Outline Curriculum Framework for Education Programmes to Prepare:

- Physiotherapists
- Podiatrists
- Therapeutic Radiographers

as Independent/Supplementary Prescribers

and to Prepare:

- Diagnostic Radiographers
- Dietitians

as Supplementary Prescribers

Review October 2019. May be subject to earlier review if required

C O N T E N T S

1. INTRODUCTION AND BACKGROUND

1.1. Introduction

This outline curriculum framework is aimed at education providers intending to develop education programmes and individuals interested in education programmes for:

- Physiotherapists, podiatrists and therapeutic radiographers to fulfil the requirements for annotation on the Health and Care Professions Council (HCPC) register as both independent and supplementary prescribers, and
- Diagnostic radiographers and dietitians to fulfil the requirements for annotation on the HCPC register as supplementary prescribers

It replaces *Outline Curriculum Framework for Education Programmes to Prepare Physiotherapists and Podiatrists as Independent/Supplementary Prescribers and to prepare Radiographers as Supplementary Prescribers*[1] published in March 2013.

The changes and additions reflect amendments to legislation to allow prescribing by some allied health professional groups and this document aligns with *A Competency Framework for All Prescribers*[2] . It also reflects the experience of AHP prescriber's education and practice, and the significant differences associated with practice as an independent prescriber.

The outline curriculum framework reflects the experience of other non-medical prescribers – nurses, pharmacists and optometrists. It continues the alignment with nurse and pharmacist education programmes and supports commissioning of multi-professional non-medical prescribing education. A separate curriculum framework has been developed to convert physiotherapist, podiatrist and therapeutic radiographer supplementary prescribers to independent prescribers.

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 and from 2016 therapeutic radiographers are able to train as independent prescribers and dietitians as supplementary prescribers.

The alignment of this outline curriculum framework with the *Competency Framework for All Prescribers* ensures clear and consistent competencies for education providers in the development of prescribing education programmes. It enables education providers of multidisciplinary independent/supplementary prescribing programmes (for dietitians, nurses, pharmacists, podiatrists, physiotherapists and radiographers) 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.

[1] Outline Curriculum Framework for Education Programmes to Prepare Physiotherapists and Podiatrists as Independent/Supplementary Prescribers and to Prepare Radiographers as Supplementary Prescribers Allied Health Professions Federation 2013

[2] A Competency Framework for All Prescribers (RPS 2016) http://www.rpharms.com/support-pdfs/prescribing-competency-framework.pdf (accessed 08.08.16)

The outline curriculum is a framework for the development of programmes offering training in independent and/or supplementary prescribing by education providers. The programmes will be subject to approval and monitoring by the HCPC against the standards that it sets. Education programmes cover both supplementary and independent prescribing. Individuals who successfully complete a HCPC approved programme are able to apply for annotations on the HCPC register as independent and/or supplementary prescribers.

1.3. Context

Non-medical prescribing supports the achievement of ambitions the NHS Five Year Forward View[3] 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 hospital interventions
- Enabling a greater focus on re-ablement, including return to work
- Helping older people to live longer at 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 and supplementary prescribing by dietitians, physiotherapists, podiatrists and radiographers supports patient-centred care. It can enable new roles and new ways of working to improve quality of services – delivering safe, effective services focussed 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 opportunity for dietetic, physiotherapy, podiatry, and radiographer clinical leaders to innovate to inform commissioning decisions.

1.4. AHP Medicines Project

The Allied Health Professions (AHPs) Prescribing and Medicines Supply Mechanisms Scoping Project[4] was set up in 2008 and published 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 and 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.

[3] The NHS Five Year Forward View https://www.england.nhs.uk/ourwork/futurenhs/ (accessed 24.2.16)
[4] Allied Health Professions (AHPs) prescribing and medicines supply mechanisms scoping project (DH 2009)

The project also found that the extension of prescribing and medicines supply for certain of the 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 physiotherapists and podiatrists being enabled to become independent prescribers from August 2013

In a new initiative set up in the autumn of 2013 The Allied Health Professions (AHP) Medicines Project was established by NHS England 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 under 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 four separate but simultaneous public consultations. 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 orthoptists.

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. With 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 use controlled drugs but it must be noted that such professions do not all have the same rights with regard to which medicines 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	*						
Drama therapists	*						

* Available to all professions

1.5.1. Supplementary Prescribing

Supplementary prescribing is a voluntary partnership between a registered medical practitioner (a doctor or dentist) and a named health professional eligible to be a supplementary prescriber to implement an agreed patient-specific written Clinical Management Plan (CMP) with the patient's agreement. 'Supplementary prescribing', 'Clinical management plan' and the professional groups who are 'Supplementary prescribers' are defined in law[5].

1.5.2. Aims of Supplementary Prescribing

Supplementary prescribing is intended to provide patients with quicker and more efficient access to medicines and to make the best use of the skills of highly qualified health professionals. It should only be used when there is a clear benefit to both the patient and to the NHS locally (or the independent healthcare provider).

Supplementary prescribing may work particularly well in the management of long term and/or chronic conditions, where the health professionals involved in creating the clinical management plan are part of the same multi-disciplinary team and have continuity of contact with each other.

1.5.3. Independent Prescribing

The Department of Health's definition[6] 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[5].

In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for on-going 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 in a community setting, and within a single, accessible healthcare record.

