

Education and Training Committee – 15 November 2012

Supplementary and independent prescribing programmes - approval and monitoring plans

Executive summary and recommendations

1. Introduction

- 1.1 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.
- 1.2 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.
- 1.3 As the regulator, we will have to set standards for independent prescribing and approve the training that chiropodists / podiatrists and physiotherapists must complete to become independent prescribers. Once chiropodists / podiatrists and physiotherapists have completed that training, we will then annotate their entry on the Register to show they have completed that training.
- 1.4 The Committee agreed in September 2010 that we should prepare stand-alone standards for supplementary and independent prescribing. These standards are currently out for public consultation until 4 January 2013 (see appendix 1). The responses to the consultation and final standards for prescribing will be presented to the Committee and Council meetings in March with the intention of publishing these in April.
- 1.5 This paper sets out and seeks approval for the processes which will be used to approve supplementary / independent prescribing programmes and monitor current supplementary prescribing programmes against the new standards for prescribing.

2. Supplementary prescribing programmes

- 2.1 We currently approve post-registration education programmes which deliver training in supplementary prescribing. We approve these programmes against the standards of education and training (with the exception of SET 1 – level of qualification for entry to the Register) and the standard of proficiency for chiropodists / podiatrists, physiotherapists and radiographers who undertake

supplementary prescribing. This standard is included within the standards of proficiency for the relevant profession:

2b.4 'know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber'

- 2.2 We approve these programmes to ensure that professionals who complete these programmes are capable of meeting the standard we have set. We currently approve seventy seven supplementary prescribing programmes that are open, across fifty one education providers.
- 2.3 Most education providers we have approved to deliver supplementary prescribing training deliver that training on a multidisciplinary basis. This means that chiropodists / podiatrists, physiotherapists and radiographers may complete the theory parts of their supplementary prescribing programme alongside other professionals such as nurses and pharmacists. At the moment chiropodists / podiatrists, physiotherapists and radiographers completing this training are only able to act as supplementary prescribers as set out within the legislation.
- 2.4 Chiropodists / podiatrists, physiotherapists and radiographers may complete their theoretical learning alongside other professionals. However, they apply that knowledge within the area in which they work and within the legislative framework of supplementary prescribing. This means that they can only currently be assessed as supplementary prescribers.

3. Standards for prescribing

- 3.1 When the standards are finalised they will be used to approve training programmes which deliver training in supplementary and / or independent prescribing. We will also use these standards to monitor those programmes on an ongoing basis.
- 3.2 The new standards contain two sections:
 - standards which education programmes delivering training in prescribing will need to meet (standards for education providers); and
 - standards which individual prescribers will need to meet to demonstrate safe and effective prescribing practice (standards for prescribers).
- 3.3 Many of the standards for education providers are similar to the existing standards of education and training which we currently use to approve and monitor supplementary prescribing programmes. Where possible, the new

standards for education providers use wording similar to the standards of education and training as these are generic standards which supplementary prescribing programmes are already meeting. The language of the standards has been changed, where appropriate, to language more applicable to prescribing programmes. A number of the standards of education and training have not been included in the standards for prescribing as they were considered unnecessary for post-registration programmes.

- 3.4 The standards for prescribers contain standards which all prescribers need to meet and standards which only need to be met by individuals who will be able to act as independent prescribers.
- 3.5 At the moment, chiropodists / podiatrists and physiotherapists can complete training to become supplementary prescribers. Those chiropodists / podiatrists and physiotherapists who want to become independent prescribers will need to complete additional training before they are able to become independent prescribers. By completing the additional training, chiropodists / podiatrists and physiotherapists will demonstrate that they meet the new standards for prescribing.
- 3.6 However, radiographers are currently only able to prescribe as supplementary prescribers and will therefore not need to meet the standards for independent prescribing. In addition, chiropodists / podiatrists and physiotherapists who are currently supplementary prescribers and do not want to train to become independent prescribers will not need to meet the standards for independent prescribers.
- 3.7 When legislation is amended to extend independent prescribing rights to chiropodists / podiatrists and physiotherapists we will begin to 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.

