Outline Curriculum Framework

for

Conversion Programmes

to Prepare

Physiotherapist, Podiatrist and Therapeutic Radiographer Supplementary Prescribers

as

Independent Prescribers

Updated January 2017 For Review October 2019

Contents

1 Introduction and Background

1.1 Introduction

1.2 Background

1.3 Context

1.4 AHP Prescribing and Medicines Supply Mechanisms Scoping Project

1.5 Legal ramework

1.5.1 Independent Prescribing

1.5.2 Aims of Independent Prescribing

1.5.3 Mixing of Medicines

1.5.4 Aims of Mixing of Medicines

1.5.5 Controlled Drugs

1.5.6 Aims of Prescribing Controlled Drugs

1.5.7 Equality Requirements

1.6 Underpinning Framework of the Outline Curricula

1.7 Current Knowledge Base/Professional Context

1.7.1 Scope of Physiotherapist Independent Prescribing

1.7.2 Scope of Podiatrist Independent Prescribing

1.7.3 Scope of Radiographer Independent Prescribing

1.8 Standards and Professional Codes of Ethics

1.8.1 Health and Care Professions Council (HCPC)

1.8.2 Professional Bodies

1.9 Registration and Continuing Professional Development

2 Entry Requirements

2.1 Employers

2.2 Programme Providers

2.3 Providers and Commissioners

2.4 Informing Employers

3 Aim and Objective of the Education Programmes

3.1 Aim

3.2 Objective

4 Competencies and Learning Outcomes

5 Learning and Teaching Strategies

5.1 Strategies

5.2 Practice-Based Learning

5.3 Supervision Arrangements

6 Assessment Strategies

6.1 Approach

6.2 Compulsory Elements

6.3 Professional Behaviours

7 Programme Length

8 Annotation

Annex 1

1 Introduction and Background

1.1 Introduction

This document is aimed at education providers intending to develop education programmes and individuals interested in education programmes to prepare physiotherapist, podiatrist and therapeutic radiographer supplementary prescribers as independent prescribers.

Physiotherapists, podiatrists, and both diagnostic and therapeutic radiographers have been able to train to become supplementary prescribers since 2005 and physiotherapists and podiatrists have been enabled to train as independent prescribers since August 2013. The document entitled *Outline Curriculum Framework for Conversion Programmes to Prepare Physiotherapist and Podiatrist Supplementary Prescribers as Independent Prescribers* [1] was published in 2013 to enable physiotherapist and podiatrist supplementary prescribers to convert to independent prescribing. This new updated outline curriculum framework now includes therapeutic radiographer supplementary prescribers who may now seek to extend their training to become independent prescribers in the same way as physiotherapists and podiatrists have. Please note that diagnostic radiographers may not be enabled as independent prescribers although they can be supplementary prescribers.

Physiotherapist, podiatrist and therapeutic radiographer supplementary prescribers will have experienced different degrees of clinical and professional responsibility in their prescribing practice, though they will all have shared that responsibility with an independent prescriber. Practice as an independent prescriber involves working autonomously to make decisions about patient care together with a greater awareness of personal limitations and scope of professional competence. Specifically, an independent prescriber will be responsible for making autonomous prescribing decisions based on the clinical assessment of patients. This is not only of the clinical needs for which the patient is referred/self-refers to the physiotherapist, podiatrist or therapeutic radiographer, it is also to ascertain if there are any other clinical issues that require attention or referral by the practitioner.

The increase in professional autonomy, responsibility, clinical assessment and associated legal and ethical implications form the basis of the curriculum for this conversion programme.

1.2 Background

Physiotherapists, podiatrists and radiographers have been able to train as supplementary prescribers since May 2005. Physiotherapists and podiatrists have been able to train as independent prescribers since August 2013. From 2016 therapeutic , radiographers are able to train as independent prescribers.

The NPC (now part of NICE) published *A Single Competency Framework for All Prescribers* in May 2012[2]. This framework was designed to apply to all existing prescribers and any professions that are subsequently granted supplementary and/or independent prescribing responsibilities. It has now

---

[1] *Outline Curriculum Framework for Conversion Programmes to Prepare Physiotherapist and Podiatrist Supplementary Prescribers as Independent Prescribers 2013* http://www.csp.org.uk/documents/outline-curriculum-framework-conversion-programmes-prepare-physiotherapist-podiatrist-supp

[2] *A Single Competency Framework for All Prescribers May 2012*

been replaced by *A Competency Framework for all Prescribers* published in July 2016 by the Royal Pharmaceutical Society[3]

The alignment of this outline curriculum framework with *A Competency Framework for All Prescribers* ensures clear and consistent competencies for education providers in the development of independent prescribing education programmes. It enables education providers of multidisciplinary independent/supplementary prescribing programmes to ensure these programmes meet the standards of each respective regulator, i.e. the Nursing and Midwifery Council, the General Pharmaceutical Council and the HCPC, as it will promote consistency of competencies for all prescribers.

The outline curriculum is a framework for the development of programmes offering training in independent prescribing by education providers. Conversion programmes will be subject to approval and monitoring by the HCPC against the standards that it sets. Individuals who successfully complete an approved programme are then able to apply for annotation on the relevant HCPC register as independent prescribers.

1.3 Context

Non-medical prescribing supports the achievement of ambitions set out in NHS Five Year Forward View[4] and and provides mechanisms to ensure that services can be delivered via new roles and new ways of working to improve clinical outcomes for patients:

- Improving access to services
- Promoting self-care/self-management with support close to the patient

It empowers healthcare professionals to deliver improved clinical outcomes:

- Enabling early intervention to improve outcomes for service users
- Reducing avoidable hospital admissions
- Enabling a greater focus on reablement, including return to work
- Helping older people to live longer in their own home

It supports the promotion of health and wellbeing within all clinical interventions:

- Providing a timely response to acute exacerbations of long-term conditions

It can facilitate partnership working:

- Improving discharge from hospital by improving the transition from acute to community care

Independent prescribing by physiotherapists, podiatrists and therapeutic radiographers supports patient-centred care. It can enable new roles and new ways of working to improve quality of services – delivering safe, effective services focused on the patient experience. It facilitates partnership working across professional and organisational boundaries and within the commissioning/provider landscape to redesign care pathways that are cost-effective and sustainable. It can enhance choice and competition, maximising the benefits for patients and the taxpayer. It also creates opportunities

[3] *A Competency Framework for all Prescribers* July 2016 Royal Pharmaceutical Society http://www.rpharms.com/support-pdfs/prescribing-competency-framework.pdf

[4] The NHS Five Year Forward View https://www.england.nhs.uk/ourwork/futurenhs/

for innovation by physiotherapist, podiatrist and therapeutic radiographer clinical leaders to inform commissioning decisions.