1.5.4. 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 to make it easier for patients to get access to the medicines that they need. Independent prescribing is an important part of developing allied health professionals' roles in delivering frontline care and patient-centred services[7].

1.5.5. 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[8]. In some clinical circumstances more than one medicine may be

[5] The Human Medicines Regulations 2012. Regulation 8, 214, 215 and Schedule 14 http://www.legislation.gov.uk/uksi/2012/1916/pdfs/uksi_20121916_en.pdf (accessed 24.2.16)
[6] 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 http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf
[7] NHS Five year forward view https://www.england.nhs.uk/ourwork/futurenhs/ (accessed 24.2.16)
[8] The Human Medicines Regulations, Section 20 http://www.legislation.gov.uk/uksi/2012/1916/contents/made (accessed 24.2.16)

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.

1.5.6. 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.

1.5.7. 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 but 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 is the Misuse of Drugs Regulations 2001 (2001 Regulations), which came into operation in February 2002[11].

Prescribing from restricted lists of controlled drugs by physiotherapists and podiatrists by the Advisory Council on the Misuse of Drugs (ACMD) and Home Office Minister and the amendment of appropriate controlled drugs regulations was made in 2015[12]. Independent prescribing of controlled drugs by therapeutic radiographers will need to go through a similar process to that of physiotherapy and podiatry before regulations are changed.

1.5.8. Aims of Prescribing Controlled Drugs

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

- Maximise the treatment intervention through better pain management
- Improve quality of care in 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

[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-drugs- regulation-information.pdf
[10] http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug- licences/controlled-drugs-list
[11] http://www.npc.nhs.uk/legislation_cd.php (accessed 24.2.16)
[12] NB: Prescribers must be registered with their local controlled drugs Accountable Officer in order to prescribe controlled drugs.

1.6. 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 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 (e.g. 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

1.7. Underpinning Framework of the Outline Curricula

The regulatory body for AHPs is the Health and Care Professions Council (HCPC). HCPC has produced standards that 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 to develop *A Competency Framework for all Prescribers*[13] shows that the core competences needed by prescribers from all health care professions are similar.

Although this outline curriculum framework is specific to physiotherapists, podiatrists, radiographers, and dietitians, 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 education 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.

[13] A Competency Framework for All Prescribers (RPS 2016) http://www.rpharms.com/support-pdfs/prescribing-competency-framework.pdf (accessed 08.08.16)

The education programme is at post-registration level. The baseline for the programme is judged to be at Level 6, to develop safe independent prescribers and/or supplementary 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, both the theoretical and the learning in 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, and is relevant to, and permitted by, the named profession.

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

1.8. Current Knowledge Base/Professional Context

The relevant knowledge and expertise of dietitians, podiatrists, physiotherapists and radiographers entering an education programme will depend on the nature of their practice and the length of their experience. The design and delivery of programmes will need to take account of the applicant's background expertise, experience and skills and will be expected to confirm their competence in prescribing through appropriate assessment strategies.
The professional bodies representing the professions seeking prescribing rights have endorsed the following statements relating to the scope of prescribing practice for each profession.

1.8.1 Scope of Physiotherapist 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. The physiotherapist supplementary prescriber may prescribe any licensed medicine including controlled drugs under a written clinical management plan and 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.

1.8.2 Scope of Podiatrist 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 those medicines which 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. The podiatrist supplementary prescriber may prescribe any licensed medicine under a written clinical management plan and within national and local guidelines which 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.

1.8.3 Scope of Therapeutic Radiographer Independent Prescribing

Therapeutic radiographer independent prescribers may prescribe any 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. They may also mix medicines prior to administration

1.8.4 Scope of Diagnostic Radiographer Supplementary Prescribing

The diagnostic radiographer supplementary prescriber may prescribe any medicine, within national and local guidelines for any condition within the practitioner's area of expertise and competence, and within the overarching framework of diagnostic imaging. They may also mix medicines prior to administration and direct others to mix medicines, but only where that preparation forms part of the clinical management plan for an individual patient, and may prescribe controlled drugs as set out in regulations included in the patient's clinical management plan (CMP).

1.8.5 Scope of Dietitian Supplementary Prescribing

The dietitian supplementary prescriber may prescribe any medicine, within national and local guidelines for any condition within the practitioner's area of expertise and competence, and within the overarching framework of nutritional treatment in long term conditions, cancer and gastrointestinal disorders. They may also mix medicines prior to administration and direct others to mix medicines, but only where that preparation forms part of the clinical management plan for an individual patient, and may prescribe controlled drugs as set out in regulations included in the patient's clinical management plan (CMP).

1.8.6 Physiotherapists Pre-Registration and Post-Registration Education

Through undertaking their pre-registration programme (and supplemented through their post-registration practice and learning), all physiotherapists will have developed:

- Subjective assessment and interviewing skills, and be accustomed to the application of these in a range of settings.
- Objective assessment and handling skills, and will have applied these in a range of settings, and within a range of different pathological presentations
- Good clinical reasoning skills and applied these in a range of settings.
- An understanding of pathologies of a range of conditions
- Good reflective practice skills
- Skills in critically evaluating literature
- A basic knowledge of pharmacology relating to a limited range of medicines (this may relate purely to drug management or it may be more applied to show the inter-relationship between drug therapy and physiotherapy intervention).