Mechanisms for approving supplementary / independent prescribing programmes

4. Types of programmes

- 4.1 When the legislation changes, there are a number of different types of supplementary / independent prescribing programmes that education providers may seek to deliver:

- supplementary prescribing programme (provides supplementary prescribing annotation only);
- supplementary / independent prescribing (could provide supplementary prescribing annotation only, or both supplementary and independent prescribing annotations (for those eligible for both), or independent prescribing annotation only if person already has the supplementary prescribing annotation); or
- conversion programmes in independent prescribing for those who already have the supplementary prescribing annotation (this could be a separate programme or a supplementary / independent prescribing programme with a particular route through it).

5. Approval process for new education providers

- 5.1 If an education provider wishes to start delivering a supplementary / independent prescribing programme, and they do not currently run a HCPC approved supplementary prescribing programme, they are required to complete the approval process (which involves a HCPC visit) and gain approval before starting to run the programme.
- 5.2 The approval process for supplementary / independent prescribing programmes will follow the same process as all pre and post-registration programmes. Whilst we can start accepting visit requests for new programmes, the date of visits will be dependent on the six month notice period we require for any visit and the date that documentation must be submitted to us before a visit (8 weeks). As the standards for prescribing will not be finalised and available for education providers until April 2013 (and may be subject to delays), the first potential visit dates would start from June 2013. These timescales are also subject to change as they are dependent on the amendments to legislation.

6. Approval process for current education providers

- 6.1 If an education provider, who has a current HCPC approved supplementary prescribing programme, wishes to amend their programme to deliver a supplementary prescribing and / or independent prescribing programme, the Executive proposes that a paper based assessment could be applied in order to gain approval.
- 6.2 This paper based assessment would operate on a similar basis to the existing 'approval of stand alone prescription only medicine (POM) programmes major change process'. This mechanism was agreed by the Committee at its meeting in June 2007 to approve stand alone POM programmes through the major change process if the education provider has a current approved chiropody / podiatry programme. In order for approval to be given through this mechanism

the submission must contain the standard required documentation, further required information on the stand alone programme and must progress successfully through the process. As with any submission through the major change process, submissions are assessed by two visitors, additional documentation can be requested by the visitors in order for them to reach their recommendation, and if the paper based submission is not successful then an approval visit is required to gain approval for the programme. As the stand alone POM programme is taken from a current approved chiropody / podiatry programme, the paper based submission does not require all of the standards of education and training to be evidenced, only those that have been deemed appropriate to running the programme separately.

- 6.3 The Executive proposes that a similar mechanism should be implemented for approving supplementary / independent prescribing programmes based on existing supplementary prescribing programmes. This will provide the opportunity for education providers to gain approval for supplementary / independent prescribing programmes within a shorter timeframe than the standard approval process, reducing the burden of work on education providers to evidence they meet the required standards, as well as requiring fewer resources for the Department to carry out these activities.
- 6.4 As the standards for prescribing are currently being consulted on, with the final version not ready until April 2013, it is not possible to fully determine the exact requirements for a paper based assessment at this time. It is proposed that this paper based mechanism would follow the same principles as the POM approval process through major change (such as the set visitor requirements, standard documentation and information required, and outcomes), and follow the principle that, as the programme will be based on a current approved programme (that meets the standards of education and training), not all of the standards for prescribing will be required to be evidenced.
- 6.5 Given that the new standards which individual prescribers will need to meet to demonstrate safe and effective prescribing standards are more detailed than the previous standard of proficiency, it is envisioned that we will require all of the standards for prescribers to be evidenced through this process.
- 6.6 There are a number of the standards for education providers, being similar to the standards of education and training, which will not require evidencing. This is due to the fact that the way that these standards are being met currently will not change based on the introduction of an independent prescribing element to the programme. However, there will be some standards for education providers that will be affected by the change and these will therefore need to be assessed.