1.4 AHP Prescribing and Medicines Supply Mechanisms Scoping Project

An allied health professions (AHPs) prescribing and medicines supply mechanisms scoping project was set up in 2008 and reported in 2009 to establish whether there was evidence of service and patient need to support extending prescribing and medicines supply mechanisms available to allied health professionals. The scoping project found that Allied Health Professionals use prescribing, medicines supply and administration mechanisms safely and effectively to improve patient care in clinical pathways where the application of the mechanisms are suited to the needs of patients.

The project also found that extension of prescribing and medicines supply for specific allied health professions would improve the patient experience by allowing patients greater access, convenience and choice. The project found a strong case for extending Independent Prescribing to physiotherapists and podiatrists and a project was established to take the work forward which led to these professions being enabled to become independent prescribers in August 2013.

In a new initiative set up in the summer of 2013, the Allied Health Professions (AHP) Medicines Project was established as a joint initiative by NHS England and the Department of Health to extend prescribing, supply and administration of medicines to four of the allied health professions, including:

- Independent prescribing by therapeutic and diagnostic radiographers
- Independent prescribing by paramedics
- Supplementary prescribing by dietitians
- Use of exemptions from Human Medicines Regulations (2012) by orthoptists

NHS England, in partnership with the College of Paramedics, the Society and College of Radiographers, the British and Irish Orthoptic Society and the British Dietetic Association, developed a case of need for each of the proposals outlined above based on improving quality of care for patients in relation to safety, clinical outcomes and experience, whilst also improving efficiency of service delivery and value for money.

Approval of the cases of need were received from the NHS England medical and nursing Senior Management Teams and the Department of Health's Non-medical Prescribing board. Ministerial approval was received to allow the commencement of preparatory work to take all four proposals forward to public consultation. Following public consultation, the Commission on Human Medicines, made recommendations to Ministers whom supported changes to medicines legislation for independent prescribing by therapeutic radiographers, supplementary prescribing by dietitians and the use of exemptions by orthopstists.

1.5 Legal Framework

European Directive 2001/83/EC "Community Code relating to Medicinal Products for Human Use" provides the overarching European framework for medicines regulation. In regard to prescribing activity it states that:

Persons qualified to prescribe medicinal products must be able to carry out these functions objectively. (Section 50)

UK medicines law is governed by the Human Medicines Regulations 2012 Whilst it is helpful to understand the historical context of the legal development of non-medical prescribing responsibilities amongst a number of non-medical professions, particularly where differences between the professions existed, all contemporaneous practice must now be considered within the legal requirements of The Human Medicines Regulations 2012.

The use of controlled drugs is regulated by The Misuse of Drugs Regulations 2001 which underpins the Misuse of Drugs Act 1971. A number of non-medical professions are able to use controlled drugs though it must be noted that such professions do not all have the same rights in regard to which controlled drugs may be prescribed.

Current legislation allows for physiotherapists, podiatrists and therapeutic radiographers to be both supplementary and independent prescribers . Dietitians and diagnostic radiographers may be supplementary prescribers only. Details on current legislation can be found at http://www.legislation.gov.uk

Table 1: Medicines mechanisms available to allied health professions with inception dates

Allied Health Profession	PSD	PGD	Exemptions	Supplementary Prescribing	Independent Prescribing	Mixing of Medicines	Controlled Drugs
Physiotherapists	*	2000		2005	2013	2013	2015
Podiatrists	*	2000	1980, Revised 1998, 2006, 2011	2005	2013	2013	2015
Diagnostic Radiographers	*	2000		2005			
Therapeutic Radiographers	*	2000		2005	2016	2016	TBC**
Dietitians	*	2003		2016		2016 (within CMP)	2016 (within CMP)
Speech and Language Therapists	*	2003					
Occupational Therapists	*	2003					
Orthoptists	*	2000	2016				
Paramedics	*	2000	1992, Revised 1998, 2000, 2004				
Prosthetists and Orthotists	*	2003					
Art Therapists	*						
Music Therapists	*						
Dramatherapists	*						

* Available to all professions ** To be confirmed; Subject to Home Office approval and subsequent amendments to relevant regulations

1.5.1 Independent Prescribing

The Department of Health's definition[5] of 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, including prescribing. Within medicines legislation the term 'appropriate practitioner' is used to describe a health professional permitted to prescribe medicines. The law defines the professional groups which are classed as 'appropriate practitioners' and this may be amended from time to time as more professional groups are granted prescribing responsibilities[6].

In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for ongoing monitoring. The independent prescriber is responsible and accountable for this element of a patient's care. Normally, prescribing would be carried out in the context of practice within a multidisciplinary healthcare team, either in a hospital or community setting and within a single, accessible healthcare record.

1.5.2 Aims of Independent Prescribing

The development of independent prescribing by a wider range of healthcare professionals is part of a drive to make better use of their skills, to improve clinical outcomes and make it easier for patients to have access to the medicines that they need. Independent prescribing is an important facet of developing allied health professionals' roles in delivering frontline care and patient-centred services.

1.5.3 Mixing of Medicines

The law defines 'mixing' as the combining of two or more medicinal products together for the purposes of administering them to meet the needs of an individual patient. The law also defines the types of prescriber who are permitted to mix medicines[7]. In some clinical circumstances, more than one medicine may be required at the same time to provide appropriate management of a patient's condition.

In some cases, these medicines are mixed together prior to administration which may make treatment less invasive and/or painful. Normally, mixing is only carried out when the administration of the medicines separately is not in the patient's best interests.

1.5.4 Aims of Mixing of Medicines

Where it is safe to do so, mixing of medicines aims to reduce the number of injections and/or infusions a patient may need to receive. This can make treatment more comfortable and/or quicker for the patient. The NPC (now part of NICE) has published good practice guidance for the mixing of medicines[8].

---

[5] Department of Health (2006) Improving Patients' Access to Medicines – A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, London, DH

[6] The Human Medicines Regulations 2012, Sections 214 and 215

[7] The Human Medicines Regulations, Section 20

[8] http://www.nice.org.uk/about/nice-communities/medicines-and-prescribing

1.5.5 Controlled Drugs

The management of controlled drugs is governed by the Misuse of Drugs Act 1971 and its associated regulations[9] (in England, Scotland and Wales). Additional Statutory measures are laid down in the Health Act 2006 and its associated regulations.