Through their post-registration development, physiotherapists may have developed the following:

- Competence to use injection therapy to manage, for example, musculoskeletal injuries
- Experiential knowledge of a range of medicines related to their area of expertise.

1.8.7 Podiatrists Pre-registration and Post-Registration Education

As part of their pre-registration courses, all podiatrists will have a thorough and detailed knowledge of:

- The pharmacology of medicines commonly encountered within podiatric practice, as reflected in the range of medicines available to registered podiatrists on the podiatry exemption lists
- The methods of administration of medicines, including the parenteral administration of local anaesthetics
- Basic pharmacokinetics and pharmacodynamics, theory and practice of local anaesthesia and prescription only medicines in areas relevant to podiatric practice
- The evidence base for specific pharmacological intervention within podiatric practice
- Clinical reasoning and decision-making skills in podiatric practice
- Adverse drug reactions and drug interactions, drug dependency and abuse, and knowledge of the law.

Advanced and consultant practitioners in podiatry need to possess advanced knowledge and understanding of medicines to enable them to supply, administer and prescribe medicines within the legislative frameworks. Following the 1998 report on the Supply and Administration of Medicines under Group Protocol and the subsequent amendments to the Medicines Act 1968, many podiatrists now utilise PGDs to support their clinical work. These are particularly relevant where podiatrists are involved in surgical practice or in the conservative management of the high-risk foot.

Currently, podiatrists with the appropriate annotations on the Health and Care Professions Council Register are eligible to access, supply and administer a range of medicines on a specified list. The exemption lists have been periodically updated and extended since 1980, with extensions established in 1998, 2006 and 2011, which cover a range of medicines, including local anaesthetics, antibiotics, analgesics and antifungal agents. Podiatrists possessing the 'Prescription only medicines – administration' annotation are entitled to administer methylprednisolone and several named local anaesthetics agents. Podiatrists possessing the 'Prescription only medicines – sale/supply' annotation are entitled to access and supply certain analgesic, antibiotic and antifungal agents.

Separately certificated courses and examinations leading to the right to utilise both the above annotations are included in all undergraduate podiatry programmes. Post-registration courses are also available to enable practitioners to acquire or update these qualifications.

Members of both the College of Podiatry and the Institute of Chiropodists and Podiatrists who are in possession of the above certificates are obliged to undertake periodic continuing professional development in both Local Anaesthesia and Pharmacology for Podiatrists. Update programmes are required every three years, and annual updates are required in basic life support.

1.8.8 Radiographers Pre-Registration and Post-Registration Education

At pre-registration level, the stated outcomes for radiographers include "Supply, administer and prescribe medicines within the legal framework". Non-medical prescribing courses are post-registration and a qualifying radiographer would not be expected to have prescribing skills/knowledge but they would be expected to understand the legal framework surrounding use of medicines.

The indicative curriculum for therapeutic radiographers includes:

- Side effects of radiotherapy and their management
- Factors affecting the severity of side effects, toxicities and their measurement
- Pharmacology and uses of drugs commonly encountered within radiotherapy and chemotherapy
- Supply and administration of medicines

The indicative curriculum for diagnostic radiographers includes:

- Assessment, monitoring and care of the patient before, during and after examination
- Pharmacology of drugs commonly encountered within diagnostic imaging settings
- The theory and practice of intra-venous administration
- Supply and administration of medicines

At post-registration level, the stated desired outcome for advanced radiographers includes:

- Supply, administer and prescribe medicines within the legal framework.
- Manage the whole patient pathway; lead the delivery of complex treatments using advanced technologies (advanced therapeutic radiographers).
- Lead the delivery of complex imaging using advanced technologies, recording or reporting on the outcomes (advanced diagnostic radiographers).

At a post-registration level, some radiographers may have:

- Undertaken education in order to use image guided injection therapy to manage musculoskeletal or endoscopic conditions, for example, colonography and hysterosalpingography
- Experiential knowledge of a range of medicines related to their area of expertise, for example, palliative radiotherapy

1.8.9 Dietitians Pre-Registration and Post-Registration Education

At pre-registration level, the stated outcomes for dietitians include “Critical integrated and applied knowledge & understanding of clinical medicine, disease processes and pharmacology with respect to dietetic and nutrition interventions".

Knowledge Underpinning Informed, Safe and Effective Practice

- Epidemiology, pathophysiology, causes, clinical manifestations, diagnosis and treatment of disease.
- Current therapies, interventions, and person management strategies in disease.
- The interaction between physical and mental health.
- The modes of action of the main types of drugs.
- The functions, side effects and contraindications of drugs used in the treatment of diseases.
- Drug nutrient interactions.
- The different classifications of medicines and the role of the dietitian within medicines management.
- The use of and the evidence underpinning complementary and alternative medicine

The stated knowledge, skills and application for advanced dietitians include:

- Possess an extensive depth and breadth of knowledge and skills relevant to their scope of dietetic practice.
- Apply advanced knowledge to synthesise innovative, effective and evidence based intervention plans for action.
- Apply a critical knowledge of the risks and benefits of dietetic treatment to ensure safe and effective nutritional interventions within the context of the multi-disciplinary team.

At post-registration level specialist clinical groups such as Diabetes, Renal, Paediatric and nutrition support specialist groups of the BDA have developed stand-alone Masters level modules which have been used as credit towards full masters’ level awards. Full specialist masters awards are also available e.g. the MSc in Advanced Paediatric Dietetics.