- 6.7 The standards for education providers, as set out in the standards for prescribing being consulted on, have five areas:
- programme admissions;
 - programme management and resources;
 - curriculum;
 - practice placements; and
 - assessment.
- 6.8 There are a number of standards in the programme admissions section that are likely to be affected by amending a supplementary prescribing programme to include independent prescribing, particularly if they wish to have a route through the programme for those who already have the supplementary prescribing annotation.
- 6.9 Whilst most of the standards around programme management and resources are unlikely to be affected, evidence around staff resources may be required to ensure that these standards are being met.
- 6.10 There are a number of standards around curriculum, learning outcomes and assessment that will need to be evidenced to ensure that the required standards for prescribers are being met for both supplementary prescribers and independent prescribers. The majority of standards in the curriculum and assessment sections are unlikely to be affected by changing the programme to include independent prescribing elements as these mainly cover set processes or regulations.
- 6.11 Standards around the practice placement elements of the programme, such as ensuring all parties are prepared for placements and have all the required information are likely to require evidencing.
- 6.12 If the Committee agrees that a paper based approval assessment route should be implemented, the Executive asks for agreement to make this process operational, including activities to determine the evidence required to ensure that the new standards for prescribing are being met. This could involve utilising experienced visitors and consulting external parties regarding any exemptions to the standards for prescribing.

7. Operational process to assess current HCPC approved supplementary prescribing programmes

- 7.1 If education providers delivering current HCPC supplementary prescribing programmes do not wish to amend their programmes in order to start delivering supplementary / independent prescribing programmes we will still need to ensure that the new standards for prescribing are being met.
- 7.2 As the standards for education providers in the standards for prescribing are based on the existing standards of education and training, programmes are unlikely to require wholesale changes in order to meet them. The standards for prescribers are more detailed than standards we have produced for supplementary prescribing programmes before. However again, it is not perceived that programmes will need to make large changes to programmes in order to demonstrate that these are being met.
- 7.3 The Department plan to use the annual monitoring process to assess that the standards of prescribing are being met. This approach will require some changes to the standard annual monitoring process to ensure that the required evidence is captured. Utilising the annual monitoring process does cause a delay to our assessment of the revised standards (being a retrospective review process) and therefore delays the time when we will have confirmation that all programmes meet the standards. It is through this process that we have previously dealt with changes to standards (both to the standards of proficiency and the standards of education and training) as Committee have previously determined that it is the most appropriate process to utilise in changes such as these due to the small nature of the changes involved, the reduced burden on education providers to evidence they meet the revised standards compared to using other operational processes and the minimal impact on the resources required for the Department to utilise this approach.
- 7.4 If the standards for prescribing are published in April 2013, in line with the plan to implement the revised standards of proficiency for education providers across the professions, the new standards will be required to be implemented by education providers in the following academic year (2013-14). Education providers will be expected to incorporate the standards for prescribing into their existing programme structure in this year. From 2014-15 education providers will be expected to deliver their approved programme to all new students starting the programme using the standards for prescribing. In the academic years 2014-15 and 2015-16 (and potentially the next academic year for any programmes that have not yet submitted an annual monitoring audit) the incorporation of these

standards into the programme will be checked through the annual monitoring process. See appendix 2 – standards for prescribing roll out timetable.

- 7.5 Visits to current HCPC approved supplementary prescribing programmes that are required from the major change or annual monitoring processes will be assessed against the standards for prescribing, wherever possible depending on the timescales, from the academic year they are published in (2012-2013).

8. Decision

The Committee is invited to:

- discuss the paper;
- agree that the approval process is the most appropriate mechanism for approving supplementary / independent prescribing programmes for new education providers;
- agree the mechanisms for approving supplementary / independent prescribing programmes for current education providers:
 - agree that the most proportionate process to assess these changes is through a paper based assessment;
 - agree that all of the standards for prescribers will need to be evidenced through this process;
 - agree that some standards for education providers will need to be evidenced through this process;
 - agree that the process and any exemptions on the standards for education providers will be determined by the Executive (with professional input where required); and
- agree that the annual monitoring process is the most appropriate mechanism to assess current approved supplementary prescribing programmes.

Background information

The Committee has previously considered several papers on independent prescribing and the standards for prescribing. The most recent was at the Committee meeting in September 2012: <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=589> (enclosures 7 and 12)

The Committee has previously considered several papers on the approval of the stand alone POM programmes major change process:

- <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=547> (enclosure 6)
- <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=259> (enclosure 9)

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 – standards for prescribing.
- Appendix 2 – standards for prescribing roll out timetable for current HCPC programmes.