The existing legislation and guidance surrounding controlled drugs is shared between a variety of government departments and other agencies. For example, the Misuse of Drugs Act and associated regulations fall within the remit of the Home Office though some controlled drugs are also subject to the Human Medicines Regulations 2012, managed by the MHRA.

A list of the most commonly encountered drugs currently controlled under the misuse of drugs legislation showing each drug's classifications under both the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 is held on the Home Office website[10].

The use of controlled drugs in medicine is permitted by the Misuse of Drugs Regulations. The current version of the Regulations made under the Misuse of Drugs Act 1971 are the Misuse of Drugs Regulations 2001 (2001 Regulations), which came into operation during February 2002.[11]

Prescribing from restricted lists of controlled drugs by physiotherapists and podiatrists was agreed in 2015 by both the ACMD and Home Office Minister together with the amendment of appropriate controlled drugs regulations[12]. The authority for radiographers to be able to prescribe controlled drugs from a restricted list is subject to changes in legislation.

1.5.6 Aims of Prescribing Controlled Drugs

The aims of prescribing controlled drugs by physiotherapists, podiatrists and therapeutic radiographers are to:

- Maximise the treatment intervention through better pain management
- Improve quality of care in cancer and palliative services - fine tuning the needs of the patient as they change
- Manage pain in pre and/or post-operative treatment
- Improve quality of care through the potential to reduce controlled drugs as the benefits of the physical treatment and health outcomes are realised
- Prevent delays in early intervention for first time and acute setting patients
- Treat specific episodes or long term conditions

1.5.7 Equality Requirements

In line with the broader policy agenda concerned with equality, diversity and inclusion, the Equality Act (2010) outlines the duty relating to all organisations in receipt of public funding and extends to

---

[9] *Department of Health (2013). Controlled Drugs (Supervision of management and use) Regulations 2013; Information about the Regulations, https://www.wp.dh.gov.uk/publications/files/2013/02/15-02-2013-controlled-drugsregulation-information.pdf*

[10] *http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/druglicences/controlled-drugs-list*

[11] *http://www.npc.nhs.uk/legislation_cd.php*

[12] *NB: Prescribers must be registered with their local controlled drugs Accountable Officer in order to prescribe controlled drugs*

areas such as employment, the provision of services and education as well as the accessibility of buildings, websites and transport.

Therefore, it is necessary to ensure that the requirements of the Equality Act (2010) are satisfactorily addressed in the provision of educational programmes for supplementary and independent prescribing.

The Act defines a number of protected characteristics (eg. race, age, disability, gender). These may be used to inform relevant policies designed to prevent or deal with discrimination, harassment or victimisation of a person, or group of people who identify with any of these protected characteristics, including institutional discrimination and failure to provide fair access.

In particular, the general duty of the Act states that public authorities, in the exercise of their duties, must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity (removing or minimising disadvantage, meeting the needs of people who share a relevant protected characteristic or those who do not share it, and encouraging participation in public life or any activity in which participation is low)
- Foster good relations between people who share a protected characteristic and those who do not share it

1.6 Underpinning Framework of the Outline Curricula

The regulatory body for AHPs is the Health and Care Professions Council (HCPC). HCPC has produced standards which cover the practice of AHPs.

The education programme will teach participants the general principles of prescribing and how to apply these principles safely within their relevant scope of practice.

The extensive work carried out by the NPC (now part of NICE) to develop competency frameworks for all prescribers shows that the core competences needed by prescribers from all health care professions are similar.

The development of an outline curriculum framework to prepare physiotherapists, podiatrists and therapeutic radiographer supplementary prescribers as independent prescribers does not mean that all members of these professions are necessarily going to be trained as prescribers (see *Entry Requirements* section).

Although this outline curriculum framework is specific to physiotherapists, podiatrists and therapeutic radiographers, it is not intended that members of these professions are necessarily to be trained separately from other professions. The decision on how an education programme will be delivered is determined locally. Most current training programmes for independent and/or supplementary prescribers are delivered as multi-professional education programmes.

Multi-professional education programmes must be able to distinguish, via learning outcomes and assessment strategies, the differences between supplementary prescribing and independent prescribing, and also the differences that may exist between professions in respect of prescribing, for example, whether or not the professional group can prescribe controlled drugs and/or is permitted to mix medicines prior to administration.

There is normally no automatic entitlement to exemption from any part of the programme, although Higher Education Institutions (HEIs) may use established mechanisms for considering exemption from parts of the programme. However, students must satisfy all assessment requirements.

The education programme is at post-registration level. The baseline for the programme is judged to be at Level 6, for development of safe independent prescribers working within the legal framework. If offered by a Higher Education Institution at Masters Level 7, the programme will still need to be able to map to the minima required for Level 6.

For each profession, learning in both the theoretical and practice components of the education programme will be tailored in content and duration to deliver standards of knowledge and practice against each element of the curriculum framework that will allow safe practice that is relevant to and permitted by the named profession.

Programmes will include sufficient emphasis on clinical decision making, including a decision not to prescribe.

1.7 Current Knowledge Base/Professional Context

The relevant knowledge and expertise of physiotherapists, podiatrists and therapeutic radiographers entering an independent prescribing education programme will include their experience as supplementary prescribers. The design and delivery of programmes will need to take account the applicants' background expertise, experience and skills, and will be expected to confirm their competence in prescribing through appropriate assessment strategies. The professional bodies representing physiotherapists (Chartered Society of Physiotherapy), podiatrists (College of Podiatry and the Institute of Chiropodists & Podiatrists) and therapeutic radiographers (Society and College of Radiographers) have endorsed the following statements relating to the scope of prescribing practice in each profession.

1.7.1 Scope of Physiotherapist Independent Prescribing

The physiotherapist independent prescriber may prescribe any licensed medicine within national and local guidelines for any condition within their area of expertise and competence within the overarching framework of human movement, performance and function. Independent prescribers may also mix medicines prior to administration and prescribe from a restricted list of seven controlled drugs.

1.7.2 Scope of Podiatrist Independent Prescribing

The professional bodies (the College of Podiatry and the Institute of Chiropodists and Podiatrists (IoCP) working collaboratively) agree that it is necessary to direct those members who are engaged in the practice of independent prescribing to ensure that they concern themselves only with medicines that are relevant to the treatment of disorders affecting the foot, ankle and associated structures, in line with current practice and consistent with published professional guidance.