At post-registration level, some dietitians may have:

- Undertaken education in order to use clinical and blood biochemical investigations to manage long term conditions.
- Experiential knowledge of a range of medicines related to their area of expertise, for example, diabetes and renal kidney disease.

1.9 Standards and Professional Codes of Ethics

1.9.1 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 Continuing Professional Development[14]
- Standards of Conduct, Performance and Ethics[15]
- Standards for Prescribing[19]

Professions specific Standards of Proficiency:

- Standards of Proficiency – Chiropodists and Podiatrists[16]
- Standards of Proficiency – Physiotherapists[19]
- Standards of Proficiency – Paramedics[17]
- Standards of Proficiency – Radiographers[19]
- Standards of Proficiency – Dietitians [19]
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HCPC also produce standards that apply to education providers in respect of pre-registration education and training of AHPs:

- Standards of Education & Training[18]

1.9.2 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[19], Chartered Society of Physiotherapy[20], Institute of Chiropodists and Podiatrists[21], Society of Radiographers[22] and The British Dietetic Association[23],

Practice Guidance has been prepared by professional bodies involved and are available on their websites.

1.10 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.

[14] Health Professions Council (2009), Standards for Continuing Professional Development, London, HCPC http://www.hpc-uk.org/assets/documents/10003B70Yourguidetoourstandardsofcontinuingprofessionaldevelopment.pdf
[15] Health Professions Council (2016), Standards of Conduct, Performance and Ethics, London, HCPC http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/ (accessed 24.2.16)
[16] Health Professions Council (2007), Standards of Proficiency, London, HCPC http://www.hpcHCPC-uk.org (accessed 24.2.16)
[17] HCPC, (2014) http://www.hcpc-uk.org.uk/assets/documents/1000051CStandards_of_Proficiency_Paramedics.pdf (accessed 24.2.16)
[18] Health Professions Council (2009), Standards of Education and Training, London, HCPC http://www.hpcHCPC-uk.org (accessed 24.2.16)
[19] Institute of Chiropodists and Podiatrists (2011), Code of Ethics, IOCP, Southport http://www.iocp.org.uk (accessed 24.2.16)
[20] Chartered Society of Physiotherapy (2011), Code of Members Values and Behaviours, CSP, London http://www.csp.org.uk (accessed 24.2.16)
[21] Society of Chiropodists and Podiatrists (2001), Code of Conduct, London, SoCPod. http://www.feetforlife.org (accessed 24.2.16)
[22] Society of Radiographers (2013), Code of Professional Conduct, SoR, London, http://www.sor.org (accessed 24.2.16)
[23] British Dietetic Association (2013), Code of Professional Conduct, BDA, London, http://www.bda.uk.com (accessed 24.2.16)

As with all registrants of the HCPC, to remain on the annotated register, independent prescribers and/or supplementary prescribers will have to demonstrate that they continue to meet all HCPC standards including the Standards for Prescribing and Standards of Proficiency for safe and effective practice of their profession. 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.

Since 2006, registrants have had to meet the HCPC requirements of the Standards for Continuing Professional Development (CPD). These are 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 a 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 protection of patients including:

- The legal requirement to be registered to practise as a physiotherapist, podiatrist, diagnostic radiographer, therapeutic radiographer or dietitian
- The service need to protect patients – including development of new services and new roles
- Demonstrating and maintaining competence in a clinical speciality
- Independent prescribing/Supplementary prescribing as an adjunct to high level clinical practice
- Responsibility of services to identify a) where this development needs to occur and 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**:

a) Be registered with the HCPC in one of the relevant Allied Health Professions

AND

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

AND

c) 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 prescribe

AND

d) Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective supplementary and/or independent prescribing

AND

e) 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
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

f) Have normally at least 3 years relevant post-qualification experience in the clinical area in which they will be prescribing.

AND

g) Be working at an advanced practitioner or equivalent level.

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 AccessNI 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 prescribing and that all appropriate governance arrangements are in place

2.1 Employers

Employers should undertake an appraisal of a registrant's suitability to 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 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 training programmes including failure to successfully complete a 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 relevant allied health professional to practice as an independent and/or supplementary prescriber meeting the standards set by the HCPC for annotations of their entry on the register as such.

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, Learning Outcomes and Indicative Content

Independent prescribers and supplementary prescribers require the same common competencies to ensure safe and effective prescribing within their scope of practice. However, there are several additional competencies that reflect the unique nature of supplementary prescribing. These are shown as modifications to the competency statements in the table below.

The numbers of each competency in the first column reflect the number of the statement within the *Competency Framework for All 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.

4.1 Initial Clinical Assessment

Competence	SPs	IPs
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, and allergies and intolerances.		✓
1.1 Supplementary Prescribers: Reviews medical history and medication history which includes both current and previously prescribed and non-prescribed medicines, supplements and complementary remedies, and allergies and intolerances.	✓	
1.2 Undertakes an appropriate clinical assessment using relevant equipment and techniques.		✓

Learning Outcomes	Indicative Content
	When and how to apply the range of models of consultation.
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.
Able to undertake a thorough medical and medication history, including alternative and complementary health therapies.	Interpretation of documentation including medical records, clinical notes and electronic health records.

