuals had gained the supplementary prescribing entitlement. The Committee determined that these programmes could also be assessed by individuals with the supplementary prescribing annotation on their registration record.

This paper seeks approval of an amendment to the criteria for the allocation of visitors for supplementary prescribing programmes to include use of independent prescribing visitors under the criteria agreed at the 13 September 2012 meeting.

### **Decision**

The Committee is asked to agree the text of the framework of considerations for the allocation of visitors to supplementary prescribing approval and monitoring work provided as appendix one to this paper.

### **Background information**

Paper for Education and Training Committee, 10 March 2011 (enclosure 5 at <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=547>)

Paper for Education and Training Committee, 13 September 2012 (enclosure 12 at <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=589>)

**Resource implications**

Resources have been accounted for in 2012-13 Education Department work plan and budget, and will be taken forward into future work plans and budget.

**Financial implications**

Finance resources have been accounted for in 2012-13 Education Department work plan and budget, and will be taken forward into future work plans and budget.

**Appendices**

Appendix 1 – considerations for supplementary prescribing visitor allocation to approval and monitoring work

**Date of paper**

15 September 2012

Appendix 1 – considerations for supplementary prescribing visitor allocation to approval and monitoring work

<b>Always or normally</b>	<b>Consideration</b>
Always	<p>At least one visitor from a HCPC profession:</p> <ul style="list-style-type: none"> <li>• whose HCPC registration record is annotated with the appropriate entitlement for the programme in question; or</li> <li>• from a profession with specific entitlements to administer medicines under the Prescriptions Only Medicines (Human Use) Order 1997:               <ul style="list-style-type: none"> <li>- paramedics; or</li> <li>- chiropodists / podiatrists with one or both of the Local Anaesthetics or Prescription Only Medicines entitlements under that Order; or</li> </ul> </li> </ul> <p>recruited on the following criteria:</p> <ul style="list-style-type: none"> <li>• who is from a non-medical prescribing profession who is currently entitled to undertake independent prescribing training (currently a nurse or pharmacist); and</li> <li>• who is registered with their respective register; and</li> <li>• who has the qualification recorded on their respective register; or</li> </ul> <ul style="list-style-type: none"> <li>• whose HCPC registration record is annotated with the independent prescribing entitlement.</li> </ul>

Normally	<p>Two visitors from HCPC profession made up of individuals:</p> <ul style="list-style-type: none"><li>• whose HCPC registration record is annotated with the appropriate entitlement for the programme in question; or</li><li>• from a profession with specific entitlements to administer medicines under the Prescriptions Only Medicines (Human Use) Order 1997:<ul style="list-style-type: none"><li>- paramedics; or</li><li>- chiropodists / podiatrists with one or both of the Local Anaesthetics or Prescription Only Medicines entitlements under that Order; or</li></ul></li></ul> <p>recruited on the following criteria:</p> <ul style="list-style-type: none"><li>• who is from a non-medical prescribing profession who is currently entitled to undertake independent prescribing training (currently a nurse or pharmacist); and</li><li>• who is registered with their respective register; and</li><li>• who has the qualification recorded on their respective register; or</li></ul> <ul style="list-style-type: none"><li>• whose HCPC registration record is annotated with the independent prescribing entitlement.</li></ul> <p>If needed, the second visitor can come from the following background:</p> <ul style="list-style-type: none"><li>• from HCPC professions which are entitled to receive the supplementary prescribing annotation but the individual visitor does not have the annotation.</li></ul>
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