1.7.3 Scope of Therapeutic Radiographer Independent Prescribing

The therapeutic radiographer independent prescriber may prescribe any licensed medicine, within national and local guidelines for any condition within the practitioner's area of expertise and competence within the overarching framework of treatment of cancer.

1.8 Standards and Professional Codes of Ethics

1.8.1 Health and Care Professions Council (HCPC)

The regulatory body for AHPs is the HCPC. The HCPC has produced a number of standards, which cover the practice of AHPs:

- Standards for Prescribing[13]
- Standards for Continuing Professional Development[14]
- Standards of Conduct, Performance and Ethics[15]
- Standards of Proficiency – Physiotherapists[16]
- Standards of Proficiency – Radiographers[17]
- Standards of Proficiency – Chiropodists and Podiatrists[18]

HCPC has also produced standards that apply to education providers in respect of pre-registration education and training of AHPs:

- Standards of Education & Training[19]

1.8.2 Professional Bodies

It may also be useful to refer programme participants to Codes of Ethics and Professional Conduct issued by professional bodies such as The College of Podiatry[20], Chartered Society ofPhysiotherapy[21], Institute of Chiropodists and Podiatrists[22] and The Society and College of Radiographers[23].

---

[13] Health and Care Professions Council (2013) Standards for Prescribing, London, http://www.hcpc-uk.org/assets/documents/10004160Standardsforprescribing.pdf

[14] Health and Care Professions Council (2012), Standards for Continuing Professional Development, London, HCPC http://www.hpc-uk.org/publications/standards/index.asp?id=101

[15] Health and Care Professions Council (2016), Standards of Conduct, Performance and Ethics, London, HCPC http://www.hpc-uk.org/publications/standards/index.asp?id=38

[16] Health and Care Professions Council (2016), Standards of Proficiency for Physiotherapists, London, HCPC http://www.hpc-uk.org/publications/standards/index.asp?id=49

[17] Health and Care Professions Council (2012), Standards of Proficiency, London, HCPC http://www.hpc-uk.org/publications/standards/index.asp?id=51

[18] Health and Care Professions Council (2012), Standards of Proficiency, London, HCPC http://www.hpc-uk.org/publications/standards/index.asp?id=41

[19] Health and Care Professions Council (2009), Standards of Education and Training, London, HPC http://www.hpc-uk.org/publications/standards/index.asp?id=183

[20] Society of Chiropodists and Podiatrists (2001), Code of Conduct, London, SoCPod. http://www.feetforlife.org

[21] Chartered Society of Physiotherapy (2011), Code od Members Values and Behaviours, CSP, London http://www.csp.org.uk

[22] *Institute of Chiropodists and Podiatrists (2011), Code of Ethics, IOCP, Southport http://www.iocp.org.uk*

[23] *Society and College of Radiographers (2013), Code of Professional Conduct, SCoR, London http://www.sor.org*

Practice Guidance has been prepared by the Chartered Society of Physiotherapy, the College of Podiatry together with the Institute of Chiropodists and Podiatrists and the Society and College of Radiographers. The practice guidance for physiotherapists is available at http://www.csp.org.uk and for podiatrists at http://www.iocp.org.uk and http://www.feetforlife.org and for radiographers http://www.sor.org/learning/document-library

1.9 Registration and Continuing Professional Development

Allied health professionals are subject to statutory regulation and must be registered with the HCPC.

The Prescription Only Medicines Order (POM) made under the Human Medicines Regulations 2012 will require that the HCPC register be annotated to indicate that the registrant, having successfully completed a HCPC approved programme of preparation, is competent to practise as an independent and/or supplementary prescriber.

As with all registrants of the HCPC, to remain on the annotated register, independent prescribers will have to demonstrate that they continue to meet the Standards of Proficiency for safe and effective practice of their profession and also the Standards of Prescribing. Standard 3 of the HCPC's Standards of Conduct, Performance and Ethics requires that registrants only practise in those fields in which they have appropriate knowledge skills and experience. This involves a self declaration on renewal of their registration.

From 2006, registrants have had to meet the requirements of the Standards for Continuing Professional Development (CPD) of the HCPC. This is supported by a self-declaration that the registrant has kept up-to-date with practice within their current context and scope of practice. This is subject to periodic random audit requiring a sample of registrants to submit evidence of their CPD to the HCPC for assessment to ensure they are meeting the standards.

HCPC provide examples of a range of activities that can be used as part of CPD http://www.hcpc-uk.org/registrants/cpd/activities/

2 Entry Requirements

The safety of patients is paramount and the entry requirements focus on the protection of patients including:

- The legal requirement to be registered to practise as an allied health professional
- The service need to protect patients – including in the development of new services and new roles
- Demonstrating and maintaining competence in a clinical speciality
- Independent prescribing as an adjunct to high level clinical practice
- Responsibility of services to identify:

    a) Where this development needs to occur

    b) That potential prescribers are in roles which require such development

In order to gain entry onto the Education Programme, applicants must meet each of the criteria listed in Table 2 overleaf.

Table 2: Entry Requirements

a) Be registered with the HCPC on the physiotherapist, podiatrist or therapeutic radiographer register and currently annotated on the relevant HCPC register as a supplementary prescriber.

AND

b) Be professionally practicing as a supplementary prescriber for the past six months prior to the start of this programme.

AND

c) Be able to provide a statement of support from a medical practitioner that confirms a suitable level of competence to progress to independent prescribing.

AND

d) Be able to demonstrate support from their employer/sponsor* including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to independently prescribe.

AND

e) Be professionally practising in an environment where there is an identified need for the individual to regularly use independent prescribing.

AND

f) Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective independent prescribing.

AND

g) Have an approved medical practitioner, normally recognised by the employer/commissioning organisation as having:

i) experience in the relevant field of practice

ii) training and experience in the supervision, support and assessment of trainees and

iii) has agreed to:

- Provide the student with opportunities to develop competences in prescribing
- Supervise, support and assess the student during their clinical placement

AND

h) Be able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD), including development of networks for support, reflection and learning.

AND

i) In England and Wales, provide evidence of a Disclosure and Barring Service (DBS) or in Northern Ireland, an Access NI check within the last three years or in Scotland, be a current member of the Protection of Vulnerable Groups (PVG) scheme.

*If self-employed, must be able to demonstrate an identified need for independent prescribing and that all appropriate governance arrangements are in place

2.1 Employers

Employers should undertake an appraisal of a registrant's suitability to independently prescribe *before* they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including relevant Disclosure and Barring Service or equivalent check) to enable the registrant to independently prescribe once they are qualified to do so.