(Table continues on next page)

Initial Clinical Assessment (continued from previous page)

Competence	SPs	IPs
1.5 Supplementary Prescribers: Reviews the clinical condition using relevant equipment and techniques.	✓	
1.3 Accesses and interprets relevant patient records to ensure knowledge of the patient's management.	✓	✓

Learning Outcomes	Indicative Content
Understands the importance of accessing and interpreting relevant patient records as part of the clinical assessment.	Relevant physical examination skills.

4.2 Communication

Competence	SPs	IPs
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.	✓	✓
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.	✓	✓
10.1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised.	✓	✓

Learning Outcomes	Indicative Content
	The role and functions of other team members including effective communication and team working with other prescribers and members of the health care team.
Can describe the factors that may influence prescribing decisions.	The importance of communicating prescribing decisions with all those involved in a patient's care including the GP.
Demonstrates effective partnership working and communication skills with other prescriber(s), patient(s), carer(s) and the wider care team.	Strategies to develop accurate and effective communication and consultation with professionals, patients and their carers.
	How to manage the interface between multiple prescribers, and recognise the potential conflict and how that might be managed.

(Table continues on next page)

Communication (continued from previous page)

Competence	SPs	IPs
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).	✓	✓
Section 5 (The Role of Professionalism), 5.1 Adapts consultations to meet needs of different patients (e.g. for language, age, capacity, physical or sensory impairments).	✓	✓

Learning Outcomes	Indicative Content
Able to describe barriers to communication and methods to address these.	The professional relationship between independent prescriber/supplementary prescriber and all prescribers involved in the patient's care, those responsible for dispensing and the patient's GP.

4.3 Knowledge of Medicines

Competence	SPs	IPs
2.4 Understands the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by age, renal impairment), and how this affects treatment decisions.	✓	✓
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 (using, for example, the BNF/BNFC).	✓	✓
4.8 Uses up-to-date information about relevant products (e.g. formulations, pack sizes, storage conditions, costs).	✓	✓

Learning Outcomes	Indicative Content
Is able to explain the mode of action of medicines used within the prescriber's scope of practice. 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. Is able to list the up-to date information about cautions, contraindications, side-effects and interactions of medicines used within the prescriber's scope of practice.	Principles of pharmacokinetics and drug handling – absorption, distribution, metabolism and excretion of drugs. Pharmacodynamics – how a medicine acts on a living organism. Selection of drug regimen. Adverse drug reactions, interactions with drugs (including over-the counter (OTC) products, alcohol and 'recreational' drugs prescription-only medicines (POMs), Complementary Medicines) and interactions with other diseases. Impact of physiological state on drug responses and safety, e.g. in elderly people, neonates, children and young people, pregnant or breast feeding women and inherited disorders such as thalassemia.

4.4 Evidence Based Practice

Competence	SPs	IPs
2.8 Applies the principles of evidence-based practice, including clinical and cost-effectiveness	✓	✓
2.7 Understands the advantages and limitations of different information sources available to prescribers.	✓	✓
2.7. Accesses relevant, up-to-date information using trusted evidence-based resources.	✓	✓
2.7, 2.8. Regularly reviews the evidence base behind therapeutic strategies.	✓	✓

Learning Outcomes	Indicative Content
Understands the principles of evidence-based practice as applied to supplementary/independent prescribing.	Principles of evidence-based prescribing practice.
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.
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.

4.5 Clinical Decision Making

Competence	SPs	IPs
2.1 Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, identifies and assesses the desirable outcomes of treatment.	✓	✓
2.3 Assesses the risks and benefits to the patient of taking or, not taking a medicine or treatment.	✓	✓
2.1, 2.2 Considers all treatment options including no treatment, non-pharmacological interventions and medicines usage.	✓	✓
1.5 Makes, or understands, the working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis).		✓

Learning Outcomes	Indicative Content
Able to explain the various non-pharmacological and pharmacological approaches to disease management within the prescriber's scope of practice and the risks and benefits of each option.	How to apply the principles of diagnosis and the concept of a working diagnosis in relation to a prescribing decision to ensure patient safety.
	Prescribe, not to prescribe, alter current prescriptions, non-drug treatment or referral for treatment.
Understands when to prescribe, not to prescribe, referral for treatment including non- pharmaceutical treatment and discontinuation of medicines.	Development of a treatment plan, including lifestyle and public health advice.

(Table continues on next page)

Clinical Decision Making (continued from previous page)

Competence	SPs	IPs
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.		✓
2.2 Supplementary Prescribers: Where a medicine is appropriate, identifies the different options in the clinical management plan.	✓	
3.5, 3.6, 8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	✓	✓
1.5 Supplementary Prescribers: Reviews the working or final diagnosis.	✓	

Learning Outcomes	Indicative Content
Able to evaluate each potential treatment option based on relevant investigation outcomes with respect to an individual patient and reach a decision about the most appropriate option(s) for an individual patient – taking into account patient factors (e.g. allergies), co-morbidities and other medicines taken.	Confirmation of diagnosis/differential diagnosis – further examination, investigation and referral for diagnosis.
Understands the process of effective decision making in the context of supplementary/independent prescribing.	Impact of co-morbidity and other treatments on prescribing and patient management.
Evaluates and interprets information gathered during history taking to develop a (working) diagnosis.	