Date of paper

15 November 2012

Standards for prescribing

Standards for education providers

Programme admissions

1.1	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.
1.2	The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English.
1.3	The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.
1.4	The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.
1.5	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

2.1	The programme must have a secure place in the education provider's business plan.
2.2	The programme must be effectively managed.
2.3	The programme must have regular monitoring and evaluation systems in place.
2.4	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 Register.
2.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.
2.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge.
2.7	A programme for staff development must be in place to ensure continuing professional and research development.
2.8	The resources to support student learning in all settings must be effectively used.

¹ Throughout this document, 'students' means registered professionals completing the prescribing programmes

2.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.
2.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.
2.11	There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.
2.12	There must be a system of academic and pastoral student support in place.
2.13	There must be a student complaints process in place.
2.14	Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.
2.15	Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.

Curriculum

3.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards for independent and/or supplementary prescribers.
3.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
3.3	Integration of theory and practice must be central to the curriculum.
3.4	The curriculum must remain relevant to current practice.
3.5	The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics on their prescribing practice.
3.6	The delivery of the programme must support and develop autonomous and reflective thinking.
3.7	The delivery of the programme must encourage evidence based practice.
3.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.
3.9	When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

Practice placements

4.1	Practice placements must be integral to the programme.
4.2	The duration of the time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.
4.3	The practice placements must provide a safe and supportive environment.
4.4	The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.
4.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.
4.6	The designated registered medical practitioner must have relevant knowledge, skills and experience. ²
4.7	The designated registered medical practitioner must undertake appropriate training.
4.8	The designated registered medical practitioner must be appropriately registered.
4.9	There must be regular and effective collaboration between the education provider and the practice placement provider.
4.10	Students and designated registered medical practitioners must be fully prepared for the practice placement environment which will include information about: <ul style="list-style-type: none">• 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.
4.11	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
4.12	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

² As practical training is all carried out by the designated registered medical practitioner, this terminology is used instead of practice placement educators.

Assessment

5.1	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.
5.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.
5.3	Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.
5.4	Assessment methods must be employed that measure the learning outcomes.
5.5	The measurement of student performance must be objective and ensure safe and effective prescribing practice.
5.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.
5.7	Assessment regulations must clearly specify requirements for student progression and achievement within the programme.
5.8	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 Register in their named award.
5.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.
5.10	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 Register.

Standards for all prescribers

1.1	Understand pharmacodynamics and pharmacokinetics
1.2	Understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines and the prescribing of unlicensed products
1.3	Understand the differences between prescribing mechanisms and supply/administration of medicines mechanisms
1.4	Be able to make a prescribing decision based on a relevant physical examination, assessment and history taking
1.5	Be able to undertake a thorough, sensitive and detailed patient history, including an appropriate medication history
1.6	Be able to monitor response to medicines and modify or cease treatment as appropriate within professional scope of practice
1.7	Be able to develop and document a Clinical Management Plan to support supplementary prescribing
1.8	Be able to distinguish between independent and supplementary prescribing mechanisms and how those different mechanisms affect prescribing decisions
1.9	Be able to undertake drug calculations accurately
1.10	Be able to identify adverse drug reactions, interactions with other drugs and diseases and take appropriate action
1.11	Be able to communicate clearly to service users information about medicines and prescriptions
1.12	Understand antimicrobial resistance and the roles of infection prevention and control
1.13	Understand the process of clinical decision-making and prescribing decisions within a Clinical Management Plan
1.14	Understand the relationship between independent and supplementary prescribers when using a Clinical Management Plan
1.15	Be able to practise as a supplementary prescriber within an agreed Clinical Management Plan
1.16	Understand the legal framework that applies to the safe and effective use of Clinical Management Plans

Standards for independent prescribers only

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 your profession

Standards for prescribing roll out timetable for current HCPC approved programmes

Entitlement	Standards for prescribing approved by HCPC Council	Standards for prescribing published	Academic year – plan incorporation (redesign existing programmes internally).	Academic year – implement new programmes to new students only	Academic year – annual monitoring (AM) audit (assure incorporation of new standards)
			Year 1	Year 2	Year 2 or 3 (possibly year 4)
Supplementary prescribing	March 2013	April 2013	2013-2014	2014-2015	2014-2015 2015-2016

Note on dates

The dates for Council approval and publication may be subject to change.