2.2 Programme Providers

Programme providers must ensure through pre-programme assessment and clear documented evidence that:

a) All entry requirements are met
b) Candidates have appropriate background knowledge and experience
c) Candidates are able to study at academic level 6.

2.3 Providers and Commissioners

Programme providers and the employer/commissioning organisation have a shared responsibility to demonstrate that approved medical practitioners are able to provide appropriate placement supervision.

2.4 Informing Employers

Programme providers must inform employer organisations of the outcome of education programmes, including failure to successfully complete an training programme.

3 Aim and Objective of the Education Programmes

3.1 Aim

The aim of the programmes developed from this outline curriculum framework is to develop the knowledge and skills required by a physiotherapist, podiatrist or therapeutic radiographer supplementary prescriber to practice as an independent prescriber, meeting the standards set out by the HCPC for annotations of their entry on the register.

3.2 Objective

The objective of the programmes developed from this outline curriculum framework is that the practitioner will be able to demonstrate how they will prescribe safely, effectively and competently.

4 Competencies and Learning Outcomes

While many of the learning outcomes will be similar to those for supplementary prescribers, each of the competencies included in this curriculum should relate specifically to the context of independent prescribing.

The numbers of each competency in the first column reflect the number of the statement within the *Competency Framework forAll Prescribers.* Where the competence does not meet the exact wording of the statement the most similar statement has been matched.

The learning outcomes and associated indicative content have been aligned with each of the competencies and classified under 13 general themes:

1. Initial Clinical Assessment
2. Communication
3. Knowledge of Medicines
4. Evidence-based Practice
5. Clinical Decision Making
6. Shared Decision Making
7. Care Planning and Follow Up
8. Documentation
9. Legal and Ethical Issues
10. Scope of Practice
11. Continuing Professional Development
12. Prescribes Safely
13. Public Health Issues Relating to Prescribing

The indicative content listed in the table serves as an example of the kind of content that may relate to each of the learning outcomes and is not an exhaustive list of all content required in the course. Some indicative content may relate to more than one learning outcome and to more than one category.

Initial Clinical Assessment

Competence	Learning Outcomes	Indicative Content
1.6 Understands the conditions being treated, their natural progress and how to assess their severity.		
1.1. Takes an appropriate medical history and medication history, which includes both current and previously prescribed and non-prescribed medicines, supplements and complementary remedies, allergies and intolerances.	Able to conduct a relevant clinical assessment/examination, using appropriate equipment and techniques.	Accurate assessment, history taking and effective communication and consultation with patients and their parents/carers.
1.2 Undertakes an appropriate clinical assessment, using relevant equipment and techniques.	Able to undertake a thorough medical and medication history, including alternative and complementary health therapies.	Relevant physical examination skills.
1.3 Accesses and interprets relevant patient records to ensure knowledge of the patient's management.		

Communication

Competence	Learning Outcomes	Indicative Content
4.13. Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.		
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.		
10.1. Thinks and acts as part of a multi-disciplinary team to ensure that continuity of care is developed and not compromised.		
Section 5 (The Role of Professionalism), 1.2, 8.1 Undertakes the consultation in an appropriate setting taking account of confidentially, dignity and respect.		
3.5. Creates a relationship which does not encourage the expectation that a prescription will be supplied.	Demonstrates effective partnership working and communication skills with other prescriber(s), patient(s), carer(s) and the wider care team.	The role and functions of other team members including effective communication and team working with other prescribers and members of the health care team.

5.2. Gives the patient clear accessible information about their medicines (e.g. what it is for, how to use it, where to get it from, possible unwanted effects).		

Knowledge of Medicines

Competence	Learning Outcomes	Indicative Content
2.4. Understands the mode of action and pharmacokinetics of medicines, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects treatment decisions.	Is able to describe the pharmacokinetics and pharmacodynamics of medicines used within the prescriber's scope of practice and how these may be altered, e.g. by age, renal impairment.	Principles of pharmacokinetics and drug handling – absorption, distribution, metabolism and excretion of drugs. Pharmacodynamics – how a medicine acts on a living organism Recognition and responding to common signs and symptoms that are indicative of clinical problems or prescribing actions.
4.2 Understands the potential for adverse effects and how to avoid/minimise, recognise and manage them.		
4.1 Only prescribes a medicine with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects (For example, using the BNF/BNFC).		
4.8 Uses up-to-date information about relevant products (e.g. formulations, pack sizes, storage conditions, costs).		

Evidence-based Practice

Competence	Learning Outcomes	Indicative Content
2.8 Understands the advantages and limitations of different information sources available to prescribers.	Is able to list the different information sources available to prescribers and explain their advantages and limitations.	Knowledge of sources of evidence-based prescribing including national and local guidelines, protocols, policies, decision support systems and formularies – including rationale for, adherence to and deviation from such guidance.
2.7 Accesses relevant, up-to-date information using trusted evidence-based resources.	Can describe the therapeutic evidence base underpinning the therapeutic area within the prescriber's scope of practice.	Auditing, monitoring and evaluating prescribing systems and practice including the use of outcome measures.
2.7,2.8 Regularly reviews the evidence base behind therapeutic strategies.		

Clinical Decision Making

Competence	Learning Outcomes	Indicative Content
2.1 Understands different nonpharmacological and pharmacological approaches to modifying disease and promoting health, identifies and assesses the desirable outcomes of treatment.	Understands when to prescribe, not to prescribe, referral for treatment including non-pharmaceutical treatment and discontinuation of medicines.	How to apply the principles of diagnosis and the concept of a working diagnosis in relation to a prescribing decision to ensure patient safety.
2.3. Assesses the risks and benefits to the patient of taking/not taking a medicine or treatment.		Development of a treatment plan, including lifestyle and public health advice.
2.1,2.2. Considers all treatment options including no treatment, nonpharmacological interventions and medicines usage.		Confirmation of diagnosis/differential diagnosis – further examination, investigation and referral for diagnosis.
1.5. Makes, or understands the working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis).		Autonomous working and autonomous prescribing decision making within professional competence to ensure patient safety.
1.4. Requests and interprets relevant investigations.		
2.5. Assesses the effect of multiple pathologies, existing medication, allergies and contraindications on management options.		
2.2 Where a medicine is appropriate, identifies the different options.		

3.5,3.6,8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.		