4.6 Shared Decision Making

Competence	SPs	IPs
3.2 Identifies and respects the patient's values, beliefs and expectations about medicines.	✓	✓
3.2 Takes into account the nature of peoples' diversity when prescribing.	✓	✓
3.1 Deals sensitively with patients' emotions and concerns about their medicines.	✓	✓
3.3 Explains the rationale behind and the potential risks and benefits of management options.	✓	✓
3.1 Works with patients to make informed choices about their management and respects their right to refuse or limit treatment.	✓	✓

Learning Outcomes	Indicative Content
Demonstrates an ability to take account of patients' wishes, values, ethnicity and the choices they may wish to make in their treatment. Works with the patient to engender concordance and self-care, with the patient taking responsibility for their own medicines administration. Demonstrates an understanding of concordance and non-adherence. Demonstrates an understanding of the importance of and risks associated with shared decision making.	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. Personal attitudes and their influences on prescribing practice. How to build and maintain an effective relationship with patients and carers taking into account their values and beliefs.

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Shared Decision Making (continued from previous page)

Competence	SPs	IPs
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.	✓	✓
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 non-judgemental way.	✓	✓
Supplementary Prescribers: Ensures that the patient consents to be managed by a prescribing partnership.	✓	
3.6 Aims for an outcome of the consultation with which the patient and prescriber are satisfied.	✓	✓

Learning Outcomes	Indicative Content
Demonstrates an understanding of concordance and non-adherence.	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.
Demonstrates an understanding of the importance of and risks associated with shared decision making.	Concordance as opposed to compliance.

4.7 Care Planning and Follow Up

Competence	SPs	IPs
6.1 Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment.	✓	✓
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.		✓
6.4 Supplementary Prescribers: Makes changes within the clinical management plan in light of on- going monitoring and the patient's condition and preferences.	✓	

Learning Outcomes	Indicative Content
Demonstrates an understanding of clear care plans including follow up. Demonstrates the ability to monitor response to medicines and modify treatment, including stopping medicines prescribed by others, or refer the patient as appropriate. Is able to develop and document a Clinical Management Plan (CMP) within the context of a supplementary prescribing partnership.	Methods for monitoring the patient including interpretation and responding to patient reporting, physical examinations and laboratory investigations. Working knowledge of any monitoring equipment used in the context of prescribing. Assessing responses to treatment, including against the objectives of the clinical management plan. How to develop and document a written CMP for supplementary prescribing including referral to the independent prescriber and other professionals. The responsibility of a supplementary prescriber in the development, delivery and review of a patient-specific written clinical management plan.

4.8 Documentation

Competence	SPs	IPs
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	✓	✓
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.	✓	✓

Learning Outcomes	Indicative Content
Able to make use of prescribing systems including those used to prescribe Controlled Drugs. Is able to produce clear legible prescriptions and maintain records	Writing prescriptions in a range of settings including private prescriptions. 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.

4.9 Legal and Ethical Issues

Competence	SPs	IPs
8.3 Aware of how medicines are licensed, sourced and supplied, and the implications for own prescribing.	✓	✓
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications of doing so.	✓	✓

Learning Outcomes	Indicative Content
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.	**Regulation of Medicines:** Policy context for prescribing. Legal basis for supplementary prescribing Legal basis for independent prescribing Legal basis for prescribing, supply and administration of medicines. Legal basis for storage, dispensing and disposal of medicines. Legal and regulatory aspects of controlled drugs and the practical application of these.

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Legal and Ethical Issues (continued from previous page)

Competence	SPs	IPs
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, 7.4 Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements.	✓	✓

Learning Outcomes	Indicative Content
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.	Legal implications of advice to self-medicate including the use of complementary therapy and Over The Counter (OTC) medicines. Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and “off-label” use. **Regulation of Individuals:** Application of the law in practice, professional judgement, liability and indemnity. Accountability and responsibility to the employer or commissioning organisation in the context of prescribing. Professional judgement in the context of HCPC Standards of Conduct, Performance and Ethics and professional body practice guidance.

(Table continues on next page)

Legal and Ethical Issues (continued from previous page)

Competence	SPs	IPs
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).	✓	✓

Learning Outcomes	Indicative Content
Demonstrates an understanding of the differences between non- medical prescribing mechanisms and supply/administration mechanisms. Demonstrates strategies to recognise and deal with pressures that might result in inappropriate prescribing.	Maintenance of professional knowledge and competence in relation to the conditions for which the allied health professional may prescribe. Individual accountability and responsibility as an independent prescriber and/or supplementary prescriber. **Regulation of Services and Activities:** Prescribing in the context of the local health economy. Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures. Budgetary constraints at local and national level. Management of change, including impact of changes in area/scope of practice.

4.10 Scope of Practice

Competence	SPs	IPs
7.1 Knows the limits of their own knowledge and skill, and works within them.	✓	✓
1.8, 7.1 Knows when to refer to or seek guidance from another member of the team or a specialist.		✓
Supplementary Prescribers: Knows how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist.	✓	
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.	✓	✓

Learning Outcomes	Indicative Content
Understands importance of working within negotiated scope of practice.	How to understand and recognise personal limitations including the limits to personal scope of practice and working autonomously.