Shared Decision Making

Competence	Learning Outcomes	Indicative Content
3.3 Explains the rationale behind and the potential risks and benefits of management options.	Demonstrates an ability to take account of patients' wishes, values, ethnicity and the choices they may wish to make in their treatment.	Strategy for managing patient demand – Patient demand versus patient need, the partnership in medicine taking, the patient choice agenda and an awareness of cultural and ethnic needs.
3.1 Works with patients to make informed choices about their management and respects their right to refuse or limit treatment.		
3.6 Aims for an outcome of the consultation with which the patient and prescriber are satisfied.	Works with the patient to engender concordance and self-care, with the patient taking responsibility for their own medicines administration.	Partnership working with the patient including the concordant approach and the importance of explaining why medication has been prescribed, side effects and other relevant information to enable patient choice.
3.4,5.5 When possible, supports patients to take responsibility for their medicines and self-manage their conditions.		
3.6,5.1 Checks patient's understanding of and commitment to their management, monitoring and follow up.	Demonstrates an understanding of the importance of and risks associated with shared decision-making.	Concordance as opposed to compliance.

3.4 Understands the different reasons for non-adherence to medicines (practical and behavioural) and how best to support patients. Routinely assesses adherence in a nonjudgemental way.		

Care Planning and Follow Up

Competence	Learning Outcomes	Indicative Content
6.1. Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment.	Demonstrates the ability to monitor response to medicines and modify treatment, including stopping medicines prescribed by others, or refer the patient as appropriate.	Methods for monitoring the patient including interpretation and responding to patient reporting, physical examinations and laboratory investigations.
6.2. Ensures that the effectiveness of treatment and potential unwanted effects are monitored.		
6.4. Makes changes to the treatment plan in light of on-going monitoring and the patient's condition and preferences.		

Documentation

Competence	Learning Outcomes	Indicative Content
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	Able to make use of prescribing systems, including those used to prescribe Controlled Drugs	Record keeping, documentation and professional responsibility. Prescription pad security and procedures when pads are lost or stolen. Confidentiality, Caldicott and Data Protection. IT developments and their impact on prescribing, including electronic patient records and e-prescribing.
4.12 Makes accurate, legible and contemporaneous records and clinical notes of prescribing decisions.		
4.9 Writes legible, unambiguous and complete prescriptions which meet legal requirements.		

Legal and Ethical Issues

Competence	Learning Outcomes	Indicative Content
8.3 Aware of how medicines are licensed, sourced and supplied, and the implications for own prescribing.	Demonstrates an understanding of legal and ethical aspects of prescribing, including prescribing of controlled drugs. Is able to describe the factors that may influence prescribing decisions. Demonstrates an understanding of the law as it pertains to the relevant profession with regard to prescribing, including controlled drugs, mixing medicines and off-label prescribing. Demonstrates an understanding of the differences between supplementary and independent prescribing. Demonstrates an understanding of the differences between non-medical prescribing mechanisms and supply/administration mechanisms.	Legal basis for independent prescribing. Individual accountability and responsibility as an independent prescriber. Management of change, including impact of changes in area/scope of practice. Application of the law in practice, professional judgment and responsibility liability and indemnity, associated with independent prescribing. The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients.
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications of doing so.		
8.3 Knows and applies legal and ethical frameworks affecting prescribing practice (e.g. misuse of drugs regulations, prescribing of unlicensed/off-label medicines).		
Section 5 (The Role of Professionalism), 4.13, 7.4Maintains patient confidentiality in line with best practice, regulatory standards and contractual requirements.		
8.6. Works within the NHS/organisational or other ethical code of conduct when dealing with the pharmaceutical industry.		
8.5 Recognises and deals with pressures that might result in inappropriate prescribing (for example, pharmaceutical industry, media, patient, colleagues).		

Scope of Practice

Competence	Learning Outcomes	Indicative Content
Identifies and respects the patient's values, beliefs and expectations about medicines.		
Takes into account the nature of peoples' diversity when prescribing.		
Deals sensitively with patients' emotions and concerns about their medicines.		Demonstrates an understanding of roles and responsibilities in respect of prescribing, including the recommendations of the Fourth Report of the Shipman Inquiry on controlled drugs and any other relevant reports such as the report of the Airedale Inquiry.
7.1 Knows the limits of their own knowledge and skill, and works within them.	Understands the roles and responsibilities in respect of prescribing, including the recommendations of the Fourth Report of the Shipman Inquiry[24] on controlled drugs and any other relevant reports such as the report of the Airedale Inquiry[25].	
1.8,7.1 Knows when to refer to or seek guidance from another member of the team or a specialist.		How to understand and recognise personal limitations, including the limits to personal scope of practice and working autonomously.
4.4 Prescribes generically where appropriate, practical and safe for the patient.		
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.		

[24] *Home Office and Department of Health (2006) Safer management of controlled drugs – The Government's response to the Fourth Report of the Shipman Inquiry, London , HMSO*

[25] *Airedale NHS Trust Independent Inquiry (2010) The Airedale Inquiry – Report to the Yorkshire and Humber Strategic Health Authority*

Continuing Professional Development

Competence	Learning Outcomes	Indicative Content
8.1 Ensures confidence and competence to prescribe are maintained.		
7.5. Keeps up to date with advances in practice and emerging safety concerns related to prescribing.		
Section 5 (The Role of Professionalism), 2.8. Takes responsibility for own learning and continuing professional development.	Demonstrates compliance with professional CPD.	Negotiating support/training for prescribing role.
10.2,10.4 Makes use of networks for support, reflection and learning.		Clinical supervision, reflective practice/peer review, critical appraisal skills.
9.3,10.4 Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit and feedback).	Demonstrates ability to reflect on practice and implement necessary changes.	Analysis and learning from medication errors and near misses.
Section 5 (The Role of Professionalism), 9.1 Learns and changes from reflecting on practice.		
9.1,10.4 Shares and debates own and others prescribing practice, and acts upon feedback and discussion.		

Prescribes Safely

Competence	Learning Outcomes	Indicative Content
7.4. Understands the need to work with, or develop, safe systems and processes locally to support prescribing, for example, repeat prescribing, transfer of information about medicines.		
7.2 Knows about common types of medication errors and how to prevent them.		
7.6. Reports prescribing errors and near misses, reviews practice to prevent recurrence.	Is able to demonstrate safe prescribing.	Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/client safety incidents to the National Patient Safety Agency (NPSA).
9.2 Acts upon colleagues' inappropriate prescribing practice using appropriate mechanisms.	Demonstrates the knowledge of safe prescribing, including numeracy and drug calculations.	
10.2 Provides support and advice to other prescribers where appropriate		
4.6 Accurately calculates doses and routinely checks calculations where relevant, e.g. for children [26]		

[26] *See 'assessment of numeracy skills', section 6.2, page 46.*

Public Health Issues Relating to Prescribing

Competence	Learning Outcomes	Indicative Content
2.9 Understands the public health issues related to medicines and their use. 4.2,6.3 Knows how to detect and report suspected adverse drug reactions. 4.7 Appreciates the potential for misuse of medicines. 2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures. Antimicrobial stewardship – Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)	Demonstrates knowledge of public health issues related to prescribing, including use and misuse of medicines, and detecting adverse reactions. Demonstrates an understanding of the importance of record keeping in the context of medicines management including: 1) Sharing information with the primary/main record holder 2) Accurate recording in patient's notes 3) Reporting of near-misses 4) Adverse reactions.	Use of medicines in populations and in the context of health priorities. Identifying and reporting unexpected and adverse drug reactions.

Complying with Healthcare Policy

Competence	Learning Outcomes	Indicative Content
4.8 Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).	Demonstrates an understanding of the impact of supplementary/independent prescribing in the context of service improvement, innovation and change management. Able to demonstrate an understanding of current local and national healthcare policy concerning medicines. Demonstrates an understanding of the use of a personal formulary within scope of practice.	Submission of a personal formulary within scope of practice.
4.5 Understands the national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation).		
4.3 Understands and works within local frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).[27]		

[27] *National Institute for Health and Clinical Excellence (2012). Good Practice Guidance; Developing and Updating Local Formularies. NICE. Manchester.* http://www.bbc.co.uk/news/uk-wales-21118440

5 Learning and Teaching Strategies

5.1 Strategies

A programme's learning and teaching strategies should do the following:

- Enable students to develop their learning in line with the programme learning outcomes (and therefore the aims, objectives and outcomes of this outline curriculum framework)
- Promote equality of opportunity and inclusion in how individuals are enabled to access and progress through a programme, underpinned by providers' established processes and systems, whilst upholding patient safety in all aspects of delivery
- Achieve coherence with how students' fulfilment of the learning outcomes is assessed
- Integrate students' theoretical and practice-based learning
- Blend learning and teaching approaches that include a mix of face-to-face sessions in both academic and clinical settings, supervised practice, and remotely supported and self-directed learning
- Provide opportunities for students to develop their learning in safe, staged ways and to engage critically in their knowledge and skills development.

More specifically, the strategies should be designed to do the following:

- Promote patient safety and minimisation of risks as the primary aim
- Build on students' existing professional knowledge, skills, behaviours and experience, including their experience as supplementary prescribers
- Enable students to develop a greater familiarity with medicines used in treating the specific conditions within their scope of practice
- Enable students to develop their understanding of the appropriate integration of prescribing within their scope of practice to meet patient and service delivery needs
- Achieve a clear integration of theoretical and practical learning (see below)
- Optimise opportunities for inter-professional learning

Programmes should also do the following, within the specific context of developing students' competence in prescribing:

- Develop students' critical thinking about how they safely and appropriately integrate prescribing into their clinical practice
- Develop students' critical engagement with, and critical application of the available evidence-base
- Develop students' understanding, sensitivity and responsiveness to issues of equality and inclusion in how they integrate prescribing within their delivery of care to patients
- Enhance students' understanding of their competence and scope of practice, professionalism and professional responsibilities
- Encourage a reflective approach to students' on-going learning in how they apply and develop their prescribing skills on successful completion of the programme

5.2 Practice-Based Learning

Students' learning in practice settings should be focused on achieving competence, with a focus on the particular areas listed below.

Clinical decision-making

- Using medicines for the specified condition(s) for which they intend to prescribe
- The physical examination of patients with those conditions for which they intend to prescribe, being sensitive and responsive to equality and inclusion issues for individual patients and patient groups
- Monitoring and assessing patient responses to treatment
- Making relevant changes to medication in line with patient responses to treatment.

Communication and governance

- Effective communication with the patient and multidisciplinary team, being attentive to equality and inclusion issues
- Record-keeping
- Engagement with clinical governance, service evaluation and wider initiatives to improve both patient safety and the quality of patient experience and outcomes
- Documenting learning in ways that support and evidence students' CPD, including for the purposes of continued registration, regulatory annotation and insurance purposes.

5.3 Supervision Arrangements

The organisation sponsoring a student's attendance on the programme and the programme provider have a shared responsibility for ensuring that the designated medical practitioner (DMP) who provides supervision, support and shadowing opportunities, is familiar with the requirements of the programme, including its learning outcomes, learning and teaching strategies, and assessment requirements.

HCPC Standards for prescribing includes guidance on the requirements for DMPs[28].

Arrangements for supporting the DMPs' contribution to the programme's delivery should include the following:

- Appropriate induction to the programme for the DMP
- Timely updates on modifications made to the programme's design or delivery
- Support in understanding and applying the criteria to assess students' performance against the programme outcomes

[28] Standards for Prescribing http://www.hcpc-uk.org/assets/documents/10004160Standardsforprescribing.pdf

- Support in taking account of any issues that may impact on how a student engages with a programme from an equality of opportunity/inclusion perspective (e.g. in response to a student's disclosure of a disability for which reasonable adjustment may need to be made)
- Ensuring that formal processes for recording and reporting on students' performance, including those that may trigger concerns about patient safety and professional behaviours are clear
- Clear mechanisms for providing evaluative feedback on the programme and the learning experience it provides, and contributing to its on-going review and refinement
- Opportunities for direct involvement in curriculum planning and design
- Representation of the DMPs on relevant programme management Boards and Examination Boards within the HEI

6 Assessment Strategies

6.1 Approach

The aim of the programmes developed from this outline curriculum framework is to develop the knowledge and skills required by a physiotherapist, podiatrist or therapeutic radiographer supplementary prescriber in order to allow them to practice as an independent prescriber, meeting the standards set out by the HCPC for this additional annotation of their entry on the register. The objective is that the practitioner will be able to demonstrate how they will prescribe safely, effectively and competently. Therefore, there is an expectation that a range of appropriate assessment strategies are employed to allow students to successfully demonstrate they can fulfil the learning outcomes of the programmes.

The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.

Assessment strategy must ensure that all the learning outcomes for the independent prescribing programme are able to be tested, both in theory and practice.

The learning outcomes should be assessed by a combination of methods to test knowledge, skills and a reflective approach to learning.

Programmes, learning outcomes and associated assessment strategies must be designed to confirm that the physiotherapist, podiatrist or therapeutic radiographer is a safe and effective independent prescriber, and that a major failure to identify a serious problem or an answer that could cause a patient harm should result in overall failure.