(Table continues on next page)

Scope of Practice (continued from previous page)

Competence	SPs	IPs
7.1 Supplementary Prescribers: Understands the scope of own prescribing responsibility in the context of a shared clinical management plan.	✓	
Supplementary Prescribers: Understands the principles behind supplementary prescribing and how they are applied in practice.	✓	
Supplementary Prescribers: Proactively negotiates with the independent prescriber to develop clinical management plans.	✓	
Supplementary Prescribers: Relates to the independent prescriber as a partner.	✓	

Learning Outcomes	Indicative Content
Understands the roles and responsibilities in respect of prescribing including the recommendations of the Fourth Report of the Shipman Inquiry[38] on controlled drugs and any other relevant reports such as the report of the Airedale Inquiry[39]	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.

[38] 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

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

4.11 Continuing Professional Development

Competence	SPs	IPs
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	✓	✓
10.2, 10.4 Makes use of networks for support, reflection and learning.	✓	✓
9.3/10.4 Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit and feedback).	✓	✓
Section 5 (The Role of Professionalism), 9.1 Learns and changes from reflecting on	✓	✓
9.1, 10.4 Shares and debates own and others prescribing practice, and acts upon feedback and discussion.	✓	✓

Learning Outcomes	Indicative Content
Demonstrates compliance with professional CPD.	Negotiating support/training for prescribing role. Clinical supervision, reflective practice/peer review, critical appraisal skills.
Demonstrates ability to reflect on practice and implement necessary changes.	Analysis and learning from medication errors and near misses. Reflective practice/peer review, clinical supervision, critical appraisal skills and continuing professional development – role of self and organisation.

4.12 Prescribes Safely

Competence	SPs	IPs
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.	✓	✓
9.2 Acts upon colleagues' inappropriate prescribing practice using appropriate mechanisms.	✓	✓
10.2 Provides support and advice to other prescribers where appropriate	✓	✓
4.6 Accurately calculates doses and routinely checks calculations where relevant, for example for children.	✓	✓

Learning Outcomes	Indicative Content
Demonstrates the knowledge of safe prescribing including numeracy and drug calculations.	Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/client safety incidents to the National Patient Safety Agency (NPSA).
Is able to demonstrate safe prescribing.	Numeracy and drug calculations.

4.13 Public Health Issues Relating to Prescribing

Competence	SPs	IPs
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 [1] measures. [1] Antimicrobial stewardship – Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)	✓	✓

Learning Outcomes	Indicative Content
Demonstrates knowledge of public health issues related to prescribing including use and misuse of medicines and detecting adverse reactions.	Public health issues and policies, particularly the use of antimicrobials and resistance to them.
Demonstrates an understanding of the importance of record keeping in the context of medicines management including;	Use of medicines in populations and in the context of health priorities.
1) Sharing information with the primary/main record holder;	Safe transporting, storage and disposal of medicines.
2) Accurate recording in patient's notes;	
3) Reporting of near-misses;	Patient access to health care and medicines.
4) Adverse reactions.	Identifying and reporting unexpected and adverse drug reactions.

(Table continues on next page)

4.14 Complying with Healthcare Policy

Competence	SPs	IPs
4.8 Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).	✓	✓
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).	✓	✓

Learning Outcomes	Indicative Content
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.	Inappropriate use of medicines including misuse, under and over- use. Duty to patients and society. An overview of the financial considerations of prescribing including national and local policy/guidance/governance. The external influences, at individual, local and national levels. Submission of a personal formulary within scope of practice. Risk assessment and risk management safe storage, handling and disposal.

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 risk as the primary aim
- Build on students' existing professional knowledge, skills, behaviours and experience
- 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 (including against the objectives of the clinical management plan [CMP] in the case of supplementary prescribing)
- Making relevant changes to medication (within the parameters detailed in the CMP, where appropriate) 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[24] 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
- 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

[24] Standards for Prescribing http://www.hcpc-uk.org/assets/documents/10004160Standardsforprescribing.pdf (accessed 24.2.16)

6 Assessment Strategies

6.1 Approach

The aim of the programmes developed from this outline framework is to develop the knowledge and skills required by a dietitian, physiotherapist, podiatrist or radiographer in order to practice as an independent and/or supplementary prescriber, meeting the standards set out by the HCPC for annotation of their entry on the register as such. 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/supplementary prescribing programme are able to be tested, both 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 dietitian, physiotherapist, podiatrist or radiographer is a safe and effective independent/supplementary prescriber and that a major failure to identify a serious problem or an answer that would 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, but also to reflect the expectation of an integrated and research-led approach to programme delivery and assessment, involving 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:

1. Written examination allowing students to demonstrate underlying theoretical knowledge and its application to practice, with a pass mark of 80%
2. A numerical assessment within the context of prescribing practice, with a pass mark of 100%
3. A portfolio of practice evidence, clearly demonstrating that the learning outcomes have been achieved to support CPD and continuing registration and annotation
4. Submission of a personal formulary from within the trainee's individual scope of practice
5. Practical demonstration of patient assessment and communication skills
6. Testing of students' understanding of their professional, ethical and legal responsibilities in relation to independent/supplementary 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

7. Completion of a period of supervised practice experience, including sign-off by the designated medical practitioner to confirm student competency as an independent prescriber within their scope of practice.