It is accepted that HEIs will design their own programmes within the outline curriculum framework, in line with their institutional format, though also to reflect the expectation of an integrated and research-led approach to programme delivery and assessment. This involves a range of strategies to test knowledge, skills, and behaviours, with a reflective approach to learning.

Students must be successful in each assessment element, with no compensation permitted between elements and no discretionary zone. There may be overlap in the assessment strategy of the compulsory elements and with a single type of assessment able to test several learning outcomes. For example, different Objective Structured Clinical Examination stations may examine the ability to correctly calculate drug dosages, information gathering via a patient history or clinical assessment skills. Within the diet of assessment, it must be clear how all learning outcomes are tested and how all the compulsory elements are covered.

6.2 Compulsory Elements

A number of compulsory formal elements should be included in the assessment diet of all programmes:

a) Assessment must confirm that the physiotherapist, podiatrist or therapeutic radiographer has achieved the additional learning outcomes for independent prescribing listed in this curriculum.

b) Assessment must provide confirmation of the physiotherapist, podiatrist or therapeutic radiographer's clinical competence in the area(s) for which they intend to independently prescribe, including detailed pharmacology of medicines.

c) Satisfactory completion of the period of practice experience, including sign-off by the designated medical practitioner, that the student is competent to independently prescribe medicines within their scope of practice.

d) Testing of students' understanding of their professional, ethical and legal responsibilities in relation to independent prescribing (including their understanding of equality and inclusion issues for individual patients and groups) as an integral component of the programme assessment, with this explicit in the programme learning outcomes.

e) Each trainee will be required to maintain a Portfolio of Practice Evidence to demonstrate that learning outcomes have been achieved and to support CPD, and continuing registration and annotation.

f) Submission of a personal formulary from within trainee's individual scope of practice.

g) In line with other professional groups, it is essential that AHPs who wish to undertake the Supplementary Prescribing to Independent Prescribing Conversion programme undertake a numeracy skills assessment if they have not already done so as part of a Supplementary Prescribing education programme. The students should be required to demonstrate that they fully understand the importance of demonstrating numeracy skills alongside undertaking medicines calculations.

6.3 Professional Behaviours

The objective of the programme is for the student to demonstrate that they are a safe, effective and competent prescriber. In some situations it may be possible for a student to meet the learning outcomes though also generate concerns in relation to any element(s) of the assessments.

The programme provider should have a mechanism in place to identify such cases and a pathway to pursue the issue(s) involved before a student is allowed to complete the programme and have their registration annotated. If the student is unable to address the issue(s) satisfactorily, they should not be allowed to complete the programme. Students should be made aware that this mechanism is in place before they commence the programme.

7 Programme Length

The programme should be of sufficient length to achieve the learning outcomes. In no case should programme length be less than the equivalent of two days for the taught component, of which at least one day must comprise face to face learning activities, plus at least two 7.5 hour days learning in practice under the supervision of a designated medical practitioner.

8 Annotation

Programme providers will inform HCPC of physiotherapists, podiatrists and therapeutic radiographers who have successfully completed an approved programme. Once the HCPC has received this confirmation, it will then annotate the registrant's entry on the Register. It will then send information to the registrant confirming that the annotation(s) has been made.

Registrants and employers are encouraged to check their registration on the HCPC website: www.hcpc-uk.org

The information available on the website includes any annotations which a registrant might have (for example, independent and/or supplementary prescribing). The information on the HCPC website is updated regularly and is the easiest way of confirming that a physiotherapist, podiatrist or therapeutic radiographer has the necessary annotation(s).

The purpose of the annotation on the publicly available website is to allow members of the public and employers to check that the physiotherapist, podiatrist or therapeutic radiographer has the appropriate qualifications in order to act as an independent prescriber.

Physiotherapists, podiatrists and therapeutic radiographers cannot practise as independent prescribers without having their entry on the Register annotated.

Membership of NHS England Allied Health Professionals (AHP) Medicines Project Board

Representative	Organisation
Suzanne Rastrick (Co-Chair)	NHS England
Bruce Warner (Co-Chair)	NHS England
Helen Marriott (Project Lead)	NHS England
Charlotte Beardmore	Society and College of Radiographers
Jan Beattie	Scottish Government
Rebecca Blessing	Department of Health
Brian Brown	Care Quality Commission
Andy Burman	Allied Health Professions Federation and the British Dietetic Association
Nicole Casey	Health and Care Professions Council
Bill Davidson	Patient and public representative
Catherine Duggan	Royal Pharmaceutical Society
Gerry Egan	College of Paramedics
Sue Faulding	Health and Social Care Information Centre
Katherine Gough	Dorset Clinical Commissioning Group
Linda Hindle	Public Health England
Barry Hunt	College of Paramedics *(advisory)*
Cathryn James	Association of Ambulance Chief Executives
Shelagh Morris	NHS England
Rowena McNamara	British and Irish Orthoptic Society
Fleur Nielsen	Council of Deans of Health
Graham Prestwich	Patient and public representative
Anne Ryan	MHRA
Patricia Saunders	Health Education England
Alison Strode	Welsh Government
Hazel Winning	Department of Health, Social Services & Public Safety *(Northern Ireland)*

Membership of Allied Health Professionals Medicines Project Practice & Education Working Group

Representative	Organisation
Jan Beattie	Scottish Government
Imogen Carter	College of Paramedics
Nicole Casey	The Health and Care Professions Council
Andy Collen	College of Paramedics
Molly Courtenay	University of Surrey
Alison Culkin	St Mark's Hospital, Harrow
David Davis	College of Paramedics
Matt Fitzpatrick	Royal National Orthopaedic Hospital NHS Trust
Jan Flint	Royal Free London NHS Foundation Trust
Christina Freeman	College and Society of Radiographers
Sarah Griffiths	Bristol Haematology and Oncology Centre
Dianne Hogg	East Lancashire Hospitals NHS Trust
Barry Hunt	College of Paramedics
Hannah Kershaw	The Royal Free London NHS Foundation Trust
Jancis Kinsman	Bristol Haematology and Oncology Centre
Judy Love	College and Society of Radiographers
Helen Marriott (Project Lead)	NHS England
Nadia Northway	Glasgow Caledonian University
Najia Qureshi	British Dietetic Association
Anne Ryan	Medicines and Healthcare Products Regulatory Agency (MHRA)
Claire Saha	British and Irish Orthoptic Society
Steve Savage	Yeovil District Hospital
Steven Sims (Secretariat)	NHS England
Alison Strode	Welsh Government
Pip White	Chartered Society of Physiotherapy