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, but 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

A programme should be a minimum of 38 days. Within this, it should comprise a minimum of 26 days' theoretical learning and a minimum of 90 hours' practice-based learning. This is deemed to be the necessary minimum programme length to enable students to fulfil the outcomes set out in this curriculum framework, and thereby to have sufficient opportunity to develop and demonstrate their competence to act as an independent or supplementary prescriber.

A programme should be delivered over a maximum period of one year, and normally within a three- to six-month period.

A programme should achieve a strong integration of students' theoretical and clinical learning, through an appropriate structuring of academic and practice-based elements and through blended approaches to programme delivery and learning and teaching approaches.

7.1 Accreditation of Prior Learning

Candidates may be eligible to request Accreditation of Prior Learning (APL) for any aspect of the programme, and should provide clear evidence of achievement at the required level of study if they wish to be considered for APL. Higher Education Institutions (HEIs) are under no obligation to grant APL even if the candidate provides evidence of prior learning, but if it is granted it will apply only to specified learning. No APL is considered for any aspect of the assessment process.

8 Annotation

Programme providers will inform HCPC of dietitians, physiotherapists, podiatrists and 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 dietitian, physiotherapist, podiatrist or 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 dietitian, physiotherapist, podiatrist or radiographer has the appropriate qualifications in order to act as an independent and/or supplementary prescriber.

Dietitians, physiotherapists, podiatrists and radiographers cannot practise as independent and/or supplementary prescribers without having their entry on the HCPC Register annotated.

ANNEX 1

Table 1: Summary of the differences between IP & SP and SP education programmes

Learning Outcomes	Competence	Supplementary Prescriber	Independent and Supplementary Prescriber
4.1 Initial Clinical Assessment	1.6	yes	yes
	1.1	no	yes
	1.1	yes	no
	1.2	no	yes
	1.5	yes	no
	1.3	yes	yes
4.2 Communication	4.13	yes	yes
	10.2	yes	yes
	Sect 5 1.2,8.1	yes	yes
	3.5	yes	yes
	10.1	yes	yes
	5.2	yes	yes
	Sect 5 5.1	yes	yes
4.3 Knowledge of Medicines	2.4	yes	yes
	4.2	yes	yes
	4.1	yes	yes
	4.8	yes	yes
4.4 Evidence Based Practice	2.8	yes	yes
	2.7	yes	yes
	2.7	yes	yes
	2.7, 2.8	yes	yes
4.5 Clinical Decision Making	2.1	yes	yes
	2.3	yes	yes
	2.1, 2.2	yes	yes
	1.5	no	yes
	1.4	yes	yes
	2.5	yes	yes
	2.2	no	yes

Learning Outcomes	Competence	Supplementary Prescriber	Independent and Supplementary Prescriber
	2.2	yes	no
	3.5, 3.6, 8.4	yes	yes
	1.5	yes	no
4.6 Shared Decision Making	3.2	yes	yes
	3.2	yes	yes
	3.1	yes	yes
	3.3	yes	yes
	3.1	yes	yes
	3.4, 5.5	yes	yes
	3.4	yes	yes
	No RPS equivalent	yes	no
	3.6	yes	yes
4.7 Care Planning and Follow Up	6.1	yes	yes
	6.2	yes	yes
	6.4	no	yes
	6.4	yes	no
4.8 Documentation	4.10	yes	yes
	4.12	yes	yes
	4.9	yes	yes
4.9 Legal and Ethical Issues	8.3	yes	yes
	8.2	yes	yes
	8.3	yes	yes
	8.6	yes	yes
	8.5	yes	yes
4.10 Scope of Practice	7.1	yes	yes
	1.8, 7.1	no	yes
	No RPS equivalent	yes	no
	4.4	yes	yes
	10.3	yes	yes
	7.1	yes	no

Learning Outcomes	Competence	Supplementary Prescriber	Independent and Supplementary Prescriber
	No RPS equivalent	yes	no
	No RPS equivalent	yes	no
	No RPS equivalent	yes	no
4.11 Continuing Professional Development	8.1	yes	yes
	7.5	yes	yes
	Sect 5, 2.8	yes	yes
	10.2, 10.4	yes	yes
	9.3, 10.4	yes	yes
	Sect 5, 9.1	yes	yes
	9.1,10.4	yes	yes
4.12 Prescribes Safely	7.4	yes	yes
	7.2	yes	yes
	7.6	yes	yes
	9.2	yes	yes
	10.2	yes	yes
	4.6	yes	yes
4.13 Public Health Issues Relating to Prescribing	2.9	yes	yes
	4.6,6.3	yes	yes
	4.7	yes	yes
	2.10	yes	yes
4.14 Complying with Healthcare Policy	4.8	yes	yes
	4.5	yes	yes
	4.3	yes	yes

* Specific statement for supplementary prescribers

ANNEX 2 Membership of NHS England Allied Health Professionals (AHP) Medicines Project Board

Representative	Organisation Represented
Suzanne Rastrick (Co-Chair)	NHS England
Bruce Warner (Co-Chair)	NHS England
Helen Marriott (Project Lead)	NHS England
George Hilton (secretariat)	NHS England
Steven Sims (secretariat)	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 represented
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	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 Hospital
Jancis Kinsman	Bristol Haematology and Oncology Centre
Judy Love	Society and College of Radiographers
Helen Marriott (Project Lead)	NHS England
Nadia Northway	Glasgow Caledonian University
Najia Qureshi	British Dietetic Association
Anne Ryan	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